


(Copy Receipt)

(Clerk's Date Stamp)

	SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE	
In the Guardianship of: _____ An Incapacitated Person	CASE NO. _____ ORDER APPROVING GUARDIAN'S REPORT, ACCOUNTING AND BUDGET (Clerk's Action Required) (ORAPRT)	

Guardianship Summary	
Due Dates	
Date Guardian Appointed:	_____
Date Letters of Guardianship Expire:	_____
Due Date for Report and Accounting (GE):	_____
Guardian/Incapacitated Person	
<input type="checkbox"/> Certified Professional Guardian <input type="checkbox"/> Non-Professional Guardian (<input type="checkbox"/> Training Required) <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> Estate <input type="checkbox"/> Full <input type="checkbox"/> Limited <input type="checkbox"/> Person Relationship to Incapacitated Person _____	

	Incapacitated Person (include facility contact)	Guardian <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

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

Having reviewed the Guardian's Report, Accounting, and Budget the Court now orders:

1. The Guardian's Report, Accounting, and Budget is approved;
2. The Guardian shall provide the next Report and Accounting for the 12, 24 or 36 month period from _____ (the **ending date** of the last reporting period); and the Report, Accounting, and Proposed Budget shall be presented to the Court for review and approval;
3. 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:

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

- f. Administrative Costs \$ _____
(Medicaid cases only; hearing & notice to be given per WAC 182-513 et seq.)
Notice given to DSHS: Yes, (fees are over allowed amount) \$ _____
 No, (fees do not exceed allowed amount)

- g. Attorney (court approval required & invoices) \$ _____
- h. 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.

- 4. Bond remains the same or is changed to \$ _____; and
- 5. The Clerk of the Court shall reissue letters of guardianship of the person and estate OR estate only to _____ (name of guardian) expiring on _____ (date). All prior letters of guardianship have expired.
- 6. 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.
- 7. 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.

8. Other: _____

_____.

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

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

***Under GR 22 (b) (6), parties' personal telephone number(s) are confidential information. If you do not want your personal phone number(s) on this public form, complete form #S2-Sealed Confidential Information and file in the confidential file.**