


(Copy Receipt)

(Clerk's Date Stamp)

 <p><b>SUPERIOR COURT OF WASHINGTON COUNTY OF SPOKANE</b></p>
<p>In the Guardianship/Conservatorship of:</p> <p>_____</p> <p>Respondent / Individual</p>

CASE NO. \_\_\_\_\_

**CONFIDENTIAL  
COURT VISITOR REPORT  
RCW 11.130.280/11.130.380**

**COURT VISITOR RECOMMENDATION SUMMARY**

A. GUARDIANSHIP is appropriate and should be  Full  Limited.

GUARDIAN recommended: \_\_\_\_\_.

B. CONSERVATORSHIP is appropriate and should be  Full  Limited

CONSERVATOR recommended: \_\_\_\_\_.

Bond amount recommended: \$\_\_\_\_\_.

Blocked Accounts are recommended.

Assets are less than \$3000.00, no bond required.

Bond to be reviewed upon filing of Inventory or Plan

C.  A LEAST RESTRICTIVE ALTERNATIVE is available, in full or in part, and adequate to meet the needs of the adult.

D. DISMISSAL OF THE PETITION FOR  Guardianship  Conservatorship is recommended.

E. The Respondent's primary language is \_\_\_\_\_.

An interpreter IS or IS NOT recommended (please circle one)

**1. Notice, Venue and Jurisdiction**

Notice

Date of Appointment: \_\_\_\_\_  
Date of Court Visitor Served Copies of Petition(s): \_\_\_\_\_  
Date Court Visitor Statement of Qualifications Filed or Served: \_\_\_\_\_  
Date Respondent Served Petition(s): \_\_\_\_\_

Venue

- The Respondent resides in \_\_\_\_\_ County.
- The Respondent owns real property in \_\_\_\_\_ County.
- The Respondent has been admitted by Court Order to an institution in this County.
- The Respondent owns real property in \_\_\_\_\_ County but does not reside in Washington state. The Respondent lives in: \_\_\_\_\_.

Jurisdiction

- Washington is the Respondent's home state because the Respondent has lived here for at least six (6) months prior to the filing of the Petition.
- Washington is NOT the Respondent's home state, but jurisdiction is appropriate because:  
\_\_\_\_\_  
\_\_\_\_\_

**2. Precipitating issues.** (briefly explain Visitors impression on why Petition was filed)

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

**3. Professional Evaluation.**

- A Professional Evaluation was requested.
- A Professional Evaluation was obtained from \_\_\_\_\_ and filed \_\_\_\_\_.
- A Professional Evaluation was not obtained because:
  - \_\_\_\_ Respondent declined or refused a Professional Evaluation
  - \_\_\_\_ There is sufficient information available to determine what the Respondent's needs and abilities are without a Professional Evaluation.

Information from any physician or other person known to have treated, advised or assessed the Respondent relevant physical or mental condition (RCW 11.130.280(5)(c)):

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

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**4. Respondent information**

**a. Meetings with Respondent** (one visit must be in person)

Dates of Meetings	Location of Meeting	Other Persons Present

Please describe any communication barriers and how the Respondent was best able to understand the Court Visitor or others:

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**b. Personal Information Regarding Respondent**

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Current Residence/Dwelling: \_\_\_\_\_

Proposed Residence/Dwelling: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**c. Respondent's Responses Regarding Specific Issues:**

Respondent's views about appointment sought by Petitioner \_\_\_\_\_

Respondent's views about proposed Guardian/Conservator: \_\_\_\_\_

Respondent's views about proposed powers and duties, scope and duration of proposed guardianship \_\_\_\_\_

Respondent's views on costs and expenses may be paid from the Respondent's assets \_\_\_\_\_

Right to counsel or choice of counsel: \_\_\_\_\_

Right to a jury trial: \_\_\_\_\_

Least Restrictive Alternatives exist or discussed? \_\_\_\_\_

**d. Summary of Interview with Respondent.** *(Report as closely as possible the Respondent's own words when appropriate.)*

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**5. Investigation.**

**a. Individuals Contacted.**

<u>Name</u>	<u>Dates of Contact</u>	<u>Relationship to Respondent</u>

**b. Written Materials Reviewed.**

<u>Name of document(s)</u>	<u>Name of document(s)</u>	<u>Name of document(s)</u>

**6. Investigation – Guardianship / Conservatorship**

**a. Investigation Detail:** A summary of: a) self-care and independent living tasks the respondent can manage without assistance or with existing supports, b) could manage with the assistance of appropriate supportive services, technological assistance, or supported decision making, and c) cannot manage:

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**b. Recommendation of the Right to Vote:**

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**Limitations recommended:**

- to vote or hold an elected office.
- to marry, divorce or enter into or end a state registered domestic partnership.
- to make or revoke a will.
- to make financial decisions about money
- to enter into a contract
- to appoint someone to act on Respondent's behalf
- to sue and be sued other than through a guardian
- to possess a license to drive subject to final determination of the Dept of

Licensing

- to buy, sell, own, mortgage, or lease property
- to consent to or refuse medical treatment
- to decide who shall provide care and assistance
- to make decisions regarding social aspects of Respondent's life because of the following factors that would justify a limitation under RCW 11.130.335
- Other:

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**c. Investigation Detail:** a) A recommendation regarding the appropriateness of guardianship, including whether a protective arrangement instead of guardianship or other less restrictive alternative for meeting the respondent's needs is available and: (i) If a guardianship is recommended, whether it should be full or limited; and (ii) If a limited guardianship is recommended, the powers to be granted to the guardian:

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**d. Investigation Detail:** A statement of the qualifications of the proposed guardian and if the respondent approves or disapproves of the proposed guardian:

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**e. Proposed Guardian and Proposed Conservator**

Information  GUARDIAN  CONSERVATOR

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address *(if different from above)* \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address \_\_\_\_\_

If Guardian is Certified, Provide Certification No.: \_\_\_\_\_

Relationship between Proposed Guardian / Conservator and Respondent \_\_\_\_\_

**Conservator is different than Guardian named above:**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Street Address *(if different from above)* \_\_\_\_\_

Telephone Numbers: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Email Address \_\_\_\_\_

If Guardian is Certified, Provide Certification No.: \_\_\_\_\_

Relationship between Proposed Guardian / Conservator and Respondent \_\_\_\_\_

**f. Investigation – Conservatorship – Detail:** Findings of Review financial records of the Respondent:

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**Estimate of Estate (Based on Available Information).**

Real Property	\$
Bank Accounts	\$
Investments/Securities	\$

Personal Property / Vehicles	\$
Bank/Trust Account	\$
Mortgages and Notes	\$
Other Debts or Liabilities	
Sources of Income:	\$
SSA	
Pension	
VA	
Other	
<b>ESTIMATED TOTAL</b>	<b>\$</b>

**g. Investigation Detail – RESIDENCE / DWELLING** Description of Respondent's present dwelling, date of visit, why Court Visitor did not visit Respondent's dwelling and any dwelling which is reasonably believed the Respondent will live at if appointment is made:

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**h. Investigation Detail – RESIDENCE/DWELLING** A statement whether the proposed dwelling meets the respondent's needs and whether the respondent has expressed a residential preference:

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**7. Recommendation Regarding Presence of the Respondent at Hearing.**

The presence of the Respondent  should  should not be waived. Respondent is  able  unable to attend the hearing. Provide a statement if Respondent is able to participate in a hearing and which identifies any technology or other form of support that would enhance the respondent's ability to participate:

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*Explain if the Respondent has refused to attend the hearing after being fully informed of the right to attend and the potential consequences of failing to do so; or there is no practicable way for the Respondent to attend and participate in the hearing even with appropriate supportive services and technological assistance.*

The following special arrangements should be made for the hearing (*i.e., relocation of hearing site to residence of the Respondent provision for hearing assistive devices, etc.*).

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**8. Other Recommendations:**

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**9. Recommendation as to Court Visitor's Continuing Involvement in Future Proceedings.**

I recommend that the Court Visitor  be  not be involved in future proceedings in this matter.

**10. Individuals / Entities who should be notified of future activities a guardian or conservator** (*Spouses, domestic partners and adult children of the Respondent are default notice parties. Other notice parties include those with an ongoing interest in the Respondent's estate or person. Explain why Notice should not be given or restricted*)

Name, Title and Address	Relationship to Respondent
	<input type="checkbox"/> Spouse / Domestic Partner
	<input type="checkbox"/> Adult Children
	<input type="checkbox"/> Other:
	<input type="checkbox"/> Other:

Dated:

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 Court Visitor

\_\_\_\_\_  
Printed Name of Court Visitor