Superior Court of Washington
County of _____

In the Guardianship of: _____, Incapacitated Person	**No.** _____ **Order Appointing** ☐ **Limited Guardian of Person** ☐ **Full Guardian of Person and/or** ☐ **Limited Guardian of Estate** ☐ **Full Guardian of Estate** **(ORAPGD)** ☐ **Clerk's Action Required,** ☐ Judgment Summary, filed separately

Guardianship Summary

Due Dates

Date Guardian Appointed: _____
Date Letters of Guardianship Expire: _____
Date of Next Review: _____
Due Date of Bond: _____
Due Date for Receipt(s) of Funds in Blocked Account(s): _____
Restricted Account Agreements Required: _____
Due Date for Initial Personal Care Plan and Inventory: _____
Due Date for Report and Accounting (GE): _____
Due Date for Periodic Personal Care Plan (GP): _____
Due Date for Filing Fee: _____

The clerk shall notify the auditor of loss of voting rights: ☐ Yes ☐ No

Guardian/Incapacitated Person

☐ Certified Professional Guardian
☐ Non-Professional Guardian [☐ Training Required)
☐ Full ☐ Limited ☐ Estate
☐ Full ☐ Limited ☐ Person
Relationship to Incapacitated Person _____

	Incapacitated Person (include facility contact)	Guardian
Full Name		
Mailing Address		
City, State, Zip		
*Telephone Number		
Facsimile		
Email		

Other Interested Parties

	Interested Party	Interested Party
Full Name		
Mailing Address		
City, State, Zip		
*Telephone Number		
Facsimile		
Email		
Relation to Incapacitated Person		

This Matter came on regularly for hearing on a Petition for Appointment of Guardian or Limited Guardian of _____, the Alleged Incapacitated Person.

☐ The Alleged Incapacitated Person was present in Court;

☐ The hearing was conducted outside of the courtroom at the location of the Alleged Incapacitated Person;

☐ The Alleged Incapacitated Person's presence was waived for good cause shown other than mere inconvenience, as set forth in the file and reports in this matter;

The Guardian ad Litem was present. The following other persons were also present at the hearing:

_____.

The Court considered the written report of the Guardian ad Litem and the Medical/Psychological/ARNP Report, the testimony of witnesses, remarks of counsel, and the documents filed herein. Based on the above, the Court makes the following:

I. Findings of Fact

1.1 Notices

All notices required by law have been given and proof of service as required by statute is on file. Notice, if required, was provided to the Regional Administrator of DSHS pursuant to RCW 11.92.150, but DSHS neither appeared at this hearing nor responded to the Petition.

1.2 Jurisdiction

The jurisdictional facts set forth in the petition are true and correct, and the Court has jurisdiction over the person and/or estate of the Alleged Incapacitated Person.

1.3 Guardian ad Litem

The Guardian ad Litem appointed by the Court has filed a report with the Court. The report is complete and complies with all requirements of RCW 11.88.090.

1.4 Alternative Arrangements Made By the Alleged Incapacitated Person

☐ The Alleged Incapacitated Person did not make alternative arrangements for assistance, such as a power of attorney, prior to become incapacitated.

☐ The Alleged Incapacitated Person made alternative arrangements for assistance, but such arrangements are inadequate in the following respects:

_____
_____
_____.

☐ (Name)_____ has been acting in a fiduciary capacity for the Alleged Incapacitated Person and should NOT continue to do so for the following reasons:

_____
_____
_____
_____.

1.5 Capacity

The Alleged Incapacitated Person, _____, is:

☐ incapable of managing his or her personal affairs.
☐ incapable of managing his or her financial affairs.
☐ The Alleged Incapacitated Person is in need of a full Guardianship over the
☐ person ☐ estate.

☐ The Alleged Incapacitated Person is capable of managing some personal and/or financial affairs, but is in need of the protection and assistance of a limited Guardian of the
☐ person ☐ estate in the areas as follows:

_____
_____
_____
_____
_____
_____.

1.6 Guardian

The proposed ☐ Certified Professional Guardian or ☐ Non-Professional Guardian is qualified to act as Guardian of the Person and/or Estate of the Incapacitated Person. The Proposed Guardian's address, phone numbers and email address are as follows:

Address: _____
Phone No(s): Business _____ Personal _____
Email: _____.

I have attended the following training: ☐ Administrative Office of the Courts On-Line Training and/or ☐ Spokane County Guardian Training, verification(s) previously filed.

1.7 Guardian ad Litem Fees and Costs

☐ The Guardian ad Litem was appointed at ☐ county expense ☐ estate expense and shall submit a motion for payment of fees and costs pursuant to the local rules.

The Guardian ad Litem has requested a fee of $_____ for services rendered and reimbursement of $_____ for costs incurred while acting as Guardian ad Litem.
☐ It appears that there are or will be resources in the estate to pay Guardian ad Litem Fees without creating substantial hardship.
Fees in the amount of $_____and costs in the amount of $_____ are reasonable and should be paid as follows:

☐ $_____ by the Guardian from the guardianship estate and/or
☐ $_____ by _____for the following reason(s): _____
_____
_____.
☐ $_____ by Spokane County

1.8 Bond

The assets of the Alleged Incapacitated Person:

☐ are unknown, and bond shall be reviewed at review of inventory.
☐ total less than three thousand dollars ($3,000) and no bond is required.
☐ exceed three thousand dollars ($3,000), and a bond is required.
☐ exceed three thousand dollars ($3,000) and should be placed in a blocked account with an insured financial institution or bonded, unless the guardian is a bank or trust company.
☐ are to be held by a nonprofit corporation authorized to act as Guardian, and the Court waives any bond requirement.

1.9 Right to Vote

The Alleged Incapacitated Person ☐ is ☐ is not capable of exercising the right to vote.

II. Conclusions of Law

Based upon the above findings of fact, the court makes the following conclusions of law:

2.1. Incapacitated Person

(Name) _____ is an Incapacitated Person within the meaning of RCW Chapter 11.88, and a:
☐ Full ☐ Limited Guardian of the Person, and/or
☐ Full ☐ Limited Guardian of the Estate
should be appointed.

2.2 Guardian

(Name) _____ is a fit and proper person as required by RCW 11.88.020 to be appointed as a guardian.

2.3 Powers and Limitations of the Guardian

The powers and limitations of the Guardian should be as follows:

_____
_____
_____
_____.

2.4 Limitations and Restrictions Placed on the Incapacitated Person

The limitations and restrictions placed on the Incapacitated Person should be as follows:

☐ The right to vote is revoked.
☐ The right to marry or divorce is revoked.
☐ The right to make or revoke a will is revoked.
☐ The right to enter into a contract is revoked.
☐ The right to buy, sell, own, mortgage, or lease property is revoked.
☐ The right to possess a license to drive is revoked.
☐ The right to consent to or refuse medical treatment is revoked.
☐ The right to decide who shall provide care and assistance is revoked.
☐ The right to make decisions regarding social aspects of your life is revoked.
☐ Other:

_____
_____
_____
_____
_____

III. Order

The court orders:

3.1 Prior Power of Attorney

Any Power of Attorney of any kind previously executed by the Incapacitated Person:

☐ is not canceled.
☐ is canceled in its entirety.
☐ is canceled in its entirety except for those provisions pertaining to health care.

3.2 Appointment of Guardian

(Name) _____is appointed as:

☐ Full ☐ Limited Guardian of the Person and/or
☐ Full ☐ Limited Guardian of the Estate of _____,

and the powers and limitations of the Guardian and the limitations and restrictions placed on the Incapacitated Person shall be as set forth in paragraphs 2.3 and 2.4 of the Conclusions of Law.

3.3 Letters of Guardianship/Limited Guardianship

The Clerk of the Court shall issue letters of:

☐ Full ☐ Limited Guardianship of the Person and/or
☐ Full ☐ Limited Guardianship of the Estate to _____,

upon the filing of an oath, the bond as forth in 3.4 below, ☐ and Designation of and Consent by In-State (Resident) Agent because the guardian resides outside the State of Washington.

Date letters expire: _____

☐ Guardian must complete and file proof of completion of Mandatory Guardian Training or obtain an order waiving training.

3.4 Guardianship Bond and Security

☐ Guardianship bond in the amount of $_____or
☐ Bond is waived.
☐ Bond shall be reviewed at review of inventory.
☐ The Guardian shall have access to the following accounts:
_____.

All other accounts shall be blocked and the guardian shall file a Receipt of Funds into Blocked Account, form WPF GDN 04.0600, with the Court no later than 30 days from the date of this order: _____.

If bond is waived, the Guardian is required to report to the Court if the total assets of the Incapacitated Person reaches or exceeds Three Thousand Dollars. Pursuant to RCW 11.88.100, the Guardian of the Estate shall file a yearly statement showing the monthly income of the Incapacitated Person if said monthly income, excluding moneys from state or federal benefits, is over the sum of Five Hundred Dollars per month for any three consecutive months.

3.5 Report of Substantial Change in Income or Assets

Within 30 days of any substantial change in the Estate's income or assets, the Guardian of the Estate shall report to the Court and schedule a hearing. The purpose of the hearing will be for the Court to consider changing the bond or making other provision in accordance with RCW 11.88.100.

3.6 Inventory

Within three months of appointment, the Guardian of the Estate shall file a verified inventory of all the property of the Incapacitated Person, which has come into the Guardian's possession or knowledge. The inventory shall include a statement of all encumbrances, liens, and other secured charges on any item. A review hearing upon filing of the inventory ☐ is required ☐ is not required.

3.7 Disbursements

On or before the date the inventory is due, the Guardian of the Estate shall also apply to the Court for an Order Authorizing Disbursements on behalf of the Incapacitated Person as required by RCW 11.92.040.

3.8 Personal Care Plan

Within three (3) months after appointment, the Guardian of the Person shall complete and file a Personal Care Plan that shall comply with the requirements of RCW 11.92.043(1).

3.9 Status of Incapacitated Person

Unless otherwise ordered, the Guardian of the Person shall file an annual report on the status of the Incapacitated Person that shall comply with the requirements of RCW 11.92.043(2).

3.10 Substantial Change in Condition or Residence

The Guardian of the Person shall report to the Court within thirty (30) days any substantial change in the Incapacitated Person's condition, or any change in residence of the Incapacitated Person.

3.11 Designation of Standby Guardian

The Guardian shall file a written notice designating a standby Guardian. The notice shall comply with the requirements of RCW 11.88.125.

3.12 Authority for Investment and Expenditure

The authority of the Guardian of the Estate for investment and expenditure of the Incapacitated Person's estate is as follows:

_____
_____.

3.13 Duration of Guardianship

This Guardianship shall continue in effect:

☐ until (date) _____; OR
☐ until terminated pursuant to RCW 11.88.140;
☐ until further order of the court. The necessity for the Guardianship to continue shall be periodically reviewed.

3.14 Discharge/Retention of Guardian ad Litem

☐ The Guardian ad Litem is discharged; OR
☐ The Guardian ad Litem shall continue performing further duties or obligations as follows:
_____
_____
_____
_____.

3.15 Notice of Right to Receive Pleadings

The following persons are in the categories of persons described in RCW 11.88.090(5)(d). The Guardian shall notify them of their right to file with the Court and serve upon the Guardian, or the Guardian's attorney, a request to receive copies of pleadings filed by the Guardian with respect to the Guardianship:

Name: _____

Address: _____

Name: _____

Address: _____

3.16 Guardian Fees

☐ DSHS cases: The Guardian is allowed such fees and costs as permitted by the Washington Administrative Code in the amount of $_____ per month as a deduction from the Incapacitated Person's participation in the DSHS cost of care. Such fees are subject to Court review and approval. This deduction is approved for the initial 12 month reporting period and 90 days thereafter, from the date of this order to _____. The Guardian may petition for fees in excess of the

above amount only on notice to the appropriate DSHS Regional Administrator per WAC 388.71; OR

☐ Non-DSHS cases: The Guardian shall petition the Court for approval of fees. The Guardian may advance himself/herself $_____ per month, subject to Court review and approval.

3.17 Guardian ad Litem Fee

☐ Fees and costs in the amount of $_____are approved as reasonable.
☐ The Guardian ad Litem fees and costs shall be paid by
  ☐ Spokane County
  ☐ The guardian from the guardianship estate assets.
  ☐ Other source(s) as follows: _____
☐ The Guardian ad Litem, _____ is awarded judgment in the amount of $_____ against the guardianship estate of _____.

3.18 Legal Fees

The legal fees and costs of _____are approved as reasonable in the amount of $_____, and shall be paid from the:

☐ Guardianship estate assets OR
☐ Other source(s) as follows: _____.

3.19 Guardian's Report

The Guardian's report shall cover the:

☐ 12 (twelve)-month ☐ 24 (twenty-four)-month ☐ 36 (thirty-six)-month

period following the appointment. The Guardian's report is due within 90 days of the end of the reporting period and shall comply with the requirements of RCW 11.92.040(2) 11.92.043(2).

3.20 Court Monitoring

The guardian shall cooperate with the Superior Court Guardianship Monitoring Program by providing to the program's designee access to the incapacitated person for in-home visits and access to any information, available to the guardian, including medical records, relating to the incapacitated person.

3.21 Reimbursement of Fees to Spokane County

Spokane County Superior Court is granted judgment against the guardianship estate of _____ in the amount of $_____ as reimbursement for:

☐ fees advanced by the county as payment for Guardian ad Litem services and/or

☐ filing fee previously waived.

Dated: _____.

_____
Judge/Court Commissioner

Presented by:

_____	_____
Signature of Petitioner/Attorney	Printed Name of Petitioner/Attorney, WSBA/CPG #
_____	_____
Address	City, State Zip Code
_____	_____
*Telephone/Fax Number	Email Address

If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information Form (Telephone Numbers), for this purpose. GR 22(b)(6).

Copy received and approved by:

_____	_____ _____
Signature of Guardian	Print Name of Guardian [ ]WSBA [ ]CPG#
_____	_____
Address	City, State, Zip Code
_____	_____
*Telephone/Fax Number	Email Address