


(Copy Receipt)

(Clerk's Date Stamp)

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

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

GUARDIAN AD LITEM'S STATEMENT OF  
QUALIFICATIONS RCW 11.88.090(3)

(ST)

**GUARDIAN AD LITEM STATEMENT OF QUALIFICATIONS**

This statement is presented as required by RCW 11.88.090(3):

- A. Requisite areas of background, knowledge, training, and experience are detailed below:
1. Level of formal education: \_\_\_\_\_
  2. Training related to Guardian ad Litem duties: \_\_\_\_\_
  3. Number of years' experience as Guardian ad Litem: \_\_\_\_\_
  4. Number of prior appointments as Guardian ad Litem (as of today's date):
    - (a) This County: \_\_\_\_\_
    - (b) Other Counties: \_\_\_\_\_
  5. Hourly Rate charged \$ \_\_\_\_\_  private pay; \$ \_\_\_\_\_  public pay
  6. Criminal history (as defined in RCW 9.94.A.030, must include prior ten years):  No  
 If yes, please explain each instance on a page attached hereto.

7. Knowledge or experience in needs of:
- (a) Impaired elderly: \_\_\_\_\_
  - (b) Persons with physical disabilities: \_\_\_\_\_
  - (c) Persons with mental illness: \_\_\_\_\_
  - (d) Persons with developmental disabilities: \_\_\_\_\_
  - (e) Other incapacitated persons: \_\_\_\_\_
8. Familiarity and experience with legal procedures involving Guardianships: \_\_\_\_\_  
\_\_\_\_\_
9. Familiarity and experience in dealing with the provisions of Chapter(s) 11.88 and 11.92  
RCW: \_\_\_\_\_

B. I have been removed as a Guardian ad Litem:

No

If yes, please explain each instance on a page attached hereto.

C. I have successfully completed the model Guardian ad Litem training program of this County  
on \_\_\_\_\_ (month/day), \_\_\_\_\_ (year) at \_\_\_\_\_.

D. I have had contact with a party in this proceeding prior to appointment

No

If yes, please explain each instance on a page attached hereto.

Notice given to parties, \_\_\_\_\_ (date)

Or I have had an apparent conflict of interest involving a party in this case:

No

If yes, please explain each instance on a page attached hereto.

Notice given to parties, \_\_\_\_\_ (date)

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

\_\_\_\_\_  
Print Name of Guardian Ad Litem  WSBA  CPG#

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address