# THIS PORTION OF THE APPLICATION IS CONFIDENTIAL INFORMATION

# \*NOT SUBJECT TO PUBLIC INSPECTION

Print Full Name:

Maiden Name or Other Names Used: Date and State of Birth:

WA Driver’s License Number:

E-Mail Address:

Contact Number for Court Use:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The following is a statement of liability coverage in force covering any errors, omissions and acts of professional negligence (provide name of company and policy limits):

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (LIST ANY PROFESSIONAL LICENSING AGENCIES RELEVANT TO THIS APPLICATION).

I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ hereby authorize you, for the purpose of my application and/or work as King County Guardian ad Litem, to release information to and discuss such information with:

Guardian ad Litem Registry Manager

King County Superior Court GAL Registries

516 Third Avenue - Room C203

Seattle, WA. 98104

This RELEASE includes, but is not limited to, all records and information concerning any official disciplinary action or any pending active investigation you have with regard to me.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_