Superior Court of Washington
County of

In the Guardianship of: _____, Incapacitated Person	**No.** **Order Approving Budget, Disbursements, and Initial Personal Care Plan (ORAPRT)** [ ] **Clerk's Action Required**

Clerk's Information Summary

[X] Due Date for Next Report and Accounting: _____
[ ] Other (Date and Purpose): _____
_____

Based upon the petition of the Guardian of the Estate and the documents filed with the petition***, the court makes the following findings of fact***:

I. Findings of Fact

1.1 Acts of Guardian

All acts required of the Guardian to date have been performed.

1.2 Notice

Notice has been properly provided to persons entitled to notice of this presentation.

1.3 Budget and Care Plan

The proposed Budget and Care Plan of the Guardian are reasonable and appropriate to the needs of the Incapacitated Person and should be approved.

II. Orders

2.1 Approval of Initial Personal Care Plan

The Initial Personal Care Plan is approved.

2.2 Budget

The Guardian is authorized to continue to receive the Incapacitated Person's income and to apply the income and other resources toward the Incapacitated Person's expenses:

Room and Board	$
Medical	$
Rent/Mortgage	$
Personal and Incidental Expenses	$
Food and Household Expenses	$
Utilities	$
Guardian Fees	$
Other	$
Total Monthly Expenditures	$

2.3 Outstanding Obligations of the Estate

The Guardian shall be authorized to arrange payment schedules with the creditors of the guardianship estate for delinquent and past due payments.

2.4 Medical and Dental Expenses

The Guardian is authorized to incur and pay reasonable and necessary medical and dental expenses that the Guardian determines to be in the best interest of the Incapacitated Person.

2.5 Income Tax Payments/Accounting Fees

The Guardian is authorized to make payments for income tax due as required, and to pay fees for accounting services required in connection with the preparation of income tax returns.

2.6 Miscellaneous Expenses

The Guardian is authorized to pay all expenses incurred by way of fees of the Clerk of the Court, together with additional expenses incurred up to the amount of **$50.00** per month in connection with this guardianship.

2.7 Accounting Due Date

The Report and Accounting of the Guardian shall be filed and submitted to the Court for approval not later than _____ (90 days after the first anniversary of the appointment of the Guardian).

2.8 Bond

Bond is currently set in the amount of $ _____. The amount of the bond [ ] shall not be changed [ ] shall be changed to $ _____.

2.9 Guardian Fees

The Guardian is allowed to advance a monthly fee up to $ _____. This advance is approved for the next 12 months and 90 days thereafter, from the date of appointment of the Guardian to _____. Such fees are subject to review and approval by the Court at the next regular accounting. No presumption that these fees will be approved as reasonable is created by this authorization for advance. Amounts shall be advanced only for actual services provided, and costs actually incurred. Interim Guardian fees in the amount of $ _____ for services rendered and administrative costs (DSHS cases only) of $ _____ between _____ and _____ are reasonable and approved.

[ ] DSHS cases. The above fees and costs are approved for payment as a monthly deduction from the incapacitated person's participation in the DSHS cost of care per WAC 388.79.030.

[ ] Non-DSHS cases. The above fees are approved for payment from the guardianship estate assets.

2.10 Attorney Fees and Costs

Attorney fees in the amount of $_____and costs in the amount of $ _____ are hereby approved as reasonable. They shall be paid from the guardianship assets of the Incapacitated Person, from the participation of the Incapacitated Person as an exception to policy, or other: _____.

2.11 Other

_____

_____

_____.

Dated _____.

_____

Judge/Court Commissioner

_____ _____ _____

Signature of Guardian/Attorney Print Name of Guardian/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.**