


(Copy Receipt)

(Clerk's Date Stamp)

 <p>SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</p>
<p>In the Guardianship of:</p> <p>_____</p> <p>An Alleged Incapacitated Person</p>

CASE NO. _____

GUARDIAN AD LITEM REPORT
RCW 11.88.090

(RTGAL)

RECOMMENDATION: _____

1. Procedural History.

Date of Appointment: _____

Date of Service of Copy of Petition on Guardian ad Litem: _____

Date Guardian ad Litem's Statement of Qualifications was filed & served: _____

I attest that I am on the Guardian ad Litem Registry for this County, have conducted approximately _____ Title XI Guardian ad Litem investigations, and am qualified to serve as Guardian ad Litem in Guardianship matters.

2. Medical/Psychological Report. As required by RCW 11.88.045, I have obtained a written, medical/psychological report from _____.

The report was filed separately with the Court on _____.

physician/ psychologist/ advanced registered nurse practitioner was selected

by _____.

The reason for selecting this individual to prepare the medical/psychological report was _____.

3. Alleged Incapacitated Person

A. Meeting(s) with Alleged Incapacitated Person.

Dates of Meetings with Alleged Incapacitated Person	Location of Meeting	Other Persons Present
		None – AIP only

B. Personal Information Regarding Alleged Incapacitated Person:

Date of Birth: _____
Age: _____
Current Residence: _____
Telephone Numbers: _____
DSHS Client Number: _____

C. Incapacitated Person’s Responses Regarding Specific Issues:

Agreement or objection to appointment of a Guardian: _____
Reaction to the proposed Guardian: _____
Right to counsel: _____
Preferences regarding choice of counsel: _____
Right to a jury trial: _____

D. Summary of Interviews with Alleged Incapacitated Person and Guardian ad Litem’s Impressions (including AIP’s own words, if applicable).

4. Investigation.

A. Individuals Contacted (including dates of contact, relationship to AIP, and relevant information).

B. Written Materials Reviewed.

5. Nature, Cause and Degree of Incapacity – Functional Limitations.

A. Medical Diagnosis and Cause.

B. Degree of Incapacity.

6. Alternatives to Guardianship.

7. Abilities of Alleged Incapacitated Person and Degree of Assistance Required.

8. Recommendation as to Appointment of Guardian.

9. Recommendation Regarding Alleged Incapacitated Person’s Right to Vote:

10. Evaluation of Proposed Guardian:

A. Dates of Contact Between Guardian ad Litem and Proposed Guardian:

B. Written Materials Reviewed:

C. Identity and Contact Information Regarding Proposed Guardian:

Name:

Mailing Address:

Street Address (*if different
from above*)

Telephone Numbers:

Fax Number:

Email Address

If Guardian is Certified,
Provide Certification No.:

Relationship, if any, between Proposed Guardian and Alleged Incapacitated Person:

D. Description of Steps Proposed Guardian Has or Intends to Take to Meet the Alleged Incapacitated Person's Needs.

11. Recommendation Regarding Advice of Right to Jury Trial.

12. Recommendation Regarding Appointment of Independent Counsel.

13. Estimate of Estate (Based on Available Information).

ASSETS:	
Real Property	\$
Cash on Hand	\$
Business	\$
Securities	\$
Mortgages and Notes	\$
Bank/Trust Account	\$
Cash Surrender Value Insurance	\$
Personal Property	\$
Other:	\$
TOTAL ASSETS:	\$

SOURCES OF INCOME:	
	\$
	\$
	\$
TOTAL INCOME:	\$

14. Recommendation Regarding Bond/Annual Reports. I recommend that:

- The Court set bond in the amount of \$_____.
- The Court block or restrict access to the following assets: \$_____
- The Guardian file financial reports
 - every year
 - every other year
 - every third year

15. Recommendation Regarding Presence of Alleged Incapacitated Person at Hearing.

The presence of the Alleged Incapacitated Person

- should
- should not

be waived. _____ is

- able
- unable

to attend the hearing. If unable to attend, please explain the reason(s): _____

The following special arrangements should be made for the hearing (*i.e., relocation of hearing site to residence of Alleged Incapacitated Person, provision for hearing assistive devices, etc.*).

16. Other Recommendations.

17. Recommendation as to Guardian ad Litem’s Continuing Involvement in Future Proceedings.

I recommend that the Guardian ad Litem

be

not be

involved in future proceedings in this matter.

18. Individuals Who Should be Advised of Their Right to Request Special Notice of Proceedings Pursuant to RCW 11.92.150.

Name,	Address	Relationship to Alleged Incapacitated Person

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