

**Superior Court of Washington  
County of \_\_\_\_\_**

In the Guardianship of:

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

No. \_\_\_\_\_

**Order Approving Budget,  
Disbursements, and  
Initial Personal Care Plan  
(ORAPRT)**

Clerk's Action Required

**Clerk's Information Summary**

Due Date for Next Report and Accounting: \_\_\_\_\_

Other (Date and Purpose): \_\_\_\_\_

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

**I. Findings of Fact**

**1.1 Acts of Guardian**

All acts required of the Guardian to date have been performed.

**1.2 Notice**

Notice has been properly provided to persons entitled to notice of this presentation.

**1.3 Budget and Care Plan**

The proposed Budget and Care Plan of the Guardian are reasonable and appropriate to the needs of the Incapacitated Person and should be approved.

## II. Orders

### 2.1 Approval of Initial Personal Care Plan

The Initial Personal Care Plan is approved.

### 2.2 Budget

The Guardian is authorized to continue to receive the Incapacitated Person's income and to apply the income and other resources toward the Incapacitated Person's expenses:

Room and Board	\$
Medical	\$
Rent/Mortgage	\$
Personal and Incidental Expenses	\$
Food and Household Expenses	\$
Utilities	\$
Guardian Fees	\$
Other	\$
Total Monthly Expenditures	\$

### 2.3 Outstanding Obligations of the Estate

The Guardian shall be authorized to arrange payment schedules with the creditors of the guardianship estate for delinquent and past due payments.

### 2.4 Medical and Dental Expenses

The Guardian is authorized to incur and pay reasonable and necessary medical and dental expenses that the Guardian determines to be in the best interest of the Incapacitated Person.

### 2.5 Income Tax Payments/Accounting Fees

The Guardian is authorized to make payments for income tax due as required, and to pay fees for accounting services required in connection with the preparation of income tax returns.

### 2.6 Miscellaneous Expenses

The Guardian is authorized to pay all expenses incurred by way of fees of the Clerk of the Court, together with additional expenses incurred up to the amount of **\$50.00** per month in connection with this guardianship.

### 2.7 Accounting Due Date

The Report and Accounting of the Guardian shall be filed and submitted to the Court for approval not later than \_\_\_\_\_ (90 days after the first anniversary of the appointment of the Guardian).

**2.8 Bond**

Bond is currently set in the amount of \$\_\_\_\_\_. The amount of the bond [] shall not be changed [] shall be changed to \$\_\_\_\_\_.

**2.9 Fees**

The Guardian is allowed to advance a monthly fee up to \$\_\_\_\_\_. This advance is approved for the next 12 months and 90 days thereafter, from the date of appointment of the Guardian to \_\_\_\_\_. Such fees are subject to review and approval by the Court at the next regular accounting. No presumption that these fees will be approved as reasonable is created by this authorization for advance. Amounts shall be advanced only for actual services provided, and costs actually incurred. Interim Guardian fees in the amount of \$ \_\_\_\_\_ for services rendered and administrative costs (DSHS cases only) of \$ \_\_\_\_\_ between \_\_\_\_\_ and \_\_\_\_\_ are reasonable and approved.

DSHS cases. The above fees and costs are approved for payment as a monthly deduction from the incapacitated person's participation in the DSHS cost of care per WAC 388.79.030.

Non-DSHS cases. The above fees are approved for payment from the guardianship estate assets.

Guardian Total Fees Requested: \$\_\_\_\_\_

Amount approved for advance: \$\_\_\_\_\_

Additional fees Requested: \$\_\_\_\_\_

Balance due (if approved): \$\_\_\_\_\_

Administrative Costs ` \$\_\_\_\_\_

*(Medicaid cases only; hearing & notice to be given per WAC 388.79)*

Notice given to DSHS:  Yes, (fees are over allowed amount) \$\_\_\_\_\_

No, (fees do not exceed allowed amount)

Attorney (court approval required) \$\_\_\_\_\_

Accountant \$\_\_\_\_\_

**2.11 Other**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
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.