



**SUPERIOR COURT OF WASHINGTON  
COUNTY OF SPOKANE**

In the Guardianship of:

\_\_\_\_\_  
Incapacitated Person

No.

\_\_\_\_\_  
**Order Approving Personal Care  
Plan  
(ORAPRT)**

Initial     Periodic

Clerk's Action Required

**Guardianship Summary**

**Due Dates**

Date Guardian Appointed: \_\_\_\_\_

Date Letters of Guardianship Expire: \_\_\_\_\_

Due Date for Periodic Personal Care Plan (GP): \_\_\_\_\_

**Guardian/Incapacitated Person**

- Certified Professional Guardian
- Non-Professional Guardian ( Training Required)
- Full  Limited  Estate
- Full  Limited  Person

Relationship to Incapacitated Person \_\_\_\_\_

	<b>Incapacitated Person (include facility contact)</b>	<b>Guardian</b> <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> Incorporated
Full Name		
Mailing Address		
City, State, Zip		
*Telephone Number		
Facsimile		
Email		

**Other Interested Parties**

	<b>Interested Party</b>	<b>Interested Party</b>
Full Name		
Mailing Address		
City, State, Zip		
*Telephone Number		
Facsimile		
Email		
Relation to Incapacitated Person		

Based upon the petition of the Guardian of the Person and the documents filed with the petition, ***the court makes the following:***

**I. FINDINGS OF FACT**

The Personal Care Plan includes all of the facts necessary to give the court jurisdiction over this matter. No notice is required for the hearing on the report.

Based upon the foregoing Findings of Facts, the Court now, therefore makes the following:

**II. CONCLUSIONS OF LAW**

The  Initial Personal Care Plan  Periodic Personal Care Plan should be approved.

**III. ORDER**

The  Initial Personal Care Plan  Periodic Personal Care Plan is approved.

The Clerk of the Court shall reissue letters of guardianship of the person only to \_\_\_\_\_ (name of guardian) expiring on \_\_\_\_\_. All prior letters of guardianship have expired.

The guardian shall cooperate with the Superior Court Guardianship Monitoring Program by providing to the program’s designee access to the incapacitated person for in-home visits and access to any information, available to the guardian, including medical records, relating to the incapacitated person.

The Court finds several previous Non Compliance Notices and/or Orders to Show Cause have been issued. In the event the next report is not filed timely and a Non Compliance and/or Order to Show Cause is issued a sanction of \$\_\_\_\_\_ will be imposed.

**Fees:** Guardian and/or attorney fees for this report period from \_\_\_\_\_ through \_\_\_\_\_ are requested, **attach or submit a separate, itemized fee declaration** which describes the specific services rendered, the time required, the rate of compensation, and the out-of-pocket costs incurred:

Guardian Total Fees Requested for accounting period:	\$_____
Amount approved & paid for advance (including interim, \$_____):	\$_____
Additional fees Requested:	\$_____
Balance due (if approved):	\$_____
Guardian fees approved for advance & unpaid = outstanding liability (ongoing liability from _____)	\$_____

Administrative Costs	\$_____
<i>(Medicaid cases only; hearing &amp; notice to be given per WAC 182-513 et seq.)</i>	
Notice given to DSHS: <input type="checkbox"/> Yes, (fees are over allowed amount)	\$_____
<input type="checkbox"/> No, (fees do not exceed allowed amount)	

Attorney (court approval required & invoices)	\$_____
Accountant	\$_____

The Guardian also seeks authorization for monthly advance of fees during the next reporting period and up to **90 days** thereafter in the amount up to \$\_\_\_\_\_ per month from the  guardianship estate assets (*after basic needs and personal allowance*) OR  as a monthly deduction from the participation in cost of care.

Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

Dated \_\_\_\_\_.

\_\_\_\_\_  
**Judge/Court Commissioner**

Presented by:

\_\_\_\_\_  
Signature of Guardian/Attorney

\_\_\_\_\_  
Print Name of Guardian/Attorney  WSBA  CPG#

\_\_\_\_\_  
Address

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

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

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

**\*If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.**