

COVID INSTRUCTIONS FOR FILING ANNUAL PAPERWORK MAIL IN PROCESS

Due to COVID Guardians are encouraged to mail in the above to the following mailing address:

Spokane County Superior Court Guardianship Monitoring Program
1116 West Broadway Room 202A
Spokane, WA 99260-0350
509-477-2622

Spokane County Superior Court only accepts Guardianship & Trust Forms found online at www.spokanecounty.org/superiorcourt/guardianforms

If you do not have internet access or the ability to print, the forms may be purchased at the Spokane County Bar Association Office on the fourth floor of the Spokane County Courthouse Annex.

The following (check marked) current document(s) are required:

<u>Form Number</u>	<u>Form Title</u>
<input type="checkbox"/> 20	Oath of Guardian WPF GDN 04.0200
<input type="checkbox"/> 20A	Designation of and Consent by In State (Resident) Agent WPF GDN 04.0300
<input type="checkbox"/> 21	Guardianship Inventory WPF GDN 04.0500
<input type="checkbox"/> 22	Initial Personal Care Plan WPF GDN 04.0700
<input type="checkbox"/> 22A	Periodic Personal Care Plan SPO GDN 05.0700
<input type="checkbox"/> 23	Designation of Standby Guardian WPF GDN 04.0350
<input type="checkbox"/> 24	Cash Receipt Journal SPO GDN 02.0240
<input type="checkbox"/> 25	Notice of Right to Request Special Notice WPF GDN 04.0800
<input type="checkbox"/> 27	Declaration of Guardian: Assets Held in Financial Institutions WPF GDN 04.0400
<input type="checkbox"/> 29A	Guardian's Report, Accounting, and Proposed Budget SPO GDN 02.0290
<input type="checkbox"/> 29A1, 29A2 <u>OR</u> 29A3	Accounting Form SPO GDN 02.0291, 02.0292, <u>OR</u> 02.0293 (based on estate value)
<input type="checkbox"/> 29B	Order Approving Guardian's Report, Accounting, and Budget SPO GDN 02.0294
<input type="checkbox"/> 33A	Petition for Approval of Budget, Disbursements & Initial Personal Care Plan WPF GDN 05.0100
<input type="checkbox"/> 33B	Order Approving Budget, Disbursements & Initial Personal Care Plan WPF GDN 05.0500
<input type="checkbox"/> 33C	Order Approving Personal Care Plan SPO GDN 02.0330
<input type="checkbox"/> 37	Receipt of Funds into Blocked Account WPF GDN 04.0600
<input type="checkbox"/>	Letters of Guardianship (must be obtained in Spokane County Clerk's Office)
<input type="checkbox"/>	Other(s) _____

COVID INSTRUCTIONS FOR FILING ANNUAL PAPERWORK IN PERSON

Care Plan (for guardian of person only)

Divide paperwork into Stacks 1 & 2.

Stack 1 – File this year's care plan (Form # 22A) with original signature in the Spokane County Clerk's Office, Room 300, Incoming Pleadings Wooden Box. *DO NOT STAMP THIS FORM.*

Stack 2 - Deliver to the Court Administrators Office, 3rd Floor Annex for the Superior Court Guardianship Monitoring Program, Spokane County Courthouse:

- Date Stamp the copy of the Care Plan (stamp at Clerk's Office counter-indicates original filed on that date)
- One original and one copy of the proposed Order Approving Care Plan (Form # 33C) *DO NOT STAMP OR FILE.*
- AND
- One stamped, self-addressed envelope for return copy of order approving **or** a note asking to save copies for guardian to pick up with phone number to call guardian. (Please note documents not picked up within 60 days will be shredded and recycled.)

Report, Accounting & Proposed Budget (for guardian of person AND estate)

Divide paperwork into Stacks 1 & 2.

- **Stack 1** - File this year's Report, Accounting and Proposed Budget (Form #29A **PLUS** #29A1 or #29A2 -*STAPLED TOGETHER*) with original signature in the Spokane County Clerk's Office, Room 300, Incoming Pleadings Wooden Box. *DO NOT STAMP THIS FORM.*
- **Stack 2** – Deliver to the Court Administrators Office, 3rd Floor Annex for the Superior Court Guardianship Monitoring Program, Spokane County Courthouse:
 - Date Stamp the copy of the Report, Accounting and Proposed Budget (stamp at Clerk's Office counter-indicates original filed on that date)
 - All required accompanying documents (cancelled checks, bank statements, receipts, etc.) in support of the accounting
 - One original and one copy of the proposed Order Approving (Form #29B). *DO NOT STAMP OR FILE.*
 - One stamped, self-addressed envelope with sufficient postage for return copy of order approving and any original financial supporting documents which you have requested sent back to you. You may provide copies of financial supporting documents which GMP will shred when the audit is complete. (Please note all original supporting documents and such will be shredded if not picked up within 60 days).

ALL FORMS MUST BE SINGLE SIDED, SIGNED BY ALL GUARDIANS (Original Signatures Required), AND SPOKANE COUNTY FORMS. See other side for additional details.