Superior Court of Washington
County of Spokane

In the Guardianship of: _____, Incapacitated Person	Case No.: _____ DECLARATION PURSUANT TO LSPR 98.19 (DCLR)

I _____ declare that

☐ I am a Certified Professional Guardian and the petitioner herein or

☐ I am an attorney representing the petitioner and am also a Certified Professional Guardian.

I am requesting that I be appointed as guardian for the alleged incapacitated person. This presents a conflict of interest which must be disclosed to the Court. Prior to filing the petition I conducted an investigation into the circumstances of this case as follows:

1. I have identified the following potential alternate guardians:_____
_____.

   Each respective nominee has been either unwilling to serve or is unsuitable to serve as is described below: _____
_____
_____
_____.

2. Attached to this declaration is a written request from a third party which identifies the basis for the request and the reason the party decided not to pursue the petition.

3. Attached to this declaration are statements of third parties familiar with the facts of the petition.

4. I have met with the alleged incapacitated person on the following dates and times:

_____

_____.

5. I have the following relationship with the care facility or person requesting that I seek appointment as guardian_____

_____.

6. The care facility or other third party requesting that I seek appointment as guardian ☐ does or ☐ does not have a practice of referring residences to me. That practice is as follows:_____

_____

_____

_____.

I CERTIFY (OR DECLARE) UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT TO THE BEST OF MY KNOWLEDGE THE STATEMENTS ABOVE ARE TRUE AND CORRECT.

Signature of Petitioner	Printed Name of Petitioner, WSBA
Address	Telephone/Fax Number
City, State, Zip Code	Email Address