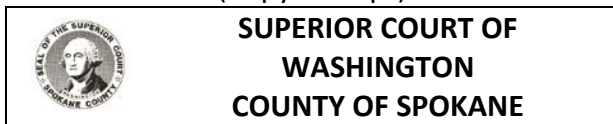


(Copy Receipt)

(Clerk's Date Stamp)



In re the Guardianship of:

An Incapacitated Person

CASE NO. _____

GUARDIAN'S REPORT, ACCOUNTING, AND
PROPOSED BUDGET

(ANR)

If you need more room to answer any item, please attach an additional page.

1. Date of Appointment and Reporting Period: The Guardian was appointed on _____. This report covers the period from _____ through _____. The closing date for all reports is _____ (the **ending date** of the last reporting period) and the Guardian is required to file reports no later than _____. The Guardian is to file a report every 12, 24, 36 months.

2. Scope of Guardianship: [Check all boxes that are appropriate.]

Full Guardianship of the Person Full Guardianship of the Estate

Limited Guardianship of the Person Limited Guardianship of the Estate

The Incapacitated Person is a beneficiary of a Trust, which was approved by the Court or is subject to court supervision. The Trustee's name, address, and court case number are: _____

3. Contact Information for Facility/Home of Incapacitated Person, Guardian and Standby Guardian:

	Incapacitated Person	Guardian	Standby Guardian
Full Name			
Mailing Address			
City, State & Zip			
*Telephone Number			
Email Address			

4. Interested Parties: *[List each person who has filed a Request for Special Notice of Proceedings and those whom the Court has designated to receive copies of reports. A declaration of mailing or notice must be filed, see below.]*

Name	Mailing Address	Relationship to Incapacitated Person

Notice Given _____

Declaration and Notice on File _____ (date filed).

5. Interested Governmental Agencies: [Check each box that is applicable.]

The Incapacitated Person is a veteran who has served in the United States Military.

Notice must be provided to: The Department of Veteran Affairs, Henry M. Jackson Federal Building, 915 Second Avenue, Seattle, WA 98174. Notice Given _____

Declaration and Notice on File _____ (date filed)

6. Benefits Received. The Guardian receives the following benefits on behalf of the

Incapacitated Person: SSDI/SSA; SSI; Medicaid; Medicare;

Copes; TANF; HUD; Food Stamps; GAU; Public Assistance;

VA Retirement; VA Disability; CSA; Other--Specify: _____

7. Inventory. An inventory of all property of the Incapacitated Person's estate at the commencement of the Guardianship is, or is not on file herein. An updated inventory is contained in this Report.

8. Periodic Personal Care Plan. [To be filled out by **all Guardians of the Person.**]

Please use additional pages if necessary. It is recognized that people with incapacities have unique abilities and necessities. A care plan is essential to update the court of these needs.

The [] Full [] Limited Guardian of the Person, respectfully submits the following Personal Care Plan:

a. Custody and Residence of Incapacitated Person

The Incapacitated Person is now _____ years of age. He/She presently resides at (name of facility, if applicable, and address): _____

The Guardian believes that he/she is receiving satisfactory care, and should continue to reside there. _____

b. Description of Services or Programs Incapacitated Person Receives

The Incapacitated Person receives the following services or programs: _____

c. Physical and Medical Status and Need of Incapacitated Person

The physical and medical status and needs of the Incapacitated Person are as follows: _____

_____.

d. Mental and Emotional Status of Incapacitated Person

The mental and emotional status of the Incapacitated Person is as follows: _____

_____.

e. Guardian Narrative: Although some changes may seem slight, please think back on this past year *(please describe below or attach additional sheets of paper)* and let the court know:

What are the functional abilities of the Incapacitated Person? _____

_____.

What can they do for themselves or what do they need help with?

_____.

Has this changed at all? Declined or improved? How so? _____

_____.

Have there been any changes to the Incapacitated Person's physical or emotional status? _____

_____.

What activities have you as guardian engaged the Incapacitated Person in?

_____.

_____.

What have you been doing or do you plan to do to further the IP's access to education or training? _____

_____.

f. Guardian's Specific Plan for Meeting the Identified and Emerging Personal Care Needs of the Incapacitated Person

The Guardian's specific plan for meeting the identified and emerging personal care needs of the Incapacitated Person is as follows: _____

_____.

9. Contact Information for Facility or Home of Incapacitated Person, Guardian, Standby Guardian, and Other Professionals Assisting the Incapacitated Person

	Facility/Home Contact	Guardian	Standby Guardian
Full Name			
Mailing Address			
City, State, Zip			
*Telephone Number			
	Professional	Professional	Professional
Full Name			
Mailing Address			
City, State, Zip			
*Telephone Number			

10. Proposed Monthly Budget: The Guardian of the Estate/Trustee seeks authority to make expenditures for the Incapacitated Person or beneficiary according to the below monthly budget for the next annual accounting period from _____ through _____ :

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

11. Security for Estate Assets:

a. Guardian/Trustee's Bond: The Court now requires a bond in the amount of:	\$ _____
b. Total balance in blocked accounts at end of review period:	\$ _____
c. Total balance unblocked at end of review period:	\$ _____
d. The bond should: <input type="checkbox"/> remain the same; OR <input type="checkbox"/> be changed to	\$ _____

12. 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:

- 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 and 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.

13. Court Approval: The guardian petitions the Court for approval of this Report, Accounting and Proposed Budget.

14. THE GUARDIAN OF THE ESTATE MUST COMPLETE AND ATTACH ONE OF THE FOLLOWING FORMS (check the appropriate box):

- ACCOUNTING SUMMARY FORM #1 – GENERAL PURPOSE FOR NON-PROFESSIONAL GUARDIANS (Estates in excess of \$80,000.00 in liquid assets and/or real estate)
- ACCOUNTING SUMMARY FORM #2 – SHORT FORM (Estates less than \$80,000.00 in liquid assets and no real estate)
- ACCOUNTING SUMMARY FORM #3 – FOR PROFESSIONAL GUARDIANS AND TRUSTEES (Estates in excess of \$80,000.00 in liquid assets and/or real estate)
- SOCIAL SECURITY REPRESENTATIVE PAYEE REPORT – FOR NON-PROFESSIONAL GUARDIANS (Estates with SSI, SSA (retirement) or SSD (disability) as only source of income and an estate less than \$2,000.) **MUST HAVE PRIOR COURT APPROVAL. (The Social Security Representative Payee Report is a financial source document. File it with Form #S1-Sealed Confidential Guardianship Document Cover Sheet in the confidential file.)**

***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.**

DO NOT ATTACH RECORDS PRODUCED AND SIGNED BY A HEALTH CARE PROVIDER TO THIS FORM.