(Copy Receipt) (Clerk's Date Stamp)

SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE	
In the Guardianship of: _____ An Alleged Incapacitated Person	CASE NO. _____ GUARDIAN AD LITEM REPORT PUBLIC DOCUMENT SUMMARY (GR 22 (e)(2)(A)) (RTGAL)

Pursuant to a Petition filed in the above entitled case to establish a Guardianship over the Person and/or the Estate of the above named Alleged Incapacitated Person (AIP), the appointed Guardian ad Litem (GAL) conducted an investigation and filed a report with findings, conclusions and recommendations regarding the AIP's capacity to manage his or her medical, personal, and/or financial affairs.

General Rule (GR) 22 provides for the filing of this **PUBLIC DOCUMENT SUMMARY** to summarize the GAL's investigation, conclusions and recommendations. The complete GAL report is on file under the above cause number as a **SEALED CONFIDENTIAL REPORT**.

1. **Materials or Information Reviewed:** As part of the investigation, the GAL reviewed and considered the following:
   (e.g. Court file, APS record, Social Security records, financial records, nursing home progress notes, etc.)

   _____

   _____

   _____

   _____

2. **Individuals Contacted:** As part of the investigation, the GAL contacted and considered the statements of the following individuals:

Name	**Relationship**
_____	_____
_____	_____
_____	_____
_____	_____

3. **Tests Conducted or Reviewed:** (e.g. medical tests, psychological tests)

_____

_____

_____

4. **Conclusions and Recommendations:**
   A. Guardianship of the Person is ☐ is not ☐ in the best interests of the AIP.
   B. Guardianship of the Estate is ☐ is not ☐ in the best interests of the AIP.
   C. Limited guardianship of the Person/Estate is ☐ is not ☐ in the best interest of the AIP.
   D. _____ is
   (Name of guardian and CPG # if a professional guardian)
   appropriate to serve as guardian of the Person/Estate and should be appointed.
   Other:

   _____

   _____

   _____

   _____

Dated this _____ day of_____, 20_____.

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 Guardian ad Litem	Printed Name of Guardian ad Litem WSBA/CPG#
Address	City, State, Zip Code
Telephone/Fax Number	Email Address