

(Copy Receipt)

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In the Guardianship of:

CASE NO. \_\_\_\_\_

GUARDIAN AD LITEM REPORT

\_\_\_\_\_  
An Alleged Incapacitated Person

**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)

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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:

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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