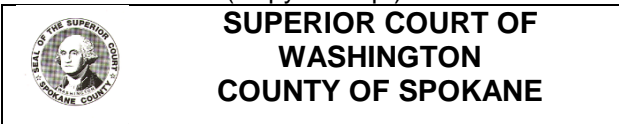


(Copy Receipt)

(Clerk's Date Stamp)



In the Guardianship/Conservatorship of:

CASE NO.

Respondent / Individual

DECLARATION OF PROPOSED
GUARDIAN/CONSERVATOR (Certified)

(DCLR)

1. Personal Information.

Name of Proposed Guardian/Conservator:

Certified Professional Guardian/Conservator #:

Mailing Address of Proposed Guardian/Conservator:

Street Address (if different):

City/State/Zip:

Telephone Number: ____ Fax Number:

Email Address:

2. Certified Status. The proposed Guardian/Conservator is a certified professional Guardian/Conservator in the State of Washington. Attached as Exhibit A to this Declaration is a summary listing the educational programs (*pertaining to Guardianships or Conservatorships*) which the proposed Guardian/Conservator and its employees have attended during the past twelve (12) months.

3. Business Form. The form in which the proposed Guardian/Conservator does business is:

- sole proprietor partnership trust company
 corporation non-profit corporation

4. Identification of Principals of Proposed Guardian/Conservator. List the name of each member of the board of directors, officer, and owner of the business of the proposed Guardian and their title:

5. Individual Certified Guardians/Conservators. List each certified Guardian/Conservator in the employ of the Guardian/Conservator who may have responsibilities in this case and the individual certified Guardian/Conservator who will have supervising responsibility in this case.

6. Relationship to Respondent / Person Subject to Guardianship or Conservatorship.

The proposed Guardian has the following relationship with the Respondent

7. Guardian/Conservator's Organizational Structure.

- (a) Date the proposed Guardian/Conservator began doing business: ____.
- (b) Allocation of job responsibilities:
-

(Brochures or other printed materials may be attached as an Exhibit in response to this question.)

8. Criminal Background Checks. Does the proposed Guardian/Conservator conduct criminal background checks pursuant to RCW 43.43.832 on all employees or volunteers who will or may have unsupervised access to the Respondent or Person Subject to Guardianship / Conservatorship?

- Yes No

If no, then explain reasons background checks are not done:

9. Criminal and Disciplinary History. Provide the following information for the proposed Guardian/Conservator and for each of its principals and employees who are certified professional Guardians/Conservators. However, do NOT include employees who are

neither principals nor certified Guardians/Conservators:

(a) Circumstances leading to removal as a Guardian/Conservator or as a fiduciary for breach of fiduciary duty or for any other reason:

(b) Criminal proceedings for a felony or misdemeanor involving moral turpitude, which resulted in a finding or plea of guilty (*attach an explanation as an exhibit explaining why this individual is employed by the proposed Guardian/Conservator*):

(c) Civil proceedings in which there was a finding of dishonesty, misappropriation of funds, breach of fiduciary duty, or mistreatment of any person (*identify any civil proceedings where there was a settlement, even if such settlement was without specific findings by the Court*):

(d) Reported disciplinary proceedings by a disciplinary body or licensing agency that resulted in a finding of misconduct (*including proceedings by a professional organization such as a state bar association, a medical disciplinary review board, certified professional guardian/conservator board, etc.*):

10. Bond/Insurance. The nature and extent of the proposed Guardian/Conservator's insurance coverage available to provide protection in the event of financial loss or personal harm caused by the negligent or intentional conduct of the proposed Guardian/Conservator, its employees or agents (*list the companies with which insurance or bond is obtained, the policy limit and deductibles*) is:

11. Compensation and Reimbursement. The proposed Guardian/Conservator's compensation schedule is as follows (*include the different hourly rates for various services*):

- | | |
|---|--|
| <input type="checkbox"/> Guardian Rate: _____ | <input type="checkbox"/> Legal Rate: _____ |
| <input type="checkbox"/> Paralegal Rate: _____ | <input type="checkbox"/> Care Manager: _____ |
| <input type="checkbox"/> Clerical Rate: _____ | <input type="checkbox"/> Care Aide: _____ |
| <input type="checkbox"/> Accounting Services: _____ | <input type="checkbox"/> Mileage Rate: _____ |

12. Experience. The proposed Guardian/Conservator's experience with similar Guardianships/Conservatorships (*for example, similar amount of assets, the family circumstances of the Respondent, the proximity of the proposed Guardian/Conservator to the residence of the Respondent, and any relevant information*) is:

13. Case Load. The Guardian/Conservator is currently the Court appointed Guardian/Conservator for ___ of total individuals in this County and ___ individuals in other Counties.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

Signature of Certified Professional
Guardian/Conservator

Printed Name of Certified Professional
Guardian/Conservator, WSBA/CPG#

Address

City, State, Zip Code

Telephone/Fax Number

Email Address