Superior Court of Washington
County of _____

In the Guardianship of:

_____,
Incapacitated Person

No. _____

Order Appointing Successor
☐ **Limited Guardian of Person**
☐ **Full Guardian of Person and/or**
☐ **Limited Guardian of Estate**
☐ **Full Guardian of Estate**
(ORAPGD)

☐ **Clerk's Action Required**

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): _____

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 Successor Guardian of _____, an Incapacitated Person.
The Court makes the following:

I. Findings of Fact

1.1 Need to Appoint Successor Guardian

There is a need to appoint a successor guardian in that the previous guardian:

☐ is deceased, ☐ has resigned ☐ has been discharged.

1.2 Guardian

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

Address: _____

*Phone number(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.

1.3 Bond:

The assets of the 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.

II. Conclusions of Law

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

(Name) _____is a fit and proper person as required by RCW 11.88.020 to be appointed as:

☐ Full ☐ Limited Guardian of the Person and/or
☐ Full ☐ Limited Guardian of the Estate.

III. Order

It is ordered:

3.1 Appointment of Guardian

(Name) _____ is appointed as:
☐ Full ☐ Limited Guardian of the Person and/or
☐ Full ☐ Limited Guardian of the Estate of (name of Incapacitated Person)_____.

3.2 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 (name of Guardian)_____, upon the filing of an oath.

Date letters expire: _____

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

3.3 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 account(s):
_____
_____.
All other accounts shall be blocked and the guardian shall file a Receipt of Funds into Blocked Financial Account, 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 ($3,000). 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.

3.4 Prior Order Remains in Effect

The prior order appointing guardian signed by the court dated_____, is incorporated herein by reference and remains in effect with the new guardian's name being substituted in as the guardian except modified as follows:
_____
_____.

3.5 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) and RCW 11.92.043(2).

3.6 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.

Dated _____.

_____
Judge/Court Commissioner

Presented by:

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

Copy received and approved by:

_____	_____
Signature of Guardian ad Litem	Print Name of Guardian ad Litem

***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.**