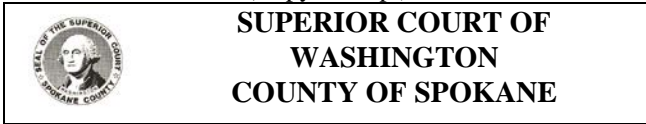


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship of:

An Alleged Incapacitated Person

CASE NO.

PETITION TO APPOINT
ATTORNEY FOR ALLEGED
INCAPACITATED PERSON

(PT)

COMES NOW _____, and states as follows:

1. Relief Requested. Entry of an order appointing _____ as the attorney for the Alleged Incapacitated Person in the above-entitled action.

2. Statement of Facts. _____ is the Guardian ad Litem in this matter. _____ is an attorney licensed to practice law in the State of Washington. The Alleged Incapacitated Person has requested that the Court appoint _____ to represent him/her in this Guardianship action. 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. 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.

3. Evidence Relied Upon. The statements contained in this Petition and the entire record and file in this matter.

4. Authority. RCW 11.88.045.

DATED AND SIGNED IN OPEN COURT 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#

Address

City, State, Zip Code

Telephone/Fax Number

Email Address