

**SUPERIOR COURT OF WASHINGTON
COUNTY OF SPOKANE**

In the Guardianship/Trust of:

Alleged Incapacitated Person

CASE NO. _____

**DECLARATION OF
GUARDIAN AD LITEM**

_____, the guardian ad litem herein, declares as follows:

The order appointing me as Guardian ad Litem in this case forth an hourly rate of \$_____ with a maximum fee of \$ _____. I understand that this maximum amount shall not be exceeded without prior approval of the court. In the course of my investigation I have reached the monetary limit in the initial order. However, there are certain issues, unique to this case, which require further investigation in order to provide a thorough report and recommendation to the court. The issues are as follows: _____.

It is my best good faith estimate that it will take _____ additional hours to complete the investigation and prepare a report.

I declare under penalty of perjury under the laws of the State of Washington that I have read the above declaration and that the information I have provided is true and correct.

Guardian Ad Litem

Date