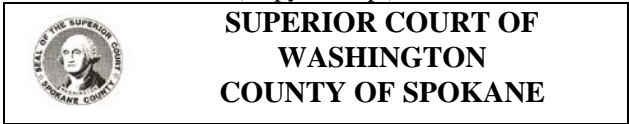


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

An Alleged Incapacitated Person

CASE NO. _____

**ORDER APPOINTING
ATTORNEY FOR THE ALLEGED
INCAPACITATED PERSON**

(ORPAT)

THIS MATTER having come on regularly for hearing upon petition of the Guardian ad Litem, the Court having reviewed the petition,

FINDINGS OF FACT

It is the desire of the Alleged Incapacitated Person that _____ represent him/her in this action, OR

that it is appropriate that an attorney be appointed.

ORDER

It is hereby ORDERED, that _____ is appointed as attorney for the Alleged Incapacitated Person in this action, with fees for representation subject to Court approval pursuant to RCW 11.92.180 and SPR 98.12. The Alleged Incapacitated Person's Attorney shall be appointed:

at public expense, to be paid by Spokane County at a rate not to exceed \$60.00 per hour up to a maximum of \$900.00 without further, prior Court approval. The Clerk's Office shall provide a CD of the court file for no charge. Should evidence hereafter be submitted showing that hardship will not exist or no longer exists, the Court shall be reimbursed fees and costs.

at private expense at the rate of \$ _____ per hour. The Clerk's Office shall provide a CD of the court file for the charge indicated in RCW 36.18.016(4).

Separate Order, Notice of Appearance and Statement of Fees will be filed within 10 days of this Order.

DATED AND SIGNED IN OPEN COURT THIS ____ DAY OF _____, 20__

Judge/Court Commissioner

Presented by:

Signature of Guardian ad Litem

Printed Name of Guardian ad Litem, WSBA#

Address

City, State, Zip Code

Telephone/Fax Number

Email Address

Approved by:

Signature of Attorney

Printed Name of Attorney, WSBA#

Address

City, State, Zip Code

Telephone/Fax Number

Email Address