

\$40.00

**ESTABLISHING A
GUARDIANSHIP and/or
CONSERVATORSHIP**

- 1) Request for Guardianship and/or
Conservatorship**
- 2) Completing Request for
Guardianship and/or Conservatorship**
- 3) 90-Day Post Appointment Reporting**
- 4) Yearly/Periodic Reporting**

*Raylene King
Whatcom County Superior Court Clerk
311 Grand Avenue, Suite 301
Bellingham, WA 98225
(360) 778-5560*



STEP #1—Petition for Guardianship/Conservatorship

- ✓ **Fill out forms #1 through #9.** Call the Guardianship Facilitator, Connie Long at **360-778-5577** for an appointment to review your documents and open your case. There is a \$20 appointment fee, payable upon arrival.
- ✓ Bring the original completed forms to your appointment at the Superior Court Clerk's Office at 311 Grand Avenue, Suite #301 in Bellingham.

- ☐ 1) Case Information Cover Sheet
- ☐ 2) Confidential Information Form (Telephone Numbers)
- ☐ 3) Petition for Guardianship, Conservatorship, or Protective Arrangement of Adult
- ☐ 4) Notice of Petition for Guardian, Conservator, or Protective Arrangement for Adult
- ☐ 5) Order Appointing Court Visitor- Adult
 - The Guardianship Facilitator will appoint a Court Visitor
 - The Court Visitor performs an investigation and has 45 days to complete and file their report.
- ☐ 6) Sealed Cover Sheet – (If you should need for any additional information that needs to be sealed)
- ☐ 7) Declaration of Service (On Respondent, Court Visitor and any parties listed on Page 10 and 11 of petition)
- ☐ 8) Acceptance of Service by the Court Visitor
(To be sent to the Court Visitor with a copy of the *Order Appointing Court Visitor*)
- ☐ 9) Facilitator Release of Liability Disclaimer

****STOP** here and call the Guardianship Facilitator for an appointment before proceeding to STEP #2

- ✓ At your appointment, a Court Visitor will be assigned to your case. While you wait for the Court Visitor's report, the proposed Guardian must take the mandatory adult lay guardian training. There is no cost for the training. After completing the on-line training, bring the *Declaration of Completion of Mandated Guardian Training* to your next appointment, below. This

document is on the same page as the training. See below. Click on “Adult Lay Guardianship”

- <https://www.courts.wa.gov/layguardiantraining>
- If you have any problems completing or printing your Declaration of Completion on-line training, call Kathy Bowman at 360-704-4081.

This list of instructions is not a substitute for legal advice. Before starting any legal action, it is always wise to consult an attorney regarding your rights and responsibilities. Many attorneys offer consultations. Your specific situation may require additional forms and procedures which may not be listed in this outline. The Guardianship Facilitator and the Clerk's office cannot give legal advice. Only an attorney can give legal advice.

PROBATE and MENTAL HEALTH
WHATCOM COUNTY SUPERIOR COURT
Case Information Cover Sheet (CICS)

Case Number _____ Case Title _____

Attorney Name _____ Bar Membership Number _____

Please check one category that best describes this case for indexing purposes. Accurate case indexing not only saves time in docketing new cases, but helps in forecasting needed judicial resources. Cause of action definitions are listed on the back of this form. Thank you for your cooperation.

- | | | | |
|--------------------------------|--|------------------------------|-----------|
| <input type="checkbox"/> ABS | Absentee | <input type="checkbox"/> TRS | Trust |
| <input type="checkbox"/> ALT | Alcohol/Drug Treatment | <input type="checkbox"/> WLL | Will Only |
| <input type="checkbox"/> AOT | Assisted Outpatient Treatment | | |
| <input type="checkbox"/> DSC | Disclaimer | | |
| <input type="checkbox"/> EGC | Emergency Guardianship/Conservatorship | | |
| <input type="checkbox"/> EMG | Emergency Minor Guardianship | | |
| <input type="checkbox"/> EGM | Minor Emergency Guardianship/Conservatorship | | |
| <input type="checkbox"/> EST | Estate | | |
| <input type="checkbox"/> FNW | Foreign Will | | |
| <input type="checkbox"/> GDE | Guardianship of the Estate | | |
| <input type="checkbox"/> GDN | Guardianship | | |
| <input type="checkbox"/> GDP | Guardianship of the Person | | |
| <input type="checkbox"/> GE | Guardian/Estate | | |
| <input type="checkbox"/> LGD | Limited Guardianship | | |
| <input type="checkbox"/> LGE | Limited Guardianship of the Estate | | |
| <input type="checkbox"/> LGP | Limited Guardianship of the Person | | |
| <input type="checkbox"/> MCE | Minor Conservatorship | | |
| <input type="checkbox"/> MGC | Minor Guardianship Custody | | |
| <input type="checkbox"/> MI | Mental Illness | | |
| <input type="checkbox"/> MIJ | Mental Illness - Juvenile | | |
| <input type="checkbox"/> MIO | Mental Illness -- Other Venue | | |
| <input type="checkbox"/> MIFJ | Mental Illness -- Family Petition | | |
| <input type="checkbox"/> MSC 4 | Miscellaneous -- Probate | | |
| <input type="checkbox"/> MST 4 | Minor Settlement -- Probate | | |
| <input type="checkbox"/> OPM | Minor Other Protective Arrangement | | |
| <input type="checkbox"/> OPR | Other Protective Arrangement | | |
| <input type="checkbox"/> NNC | Non-Probate Notice to Creditor | | |
| <input type="checkbox"/> SEA | Small Estate Affidavit | | |
| <input type="checkbox"/> SWR | Sealed Will Repository | | |
| <input type="checkbox"/> SMG | Standby Minor Guardianship | | |
| <input type="checkbox"/> TDR | Trust/Estate Dispute Resolution | | |

Please Note: Public information in court files and pleadings may be posted on a public Web site.

PROBATE/GUARDIANSHIP

Absentee—Petition to determine the location of absent owner of real or personal property.

Disclaimer—Recording a written instrument disclaiming an interest by beneficiaries.

Emergency Guardianship/Conservatorship and Minor Emergency Guardianship/Conservatorship—Emergent request to appoint a person to manage the estate or affairs of another.

Emergency Minor Guardianship—Emergent request to place a child with a guardian while Minor Guardianship Custody is pending. RCW 11.130.225

Estate—Petition seeking court settlement of a deceased person's property.

Foreign Will—Filing of a will for probate that has been proved in another state, territory, or foreign country.

Guardianship—Petition to appoint a guardian over a person and estate to manage the affairs of another or non-resident person.

Guardianship/Estate—Petition seeking court settlement for the property of a deceased person who was the ward of a guardian.

Guardianship of the Estate—Petition to appoint a conservator over the estate to manage the affairs of another or non-resident person.

Guardianship of the Person—Petition to appoint a guardian over a person to manage the affairs of another

Limited Guardianship—Petition to appoint a limited guardian with only partial responsibility for the ward's person and property, where the ward is not fully incompetent.

Limited Guardianship of the Estate—Petition to appoint a limited guardian with only partial responsibility for the person's property, where the ward is not fully incompetent.

Limited Guardianship of the Person—Petition to appoint a limited guardian with only partial responsibility for the person, where the ward is not fully incompetent.

Minor Conservatorship—Petition is based solely on the underage status of the Minor. RCW 11.130.595

Minor Guardianship Custody—No parent willing/able to perform parenting functions. (Replaces Child Custody-2021) RCW 11.130.190

Minor Settlements—Petition for a court decision that an award to a minor is appropriate when letters of guardianship are required (e.g., net settlement value is greater than \$25,000).

Non-Probate Notice to Creditors—The filing of a non-probate notice to creditors in a case in which no probate action is expected (e.g., an estate with a living trust which does not require probate, providing the heirs with an opportunity to start the time period for creditor filing of claims).

Other Protective Arrangement and Minor Other Protective Arrangement—Petition to appoint a special agent to perform and specific task in managing the affairs or estate of another. Chapter 11.130 RCW

Sealed Will Repository—Filing a will under seal before a testator's death, as authorized by RCW 11.12.265.

Small Estate Affidavit—A non-probate process under RCW 11.62.010 for a successor individual to claim or acquire ownership of a decedent's property.

Standby Minor Guardianship—Guardian appointment for up to 2 years when no parent is willing/able to perform parenting functions. RCW 11.130.220

Trust/Estate Dispute Resolution—The filing of a dispute in any estate, guardianship, or trust.

Trust—A case filed, by order, separately from a guardianship or probate case.

Will Only—Filing a will when no further action shall be taken.

MENTAL ILLNESS

Alcohol/Drug Treatment—Petition for involuntary treatment for one who is incapacitated by alcohol or drugs.

Assisted Outpatient Treatment—Petition requesting assisted outpatient behavioral health treatment. RCW 71.05.148

Mental Illness—Adult—Petition for involuntary treatment for an adult who is incapacitated by mental illness.

Mental Illness—Juvenile—Petition for involuntary treatment for a juvenile who is incapacitated by mental illness.

Mental Illness—Other Venue—Petition to modify or revoke a Less Restrictive Alternative originally issued in another county.

Mental Illness—Family Petition—Petition for review of a DMHP decision to not detain a person for evaluation and treatment involuntary treatment under the Involuntary Treatment Act. Petition filed by family member, guardian, or conservator of the person named in the petition.

Updated: 12/30/2022

SEALED

**Superior Court of Washington
County of Whatcom**

In the Guardianship/Conservatorship of:

_____,
Respondent

DOB: _____

No.

**Guardianship/Conservatorship
Confidential Information Form
(Telephone Numbers)
(CNRSE)**

***Court Clerk: This is a Restricted
Access Document. Do not file in a
public access file. GR 22***

Party	Name	Home/Cell	Work
Incapacitated Person			
Guardian			
Guardian			
Standby Guardian			
Resident Agent			
Other Interested Parties			

Submitted by: _____
Signature _____ Print Name _____ []WSBA []CPG#

Notice: All parties, the courts, as well as its staff and volunteers may have access to this sealed document.

Superior Court of Washington, County of Whatcom

In re Guardianship/Conservatorship of:

Respondent

No. _____

**Petition for Guardianship,
Conservatorship, or Protective
Arrangement of an Adult
(PTAPGC)**

**Petition for Guardianship, Conservatorship, or Protective
Arrangement of an Adult**

Use this form to petition for guardianship of an adult, conservatorship for an adult, or a protective arrangement instead of guardianship or conservatorship for an adult. This form should not be used to petition for a guardianship of a minor.

Use this form together with: Notice of Guardianship, Conservatorship, or Protective Arrangement and Order Appointing a Court Visitor.

I ask the court to appoint a guardian, conservator, or make other protective arrangements for
(Respondent's name)_____.

The court should consider the following information.

1. Information about the Respondent: (complete as much as possible)

Name: _____

Age: _____

Phone number: _____

Email address: _____

Principal residence: _____

Street address (if different): _____

[] Proposed address where the Respondent may move to if the petition is granted:

- ☐ The Respondent has the following needs for an interpreter, translator, or other form of support to communicate with the court or understand court proceedings:

2. Information about the Petitioner. I am a person who is interested in the Respondent's welfare.

Name:

Telephone Number:

Principal Residence:

Street Address (if different):

Email address:

Relationship to Respondent

The Petitioner/s:

☐ do **not** have a lawyer.

☐ are represented by (lawyer's name):

Lawyer's address:

The Petitioner's interest in this case is:

3. Jurisdiction

- ☐ **Home State Jurisdiction** – The Respondent has lived in Washington for at least 6 months prior to this case being filed.

- ☐ **Home State Jurisdiction** – The Respondent does not live in Washington right now but Washington was the Respondent's home state sometime in the 6 months prior to this case being filed.

- ☐ **Significant Connection Jurisdiction** – Washington is not the Respondent's home state but the Respondent has a significant connection to the state other than physical presence. Describe the Respondent's significant connection:

- ☐ **Special Emergency Jurisdiction** – Washington is not the Respondent's home state but a court order is needed to protect the Respondent's health, safety, or welfare from substantial harm and no other person has authority and is willing to act.

4. Venue

- ☐ The Respondent resides in _____ County.
- ☐ The Respondent has been admitted by court order to an institution in this County.
- ☐ The Respondent owns property in _____ County.
- ☐ The Respondent owns property in _____ County but does not reside in Washington.

5. Names and addresses of people important to the Respondent

I have included the names and addresses of people important to the Respondent in *Appendix A*. *Appendix A* is made part of this *Petition* (incorporated by reference).

6. Why does the Respondent need a guardian or other protective arrangement?

- ☐ Does not apply.
- ☐ Describe why the Respondent needs a guardianship or other protective arrangement (*what help does the Respondent need and what is the extent of their need*):

Describe what is currently in place to meet Respondent's needs (*for example, supported decision-making, technological assistance, durable power of attorney for health care or for finances, or representative payee to manage government benefits*):

If no alternative has been considered or tried, state why not.

Even though the Respondent made protective arrangements, I believe the court needs to sign an order to confirm or modify the protective arrangements in the following way:

☐ The Respondent needs a guardian because:

- (1) The Respondent lacks the ability to meet essential requirements for physical health, safety, or self-care because the Respondent is unable to receive and evaluate information or make or communicate decisions, even with appropriate supportive services, technological assistance, or supported decision making;
- (2) Appointment is necessary to prevent significant risk of harm to the adult respondent's physical health, safety, or self-care; and
- (3) The Respondent's identified needs cannot be met by a protective arrangement instead of guardianship or other less restrictive alternative.

☐ The Respondent needs an order for other protective arrangement. Describe the protection that would benefit the Respondent: _____

7. Reasons a conservatorship or other protective arrangement is necessary

☐ Does not apply.

☐ Describe why the Respondent needs a conservatorship or other protective arrangement (*what help does the Respondent need and what is the extent of their need*): _____

Describe what is currently in place to meet Respondent's needs (*for example, supported decision-making, technological assistance, Durable Power of Attorney for finances, or representative payee to manage government benefits*): _____

If no alternative has been considered or tried, state why not. _____

Even though the Respondent made protective arrangements, I believe the court needs to sign an order to confirm or modify the protective arrangements in the following way: _____

☐ The Respondent needs a conservator because:

- (1) the adult is unable to manage property and financial affairs because of a limitation in the ability to receive and evaluate information or make or communicate decisions even with the use of supportive services, technological assistance, and supported decision-making, or the adult is missing, detained, or unable to return to the United States, **and**
- (2) appointment is necessary to avoid harm to the adult or significant dissipation of the property of the adult, or to obtain or provide funds or other property needed for the support, care, education, health, or welfare of the adult, or of an individual who is entitled to the adult's support, and protection is necessary or desirable to provide funds or other property for that purpose.

☐ The Respondent needs an order for a protective arrangement as explained below:
(describe the protection that would benefit the Respondent.)

8. Scope of Guardianship/Conservatorship

Important! A less restrictive alternative or other protective arrangement is preferred to guardianship or conservatorship. A limited guardianship or conservatorship is preferred to a full guardianship or conservatorship.

I request a/n:

☐ other protective arrangement.

☐ limited guardianship. The guardian should have these powers: _____

☐ limited conservatorship. The conservator should have these powers: _____

☐ full guardianship. A full guardianship is needed instead of to a more limited guardianship because: _____

☐ full conservatorship. A full conservatorship is needed instead of to a more limited conservatorship because: _____

9. Proposed Guardian or Conservator

I ask the court to appoint (name/s): _____

☐ both guardian and conservator or ☐ guardian or ☐ conservator of the Respondent because: _____

Proposed guardian/conservator/s' address: _____

Phone Number: _____

Email: _____

☐ The proposed guardian and/or conservator is a lay person requiring *Lay Guardian Training*.

The Respondent ☐ did ☐ did not nominate a guardian or conservator in a power of attorney or other document. The nominated guardian or conservator, if any, is (name) _____

10. Respondent's Financial Information

The approximate value and the description of the property owned by the Respondent:

Assets:

1. Real property: \$ _____
2. Stocks, mutual funds, and bonds: \$ _____
3. Mortgages and notes: \$ _____
4. Bank accounts: \$ _____
5. Other property: \$ _____
6. Description of other property: _____

The total approximate value of assets is: \$ _____

The Respondent receives compensation, pension, insurance, and allowances as follows:

Income:

1. Social Security Benefits: \$ _____ per month
2. Veterans' Benefits: \$ _____ per month
3. Retirement income: \$ _____ per month
4. _____: \$ _____ per month
5. _____: \$ _____ per month
6. _____: \$ _____ per month
7. _____: \$ _____ per month

The total approximate income is: \$ _____ per month

11. Waiver of Filing Fee

☐ I do not ask the court to waive the filing fee.

☐ I ask the court to waive the filing fee because:

☐ The petitioner is the Washington State Attorney General.

☐ The Respondent has total assets of less than \$3,000.

☐ Payment of the filing fee would impose a hardship upon the Respondent because: _____

12. Existing or Pending Guardianships, Conservatorships, or Other Court Cases

☐ There **is no** guardianship or conservatorship action existing or pending in this state or any other for the Respondent.

☐ There **is** a guardianship or conservatorship action existing or pending in this state or any other for the Respondent:

Where is the case filed? (*state and county*) _____

Case number if known: _____

Was a guardian or conservator appointed? ☐ yes ☐ no

If yes:

Name of guardian or conservator: _____

Date of appointment: _____

☐ There are other court cases, such as protection order cases, that limit contact between the Respondent and other persons (*describe*):

13. Limits on the Respondent's Rights

The court should consider the following limitations to the Respondent's rights:

☐ 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 your own financial decisions about money.

☐ To enter into a contract.

☐ To appoint someone to act on his or her behalf.

- ☐ To sue and be sued, other than through a guardian.
- ☐ To possess a license to drive.
- ☐ 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 life.
- ☐ The court should grant the following other limitations and restrictions:

14. Restrictions on Respondent's Right to Communicate, Visit, Interact with Others

- ☐ Contact with the following individuals should be restricted as specified:

These facts support my requests. (Please be as specific as possible. You can use more paper or attach documents if necessary.)

15. Nomination of Court Visitor

- ☐ I **am not** proposing that a specific individual act as court visitor (visitor). The person appointed should be the next person on the list.
- ☐ I **am** proposing that a specific individual, (name) _____ act as visitor.

The proposed guardian ad litem or visitor ☐ does ☐ does not have knowledge of a relationship to any of the parties. *(Explain):*

I nominate this person _____ as visitor because:

- ☐ The visitor should be paid by the county because the Respondent's assets are less than \$3,000.
- ☐ To authorize Adult Protective Services to provide verbal and/or written information to the visitor, the Petitioner (unless the petitioner is an alleged perpetrator), any attorney for the Respondent, and any subsequently-appointed guardian or conservator. Disclosures by Adult Protective Services should be subject to a protective order, and Adult Protective Services should have discretion to deny any request and/or to request a further court order.

Petitioner fills out below:

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form (including any attachments) are true. ☐ I have attached (*number*):_____ pages.

Signed at (*City and State*):_____ Date:_____



Person asking for this order signs here

Print name here

The following is my contact information:

Email:_____ Phone (*Optional*):_____

I agree to accept legal papers for this case at (*check one*):

☐ my lawyer's address, listed below.

☐ the following address (*this does **not** have to be your home address*):

Street Address or PO Box

City

State

Zip

Lawyer (if any) fills out below:



Lawyer signs here

Print name and WSBA No.

Date

Lawyer's Street Address or PO box

City

State

Zip

Email (*if applicable*):_____

Appendix A: People Important to the Respondent

Below is the name, relationship, and current address of people important to the Respondent. This list includes the Respondent's:

- spouse, domestic partner, or an adult with whom the Respondent has shared household responsibilities for more than 6 months in the last year;
- adult children. If there are no adult children, the Respondent's parents and adult siblings are listed. If the Respondent has none of the above, the adult nearest in kinship to the Respondent is listed;
- adult step children that the Respondent parented when they were minors and have continued to have a relationship with the Respondent in the last 2 years;
- adult caregiver;
- attorney;
- any representative payee;
- guardian or conservator;
- trustee or custodian of a trust or custodianship of which the Respondent is a beneficiary;
- fiduciary for the Respondent appointed by the Department of Veterans Affairs;
- agent designated in the Respondent's Power of Attorney;
- nomination of a person to serve as guardian or conservator;
- parent or spouse or domestic partner's nomination as a guardian or conservator in a will or other signed record; and
- assisted decision maker, meaning a person known to have routinely assisted the Respondent with decision making during the 6 months immediately before the filing of the petition.

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Name: _____

Relationship: _____

Address: _____

Name: _____

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Address: _____

Name: _____

Relationship: _____

Address: _____

Superior Court of Washington, County of WHATCOM

In the Guardianship/
Conservatorship of:

Respondent

Case No.:

Notice of Petition for
Guardian, Conservator, or
Protective Arrangement for
Adult
(NT)

Notice of Petition for Guardian, Conservator, or Protective Arrangement for Adult

To: The Respondent, court visitor, and all other persons who are
listed in the petition:

A petition has been filed in WHATCOM County Superior Court by

(*petitioner's name*) _____. The

petition asks the court to appoint a [] guardian, [] conservator,
and/or

[] protective arrangement for (*respondent's name*) _____.

**IMPORTANT NOTICE TO THE RESPONDENT –
READ CAREFULLY**

**YOU AS THE RESPONDENT COULD LOSE ONE OR MORE
OF THE FOLLOWING RIGHTS:**

- to marry, divorce, or enter into or end a state registered domestic partnership;
- to vote or hold an elected office;
- to make or revoke a will;
- to make financial decisions about your own money;
- to enter into a contract;
- to appoint someone to act on your behalf;
- to sue and/or be sued, other than through a guardian;
- to possess a license to drive;
- to buy, sell, own, mortgage, or lease property;
- to consent to or refuse medical treatment;
- to decide who shall provide your care and assistance;
- to make decisions regarding social aspects of your life.

YOU HAVE THE FOLLOWING RIGHTS UNDER THE LAW:

1. You have the right to have a lawyer you choose at any stage of the proceedings. The court will appoint a lawyer at public expense you if you cannot afford one or if paying a lawyer would result in a significant hardship to you.
2. You have the right to demand a jury trial on the:
 - issue of whether the basis exists for appointment of a guardian or conservator; and
 - rights to be retained or restricted if a guardian or conservator is appointed.
3. You have the right to be present in court and testify when the hearing is held to decide whether or not you need a guardian or conservator. If a court visitor is appointed, you have the right to request the court to replace that person.
4. You have the right to ask the court to establish a protective arrangement instead of a guardianship or conservatorship.

If you have any questions about these rights or you want to exercise these rights, tell your court visitor, lawyer, or the judge.



Petitioner signs here

Print name (if lawyer, also list WSBA #)

Date

The following is my contact information:

Email: _____

Phone (Optional): _____

I agree to accept legal papers for this case at the following address (*this does **not** have to be your home address*):

Street Address or PO Box

City

State Zip

Note: You and the other party/ies may agree to accept legal papers by email under Civil Rule 5 and local court rules.

Superior Court of Washington, County of Whatcom

In the Guardianship/Conservatorship of:

Respondent / Minors

No. _____

**Sealed Cover Sheet - Guardianship
and/or Conservatorship Document
(CNRSE)**

***Court Clerk: This is a Restricted
Access Document. Do not file in a
public access file. GR 22***

**Sealed Cover Sheet - Guardianship and/or Conservatorship
Documents**

*Check document(s) below and write "Confidential" at least one inch from the top of the first page
of each attached document.*

- ☐ Court Visitor / Guardian ad Litem Report
- ☐ Medical / Psychological Report
- ☐ Social Security Representative Payee Report
- ☐ Medical Records
- ☐ Financial Source Documents (description) _____
- ☐ Other _____

Submitted by:

Signature

Print Name

[JWSBA [JCPG#

***Notice: All parties, the court, as well as its staff and volunteers, may have access to these
documents.***

Superior Court of Washington, County of Whatcom

In re Guardianship/Conservatorship of:

Respondent

No. _____

**Order Appointing Court Visitor - Adult
(ORAPCV)**

Clerk's Action Required: 6, 7, 12

Order Appointing Court Visitor

Findings

1. This court has jurisdiction over this matter.
2. The court visitor (visitor):
 - ☐ should be the person whose name next appears on the visitor registry; or
 - ☐ should **not** be the person whose name next appears on the registry because the court finds that extraordinary circumstances exist, as follows:
 - ☐ there is a need for particular expertise in the area of _____
 - ☐ other: _____
3. ☐ The filing fee should be waived because:
 - ☐ the petition alleges that the Respondent has total assets of a value of less than \$3,000;
 - ☐ payment of the filing fee would impose a hardship upon the Respondent; or
 - ☐ the Attorney General is filing the petition.☐ The filing fee should not be waived.

The court orders:

4. The filing fee:
 - ☐ is waived.
 - ☐ is not waived.
5. Payment of the visitor shall:

☐ be at **public expense**, to be paid by _____ County at a rate not to exceed \$_____ per hour up to a maximum of \$_____/_____ (hours) unless the visitor obtains prior approval from the court for a different amount. If evidence is submitted showing that there was not financial hardship or that financial hardship no longer exists, the court shall be reimbursed the filing fee and all other fees and costs.

☐ be at **private expense**. The visitor shall be paid at a rate of \$_____ per hour up to a maximum of \$_____/_____ (hours) unless the visitor obtains prior approval from the court for a different amount.

☐ not be allocated by this court because the visitor is a salaried employee of a public agency.

☐ be determined at a future hearing.

6. The hearing on the guardianship, conservatorship, or other protective arrangement petition shall be held within 60 days of the date the petition was filed. The hearing:

☐ shall be held on (date) _____ at (time) _____ in (court's location and room or department) _____.

☐ shall be scheduled by the parties.

7. The court finds or knows that (visitor's name) _____ has the required knowledge, training, or expertise to perform the duties required. The court appoints this person as visitor for the Respondent in this case. The visitor can be contacted in the following manner:

Address: _____

Telephone: _____

Email: _____

8. Professional Evaluation

The court orders Respondent to submit to a professional evaluation by a physician licensed to practice under chapter 18.71 or 18.57 RCW, a psychologist licensed under chapter 18.83 RCW, an advanced registered nurse practitioner licensed under chapter 18.79 RCW, or a physician assistant licensed under chapter 18.71A RCW, selected by the visitor who is qualified to evaluate Respondent's alleged cognitive and functional abilities and limitations and will not be advantaged or disadvantaged by a decision to grant the petition or otherwise have a conflict of interest.

9. The Visitor's Duties

The visitor shall have the following duties in all types of cases:

- A. Within the appropriate time limit of receiving the notice of appointment, file with the court and serve each party, either personally or by certified mail with return receipt, a statement including: their training relating to the duties as a visitor; their criminal history as defined in RCW 9.94A.030 for the period covering 10 years prior to the appointment; their hourly rate, if compensated; whether the visitor has had any contact with a party to the proceeding prior to their appointment, and whether they has an apparent conflict of interest;

- B. Interview Respondent in person (in an emergency petition use due diligence to interview in person) and explain, in a manner Respondent is best able to understand: the substance of the petition, the nature, purpose, and effect of the proceeding, the Respondent's rights at the hearing on the petition and, if relevant, the general powers and duties of a guardian/conservator;

To determine Respondent's views about the appointment or protective arrangement sought by the petitioner, including views about a proposed guardian or conservator, the guardian or conservator's proposed powers and duties, and the scope and duration of the proposed order sought by the petitioner; and

To inform Respondent that all costs and expenses of the proceeding, including Respondent's attorney's fees, may be paid from Respondent's assets.

- C. To obtain information from a physician or other person known to have treated, advised, or assessed Respondent's physical or mental condition (in an emergency petition, use due diligence);
- D. If a guardianship or a protective arrangement related to Respondent's dwelling is sought, visit Respondent's current home (in an emergency petition, use due diligence) and any place Respondent may live, if an appointment for guardian is made or a protective arrangement is ordered;
- E. To interview the petitioner and the person whose appointment is sought as guardian and/or conservator;
- F. If relevant to the order sought, review Respondent's financial records, if relevant to the visitor's recommendation regarding the proposed conservator, guardian, or protective arrangement;
- G. To investigate alternate arrangements made, or which might be created, by or on behalf of Respondent;
- H. Investigate the allegations in the petition and any other matter/s relating to the petition the court directs;
- I. To provide the court with a written report which shall include the following:
- If relevant to the order sought, a summary of self-care and independent living tasks Respondent cannot manage, can manage independently, and could manage with the assistance of appropriate supportive services, technological assistance, or supported decision making;
 - A recommendation regarding the appropriateness of the guardianship, conservatorship, or protective arrangement sought, including whether a protective arrangement instead of a guardianship, conservatorship, or other less restrictive alternative for meeting Respondent's needs is available;
 - A statement of the qualifications of the proposed guardian or conservator and whether Respondent approves or disapproves of the proposed guardian or conservator;
 - If a guardianship or conservatorship is recommended, a statement as to whether it should be full or limited and what powers should be granted to the guardian or conservator if it is a limited appointment;

- If relevant to the order sought, a statement whether the proposed residence meets Respondent's needs and whether Respondent has expressed any preferences in regards to their residence;
 - A statement as to whether Respondent declined a professional evaluation and, if so, what other information is available to determine Respondent's needs and abilities without the professional evaluation;
 - A statement whether Respondent is able to attend a hearing at the location where court proceedings are typically held;
 - A statement whether Respondent is able to participate in a hearing, including identifying any technology or other form of support that would enhance Respondent's ability to participate; and
 - If relevant to the order sought, the visitor should state the amount of the bond or other verified receipt needed under RCW [11.130.445](#) and [11.130.500](#).
 - If an Emergency Order is sought, a detailed summary of the alleged emergency and the substantial and irreparable harm to the individual's health, safety, welfare, property, or finances that is likely to be prevented by the appointment of an emergency guardian and/or conservator.
 - If an Emergency Order is sought, a statement as to whether the alleged emergency and Respondent's alleged needs are likely to require an extension of 60 days;
 - If an Emergency Order is sought, the specific powers to be granted to the emergency conservator and/or guardian/s and how the specific powers will address the alleged emergency and Respondent's alleged need;
 - If an Emergency Order is sought, a recommendation regarding the appropriateness of an emergency guardianship and/or conservatorship, including whether a protective arrangement instead of a guardianship and/or conservatorship or other less restrictive alternative for meeting Respondent's needs is available, and if an emergency guardianship and/or conservatorship is recommended;
- J. [] At least 15 days before the hearing on the petition, unless an extension or reduction of time has been granted by the court for good cause, the visitor shall file their report with the court and send a copy to Respondent, Petitioner, and any other party entitled to notice under RCW 11.130.080. If the visitor needs additional time to finalize their report, then the visitor shall petition the court for a postponement of the hearing or, with the consent of all other parties, an extension or reduction of time for filing the report;
- [] This is an emergency proceeding. The visitor shall report to the court and send a copy to Respondent, the petitioner, and any notice party 7 days prior to the hearing on the *Emergency Petition*.
- K. The visitor's report shall be confidential. The sealed report must be filed under a Sealed Confidential Reports cover sheet. The sealed visitor report may not be placed in the court file or used as an attachment or exhibit to any other document except under seal.
- L. To advise the court of the need for appointment of counsel for the Respondent as soon as practical after the meeting described in **section B of this order** unless (i)

counsel has appeared, (ii) Respondent affirmatively communicated a wish not to be represented by counsel after being advised of the right to representation and of the conditions under which court-provided counsel may be available, or (iii) Respondent was unable to communicate at all on the subject, and the visitor is satisfied that Respondent does not affirmatively desire to be represented by counsel.

10. Visitor's Authority and Access to Information

- A. Upon request of the visitor, all providers that are covered entities under the Health Insurance Portability and Accountability Act (HIPAA) and their business associates shall release to the visitor a professional evaluation required by RCW 11.130.290, .390, .615.
- B. Upon the visitor's request, financial institutions holding accounts in Respondent's name, or in the name of the respondent and any other individual, shall provide the visitor with all records and financial information regarding those accounts. By this order, copies of financial information regarding Respondent shall be released to the visitor.
- C. The visitor shall have access to the Adult Protective Service (APS) file and social report if any exists, provided that APS shall not be required to release the identities of persons making reports under RCW 74.34 et. seq., and shall have the right to reserve other privileged or confidential information as it deems appropriate to protect Respondent. Any APS records released to the visitor are provided for the purpose of assisting the visitor in his/her investigation and report to the court. The records released to the visitor shall be used in the chapter 11.130 RCW proceedings and shall not be further disseminated without a court order and prior notice to the Attorney General's Office.
- D. The visitor shall have access to Social Security Administration records regarding Social Security benefits received by Respondent, including but not limited to, type and amount of benefit, status of benefits, direct deposit information, and any other information deemed necessary by the visitor to complete their investigation.

11. Visitor's Duty to Keep Information Confidential

The visitor shall maintain any information as confidential and shall not disclose said information except in oral or written reports to the court, the parties, and their counsel, except as authorized under RCW 74.34.095, GR 15, GR 22, GR 31, and GALR 2.

12. Attorney Appointment (RCW 11.130.320, .430)

This is an Emergency Guardianship and/or Conservatorship. The court appoints the following person as lawyer for Respondent.

Name and WSBA number: _____

Address: _____

Phone number: _____

Email address (optional): _____

Payment is:

- ☐ Reserved. The court may decide the responsibility to pay and the reasonableness of fees at a later hearing.

[] The lawyer must be paid:

[] at **private** expense of the person being represented.

[] at **public** expense.

The lawyer must be paid at a rate of \$ _____ per hour up to a maximum of \$ _____ or _____ hours unless the lawyer obtains prior approval from the court for a different amount.

The court may decide later if anyone must reimburse public or private fees paid.

13. The court also orders: _____

Dated _____

Judge/Court Commissioner

Presented by:

Signature of Party/Lawyer

Printed Name

WSBA No.

**Superior Court of Washington
County of Whatcom**

In the Guardianship/Conservatorship of:

Case No.:

_____ ,

Respondent

**Acceptance Of Service By The Court
Visitor
(ACSR)**

COMES NOW _____, newly appointed Court Visitor for the Respondent in the above entitled action, and hereby acknowledges that on the below date I received and accepted copies of the following, and hereby waive personal service thereof:

1. Petition for Guardianship, Conservatorship, or Protective Arrangement of an Adult
2. Notice of Petition for Guardian, Conservator, or Protective Arrangement for Adult
3. Order Appointing Court Visitor - Adult

DATED this _____ day of _____, 20____.

Court Visitor

Superior Court of Washington, County of WHATCOM

In re: Guardianship/Conservatorship of:

No. _____

**Declaration of Service
(AFSR)**

_____,
Respondent/Minor(s)

Declaration of Service

I declare:

1. I am 18 years of age or older, I am a party to this action, and I am competent to be a witness.
2. I served true and correct copies of the *(list titles of documents below)*:

☐ Petition for Guardianship, Conservatorship, or Protective Arrangement of an Adult

☐ Notice of Petition for Guardian, Conservator, or Protective Arrangement for Adult

☐ Order Appointing Court Visitor - Adult

on *(date)* _____ *(time)* _____ to the following individuals at the following addresses by the method indicated: (If additional space is needed, attach a separate sheet of paper.)

Name/s: _____

Address: _____

[] Hand Delivered

(Personal Service)

[] Regular 1st Class US Mail

[] Certified Mail,

Return Receipt Requested

[] Other: _____

Name/s: _____

Address: _____

Name/s: _____

Address: _____

Name/s: _____

Address: _____

Name/s: _____

Address: _____

- ☐ Hand Delivered
(Personal Service)
☐ Regular 1st Class US Mail
☐ Certified Mail,
Return Receipt Requested
☐ Other: _____

- ☐ Hand Delivered
(Personal Service)
☐ Regular 1st Class US Mail
☐ Certified Mail,
Return Receipt Requested
☐ Other: _____

- ☐ Hand Delivered
(Personal Service)
☐ Regular 1st Class US Mail
☐ Certified Mail,
Return Receipt Requested
☐ Other: _____

- ☐ Hand Delivered
(Personal Service)
☐ Regular 1st Class US Mail
☐ Certified Mail,
Return Receipt Requested
☐ Other: _____

(Attach Return Receipt if service by certified mail.)

I declare under penalty of perjury under the laws of the State of Washington that the statements above are true and correct.

Signed at (City and State) _____ on (date) _____

Signature

Printed Name

**Superior Court of Washington
County of Whatcom**

In the Guardianship of:

Case No.:

An Incapacitated Person

Release of Liability & Disclaimer
(RL)
Guardianship Facilitator)

IF YOU ACT AS YOUR OWN ATTORNEY, YOU WILL BE HELD TO THE STANDARDS OF AN ATTORNEY.

If you represent yourself, you are responsible for:

- Reading the papers thoroughly and filling in all sections of documents completely
- Submitting all required information
- Serving all interested parties with copies of all documents and notices of court hearings in accordance with the court rules

The Guardianship Facilitator will not establish an attorney-client relationship with you and will not provide you with legal representation. Your discussions with the Facilitator are not confidential. You should not disclose to the Facilitator any facts you want to keep private. The Facilitator is available to self-represented litigants only and may be helping opposing party on the same issues that concern you.

No portion of this document or any of your communications with the Guardianship Facilitator is confidential or otherwise privileged.

The Guardianship Facilitator is not your attorney and cannot give legal advice. For legal advice and representation, you should consult an attorney.

I hereby state that I have read and understand this information. I agree that I will not claim that either the Facilitator or the Court should be liable for any consequences of incorrect or incomplete information given to me.

Dated: _____

Signature

Print Name

NOTE: Complete this step once report is received from Court Visitor

STEP #2—Appointment of Guardian/Conservator

- ✓ When the Court Visitor sends you his/her report, **fill out #1 through #8.** Call the Guardianship Facilitator, Connie Long @ 360-778-5577 for an appointment to review your documents and set a hearing date. There is a \$20 appointment fee, payable upon arrival.
- ✓ Bring the following original completed forms to your appointment at the Superior Court Clerk's Office at 311 Grand Avenue, Suite #301 in Bellingham.

- ☐ 1) Declaration of Completing Mandated Guardian Training (refer to page 1)
- ☐ 2) Acceptance of Appointment of Guardian / Conservator
- ☐ 3) Order Appointing Full/Limited Guardian/Conservator
- ☐ 4) Disclosure of Bankruptcy or Criminal History
- ☐ 5) Receipt of Funds into Blocked Financial Account (If Needed)
- ☐ 6) Designation of and Consent by In State (Resident) Agent (If Needed)
- ☐ 7) Notice of Hearing
 - The Guardianship Facilitator will give you a hearing date at your appointment
- ☐ 8) Notification of Rights – 30 Day

- ✓ At this appointment, the Guardianship Facilitator will give you a hearing date and give you instructions on confirming your hearing.
- ✓ After your court hearing and your order has been signed, call the Guardianship Facilitator, Connie Long at (360)778-5577 and request certified "Letters of Guardianship".

✓ **PROCEED TO STEP #3**

- ✓ Within 90 days from this court date, you must complete Step #3 and call the Guardianship Facilitator by the "Due Date for Inventory" listed on the front of the signed "Order Appointing Guardian/Conservator".

This list of instructions is not a substitute for legal advice. Before starting any legal action, it is always wise to consult an attorney regarding your rights and responsibilities. Many attorneys offer consultations. Your specific situation may require additional forms and procedures which may not be listed in this outline. The Guardianship Facilitator and the Clerk's office cannot give legal advice. Only an attorney can give legal advice.

**Superior Court of Washington
County of Whatcom**

In the Guardianship/Conservatorship of

No.

_____,
Respondent

**Declaration Of Completing Mandated
Guardianship Training
(DCLCMP)**

I. Motion

☐ I have been appointed:

☐ I am seeking appointment:

☐ Full ☐ Limited Guardian

☐ Full ☐ Limited Conservator

☐ Limited Guardian/Conservator

Date

Signature

Print or Type Name

II. Declaration of Completion

I have successfully completed the court-approved training on the authority and responsibilities of guardians.
I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at _____, [City] _____ [State] on _____ [Date].

Signature of Declarant

Print or Type Name

Certificate # xxxxxxxxxxx (Number will automatically be assigned upon completion)

Superior Court of Washington, County of WHATCOM

In the Guardianship/Conservatorship of:

No. _____

_____,
Respondent / Minors

**Acceptance of Appointment of
Guardian / Conservator
(ACPAP)**

Acceptance of Appointment of Guardian / Conservator

1. I have been appointed:
[☐] Full [☐] Limited Guardian and/or
[☐] Full [☐] Limited Conservator of (Name) _____
2. I accept this appointment and I will perform duties as Guardian and/or Conservator according to law. I understand that the duties of a Guardian and/or Conservator are described in Chapters 11.130 of the Revised Code of Washington (RCW).

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided are true.

Signed at (city) _____, (state) _____ on (date) _____.

Signature

Printed Name

WSBA or CPG No.

Superior Court of Washington, County of Whatcom

In re Guardianship/Conservatorship of:

Respondent

No.

Order Appointing

☐ **Limited Guardian** (ORAPLGP)

☐ **Full Guardian** (ORAPGDP)

☐ **Limited Conservator** (ORAPLC)

☐ **Full Conservator** (ORAPCC)

☐ **Full Guardian/Conservator**
(ORAPFGC)

☐ **Limited Guardian/Conservator**
(ORAPLGC)

☐ Clerk's Action Required: 1, 23, 31

Order Appointing Full or Limited Guardian and/or Conservator

1. Summary

Date guardian/conservator appointed: _____
Due date for report and accounting: _____
Date of next review: _____
Letters expire on: _____
Bond amount: \$ _____
Restricted account agreements required: ☐ Yes ☐ No
Due date for inventory: _____
Due date for guardian/conservator's plan: _____
The clerk shall notify the auditor of loss of voting rights: ☐ Yes ☐ No
Right to vote removed – birth date and last 4 SS #: _____

☐ Certified professional guardian (CPG) ☐ Public professional guardian (PUG)

☐ Lay (family) guardian (LGD) ☐ Training completed ☐ Training required

	<u>Individual Subject to Guardianship/Conservatorship</u>	<u>Guardian/Conservator</u>
Name		
Address		
Phone		
Email		

Facsimile		
	<u>Notice Party</u>	<u>Notice Party</u>
Name		
Address		
Phone		
Email		
Relationship		

This matter came on for hearing on a petition for appointment of guardian and/or conservator of the respondent.

The proposed guardian and/or conservator was present.

The court visitor (visitor) was present. The following other persons were also present at the hearing:

The court considered the written report of the visitor and the professional evaluation, the testimony of witnesses, remarks of counsel, and the documents filed herein. Based on the above, the court makes the following:

Findings of Fact

2. All notices required by law have been given and proof of service as required by statute is on file.

The court finds by clear and convincing evidence that Respondent was given proper notice of the hearing on the petition. Required proof of service is on file.

3. **Jurisdiction**

The court has jurisdiction over the person and/or estate of Respondent because:

- ☐ **Home State Jurisdiction** – The respondent has lived in Washington for at least 6 months prior to this case being filed.
- ☐ **Home State Jurisdiction** – The respondent does not live in Washington right now but Washington was the respondent's home state sometime in the 6 months prior to this case being filed.
- ☐ **Significant Connection Jurisdiction** – Washington is not the respondent's home state but the respondent does have a significant connection to the state other than physical presence. The respondent's significant connection is _____

- ☐ **Special Emergency Jurisdiction** – Washington is not the respondent's home state but a court order is needed to protect the respondent's health, safety, or welfare from substantial harm and no other person has authority and is willing to act.

4. **Respondent' Attendance**

- ☐ Respondent was present in court;

- ☐ The hearing was conducted outside of the courtroom at the location of the respondent;
- ☐ Respondent refused to attend the hearing after having been fully informed of the potential consequences;
- ☐ There was no practicable way for Respondent to attend and participate even with supportive or technological assistance.
- ☐ Findings to support above _____

5. Court Visitor (Visitor)

The visitor appointed by the court has filed a report with the court. The report is complete and complies with all requirements of RCW 11.130.280 and/or 11.130.380.

6. Professional Evaluation

- ☐ There was a professional evaluation by (name) _____
- ☐ There is sufficient information to determine Respondent's needs and abilities without the professional evaluation.

7. Alternative arrangements made by the Respondent

- ☐ Respondent did not make alternative arrangements for assistance, such as a power of attorney or other protective arrangements.
- ☐ Respondent made other protective arrangements for assistance, but such arrangements are inadequate in the following respects: _____

- ☐ (Name) _____ has been acting in a fiduciary capacity for Respondent and should **not** continue to do so for the following reasons: _____

8. Basis for guardianship and/or conservatorship

Respondent, _____, by clear and convincing evidence:

- ☐ lacks the ability to meet essential requirements for physical health, safety, or self-care because the respondent is unable to receive and evaluate information or make or communicate decisions, even with appropriate supportive services, technological assistance, or supported decision making.
- ☐ is incapable of managing property or financial affairs due to ☐ a limitation in Respondent's ability to receive and evaluate information or ☐ absence. An appointment of a conservator is necessary to ☐ avoid a significant dissipation of the individual's property or ☐ obtain funds or property to support and care for the individual or their dependents.

- ☐ is in need of a full ☐ guardianship and/or ☐ conservatorship.
- ☐ is capable of managing some personal and/or financial affairs, but is in need of the protection and assistance of a limited ☐ guardian ☐ conservator. These specific powers are granted to the ☐ guardian ☐ conservator:

- ☐ The following less restrictive protective arrangement will meet Respondent's needs:_____

- ☐ There is clear and convincing evidence that Respondent's needs cannot be met by a protective arrangement instead of guardianship and/or conservatorship or other less restrictive alternative, including the use of appropriate supportive services, technological assistance, or supported decision making.

- ☐ There is clear and convincing evidence Respondent's needs cannot be met by limited guardianship and/or conservatorship. The guardianship and/or conservatorship is appropriate.

- ☐ Specific Findings:_____

9. Guardian/Conservator

The proposed guardian/conservator is qualified to act as ☐ guardian and/or ☐ conservator for Respondent and they have filed the *Disclosure of Guardian or Conservator*. Their address, phone numbers and email address are as follows:

Address:_____

Phone No/s: Business_____ Personal_____

Email:_____

The relationship of the guardian and/or conservator to Respondent is:

- ☐ The guardian and/or conservator provides paid services, is a relative, or is employed by a person that provides paid services to the respondent. The court finds by clear and convincing evidence that the guardian and/or conservator is the best qualified person for the appointment and the appointment is in the best interest of the Respondent.

10. Visitor fees and costs

☐ The visitor was appointed at ☐ county expense ☐ estate expense and shall submit a motion for payment of fees and costs pursuant to the local rules.

☐ The visitor has requested a fee of \$_____ for services rendered and reimbursement of \$_____ for costs incurred while acting as visitor. Fees in the amount of \$_____ and costs in the amount of \$_____ are reasonable and should be paid as follows:

☐ \$_____ by the guardian/conservator from the estate and/or

☐ by the County of _____

☐ \$_____ by _____ for the following reason/s:

11. Conservator's Bond

The assets of the Respondent:

☐ Does not apply. Respondent only has a guardianship.

☐ are unknown, and a bond shall be reviewed at the hearing on the conservator's plan.

☐ total less than three thousand dollars (\$3,000) and no bond is required.

☐ exceed three thousand dollars (\$3,000), and a bond is required.

☐ exceed three thousand dollars (\$3,000) and should be placed in a blocked account with an insured financial institution or bonded.

☐ should be held by a Conservator who is a regulated financial institution, qualified to do trust business in this state, and the Court waives any bond requirement.

12. Restrictions on Respondent's right to communicate

The following facts support restricting Respondent's right to communicate, visit, and interact with others: _____

13. Right to Vote

Respondent:

☐ is capable of exercising the right to vote.

☐ is not capable of exercising the right to vote because Respondent cannot communicate, with or without support, a specific desire to participate in the voting process.

14. Right to Marry

Respondent:

☐ is capable of exercising the right to marry.

- ☐ is not capable of exercising the right to marry because Respondent lacks the ability to understand the special nature of the contract and the duties it entails.

Conclusions of Law

Based upon the above findings and fact, the court makes the following conclusions of law:

15. Individual Subject to Guardianship/Conservatorship

(Name) _____ is an individual who meets the requirements to be subject to guardianship and/or conservatorship within the meaning of Chapter 11.130 RCW, and a:

☐ Full ☐ Limited guardian and/or

☐ Full ☐ Limited conservator should be appointed.

16. Guardian/Conservator

(Name) _____ is a fit and proper person as required by RCW 11.130.305 and 11.130.415 be appointed as a guardian/conservator.

17. Powers of Guardian and/or Conservator

☐ The powers of the guardian should include, but are not limited, to the following:

☐ Establish the adult's place of dwelling, within the limits of RCW 11.130.330 (5);

☐ Consent to health or other care, treatment, or service for the adult;

☐ Receive personally identifiable health care information regarding the adult.

☐ To the extent reasonable, delegate to the adult responsibility for a decision affecting the adult's well-being;

☐ Commence a proceeding or take other appropriate action to compel another person to support the adult or pay funds for the adult's benefit; and

☐ Apply for and receive funds and benefits as a representative payee or an authorized representative or protective payee for the support of the adult;

☐ The powers of the conservator should include, but are not limited, to the following:

☐ To undertake the management of the financial affairs of the respondent;

☐ To locate and gather assets.

☐ To establish conservatorship accounts.

☐ To manage or close any financial accounts, including accounts held individually or jointly with another. To obtain any and all records relative to such accounts without the necessity of obtaining the written authority of any other person named on any such joint accounts.

☐ To remove Respondent's name from any joint bank account and/or financial account and change the mailing address of any bank and/or financial statement to any address the Conservator may request. If an asset has signatories or co-owners in addition to the respondent, the conservator has the authority to block all access to such account/asset until true ownership has been discovered.

☐ To enter any safe deposit box held in the name of the respondent, individually or with another, and inventory the contents of the box in the presence of an employee of the institution. Upon the submission of the witnessed inventory to

the Clerk of the court the conservator has the authority remove any contents and maintain and/or close said box or add items thereto. If the key to the box cannot be located the conservator has the authority to authorize the drilling open of the box by the institution.

- ☐ To expend funds as necessary for the benefit of Respondent subject to review by the Court.
- ☐ To convert all holdings, including but not limited to savings accounts, money market accounts, IRAs, pensions, annuities, 401Ks, mutual funds, stocks, bonds, cash, automobiles, mobile homes, and any other income or personal property, into the name of the conservator for the purposes of the conservatorship and all other reasonable duties required of a conservator.
- ☐ To enter any dwelling or storage area rented or owned by Respondent, or access the land or property owned or rented (individually or with another) by Respondent without the necessity of obtaining the written authority of any other person named on any such dwelling, land, property or storage area.
- ☐ To remove, change, and/or re-key any lock to Respondent's personal or real property.
- ☐ To retain an appraiser to appraise real estate owned by the respondent in the event a petition for authority to sell the real property is brought.
- ☐ To expend funds to establish cremation or burial arrangements.
- ☐ Other: _____

Without further court order, the guardian does not have power to consent to sterilization on behalf Respondent.

18. Limitations and restrictions placed on the Respondent

The limitations and restrictions placed on Respondent are as follows:

- ☐ To vote or hold an elected office.
- ☐ To marry, divorce, or enter into or end a state registered domestic partnership.
- ☐ To consent to or refuse medical treatment.
- ☐ To decide who shall provide care and assistance.
- ☐ To make decisions regarding social aspects of their life.
- ☐ To possess a license to drive.
- ☐ To make or revoke a will.
- ☐ To enter into a contract.
- ☐ To appoint someone to act on their behalf.
- ☐ To sue and be sued, other than through a guardian and/or conservator.
- ☐ To buy, sell, own, mortgage, or lease property.

☐ To manage their money.

☐ Other limitations and restrictions: _____

19. Restrictions on Respondent's right to communicate, visit, and interact with others

The guardian is authorized to restrict Respondent's right to communicate, visit, and interact or otherwise associate with the following persons:

Name of Person

Nature of Restriction

1. _____

2. _____

3. _____

- 20.** The court finds it would be contrary to Respondent's preferences to provide notice to (name) _____ who is a spouse, domestic partner, or adult child.

The court orders:

21. Prior Power of Attorney

Any power of attorney of any kind previously executed by the Respondent:

☐ is not canceled.

☐ is canceled in its entirety.

☐ is canceled in its entirety except for those provisions pertaining to _____

22. Appointment of Guardian/Conservator

(Name) _____ is appointed as:

☐ Full ☐ Limited Guardian and/or ☐ Full ☐ Limited Conservator of _____, and the powers and limitations of the guardian/conservator, the restrictions on Respondent's right to communicate, visit, or interact with others, and the limitation and restrictions placed on Respondent shall be as set forth in paragraphs **18** and **19** of the Conclusions of Law.

23. Letters of Guardianship/Conservatorship

The clerk of the court shall issue letters of guardianship and/or conservatorship (*Letters of Office*) valid until (date) _____ to (name of guardian/conservator)

_____ upon the filing of an acceptance of appointment, any bond or verified receipt required in paragraph **25**, and a *Designation of and Consent by In-State (Resident) Agent*, if the guardian/conservator or limited guardian/conservator resides outside the state.

24. Lay guardian and conservator training

☐ Does not apply. The guardian/conservator is a certified professional guardian/conservator or financial institution.

- ☐ The petitioner submitted evidence that the guardian/conservator successfully completed lay guardian/conservator training.
- ☐ The guardian/conservator must complete and file proof of completion of lay guardian and conservator training or obtain an order waiving training by (date) _____ (no more than 90 days after today's date).

25. Conservatorship bond and security

- ☐ Conservatorship bond is set in the amount of \$_____.
- ☐ Bond is waived.
- ☐ Bond shall be reviewed at the hearing on the *Conservator's Plan*.
- ☐ All other accounts/liquid assets in excess of the bond shall be blocked and shall not be withdrawn except by court order. The conservator shall file a receipt of funds into blocked account (form *GDN ALL 006, Receipt of Funds into Blocked Financial Account*) with the court.

26. Required Notices

Within 14 days the guardian/conservator, shall give notice of this *Order* to the Respondent. Within 30 days give the respondent and any notice party the *Notice of Rights*, form GDN C 105.

27. Report of substantial change in income or assets

Within 30 days of any substantial change in the estate's income or assets, the Conservator shall report to the court and schedule a hearing. The purpose of the hearing will be for the court to consider changing the bond or making another provision in accordance with RCW 11.130.505 (14).

28. Inventory

Within 3 months of appointment, the conservator shall file a verified inventory of Respondent's property, which has come into the conservator's possession or knowledge. The inventory shall include a statement of all encumbrances, liens, and other secured charges on any item.

29. Guardian/Conservator's Plan

Within 3 months after appointment, the guardian/conservator shall complete and file a plan that shall comply with the requirements of RCW 11.130.340 and 11.130.510 and set a hearing on the plan 30 days after the plan is filed.

30. Respondent's Status

Unless otherwise ordered, the guardian/conservator shall file an annual report on Respondent's status that shall comply with the requirements of RCW 11.130.345 and 11.130.530.

31. Substantial change in condition or residence

The guardian/conservator shall report to the court within 30 days any substantial change in Respondent's condition, value of Respondent's estate, or any change Respondent's residence.

32. Restoration of Rights

Any guardian or conservator shall immediately notify the court if the condition of the adult has changed so that the adult is capable of exercising rights previously removed.

33. Authority for investment and expenditure

A conservator has all the powers granted in law, RCW 11.130 et. seq., except as follows:_____

34. Duration of guardianship/conservatorship

This guardianship and/or conservatorship shall continue to be in effect:

- ☐ until it is terminated pursuant to RCW 11.130.355 or 11.130.570;
- ☐ until further order of the court. The necessity for the guardianship/conservatorship to continue shall be periodically reviewed;
- ☐ until Respondent, who is a minor, turns 18 years old; **or**
- ☐ other:_____

35. Discharge/Retention of Visitor

- ☐ The visitor is discharged; **or**
- ☐ The visitor shall continue performing further duties or obligations as follows:_____
- _____
- _____
- _____

36. Persons with a right to receive notice and pleadings

The persons listed below are entitled to certain statutory notices as described in RCW 11.130.310 and 11.130.420:

Name:_____

Address:_____

Name:_____

Address:_____

- ☐ The spouse, adult children, or domestic partner (*names*) _____ are not entitled to notice.

(Add more names or extra sheets if necessary)

37. Guardian/Conservator Fees

- ☐ DSHS cases: The guardian/conservator is allowed such fees and costs as permitted by the Washington Administrative Code in the amount of \$235.00 per month as a deduction from the Respondent's participation in the DSHS cost of care. Such fees are subject to court review and approval. This deduction is approved for the initial 12 month reporting period and 90 days thereafter, from the date of this order to

_____. The guardian may petition for fees in excess of the above amount only on notice to the appropriate DSHS Regional Administrator per WAC 182.513.1530,

or

- ☐ Non-DSHS cases: The guardian/conservator shall petition the court for approval of fees. The guardian/conservator may advance themselves \$_____ per month, subject to court review and approval.

38. Court Visitor fee

- ☐ Fees and costs are approved as reasonable; **or**

- ☐ The visitor fees and costs are approved as reasonable in the total amount of \$_____. They shall be paid from ☐ the estate assets, ☐ the county, ☐ other source as follows: _____

39. Legal Fees

The legal fees and costs of _____ are approved as reasonable in the amount of \$_____, and shall be paid from the:

- ☐ Guardianship/conservatorship estate assets **or**

- ☐ deduction from the Respondent's participation in the DSHS cost of care.

- ☐ Other source/s as follows: _____

40. Guardian/Conservator's Report

The guardian/conservator's report shall cover the:

- ☐ **12 month** ☐ **24 month** ☐ **36 month** period following the appointment. The guardian/conservator must file their plan by *(date, which is within 90 days of the end of the reporting period)* _____ and shall comply with the requirements of RCW 11.130.325 and RCW 11.130.505.

The court must review the report within 120 or 180 days of the end of the reporting period.

- ☐ A review hearing is set for *(date)* _____

- ☐ The guardian/conservator must set a review hearing date on or before *(date)* _____ [within 120 or 180 days of the end of the reporting period.]

- ☐ The court will review the account or report on or before *(date)* _____ (within 120 or 180 days of the end of the reporting period), without a hearing. The court may set a review hearing at a later date.

41. Other

Dated _____

Judge/Court Commissioner

Presented by:

Signature of Petitioner/Attorney
Copy received and approved by:

Printed Name WSBA or CPG No:

Signature of Guardian/Conservator

Printed Name WSBA or CPG No.

Signature of Party/Visitor

Printed Name WSBA or CPG No.

To the Respondent:

Attached is a copy of the *Order Appointing a Guardian and/or Conservator*. Please review it carefully so you know what rights have been given to the guardian and conservator and what rights you retain. You have the right to ask the court to end or change the guardianship and/or conservatorship.

Superior Court of Washington, County of WHATCOM

In the Guardianship/Conservatorship of:

No. _____

_____,
Respondent / Minors

**Disclosure of Bankruptcy or
Criminal History
(DIS)**

Disclosure of Bankruptcy or Criminal History

1. Disclosure of bankruptcy

☐ I am **not** a debtor in a bankruptcy, insolvency, or receivership proceeding now or in the past.

☐ I am or was a debtor in a bankruptcy, insolvency, or receivership proceeding.
(*Explain*) _____

2. Disclosure of criminal history

☐ I have **not** been convicted of a felony, a crime involving dishonesty, neglect, violence, use of physical force, or any other crime related to my duties as a Guardian or Conservator.

☐ I have been convicted of a felony, a crime involving dishonesty, neglect, violence, use of physical force, or any other crime related to my duties as a Guardian or Conservator. (*Explain*) _____

3. Court Findings

☐ I do **not** have any court findings against me involving a breach of fiduciary duty, violation of any state's consumer protection act, or violation of any other statute forbidding unfair or deceptive acts or practices in the conduct of any business.

☐ I do have court findings against me involving a breach of fiduciary duty, violation of any state's consumer protection act, or violation of any other statute forbidding unfair or deceptive acts or practices in the conduct of any business. (*Explain*) _____

_____.

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided are true.

Signed at (city) _____, (state) _____ on (date) _____.

Signature *Printed Name* *CPG No.*

Superior Court of Washington, County of WHATCOM

In the Guardianship/Conservatorship of:

Respondent/Minor

No.

**Receipt of Funds into Blocked
Financial Account
(RCP)**

Receipt of Funds into Blocked Financial Account

Receipt is hereby acknowledged of \$_____, deposited with the undersigned by _____ who is the ☐ Guardian,
☐ Conservator, ☐ Visitor, ☐ Agent or ☐ Attorney for (name of Respondent) _____.
_____. The deposit was made into Account No. (last four digits) _____.

The undersigned financial institution agrees to hold this account, and any subsequent deposits to this account, and not to allow any withdrawals of the funds or securities from the institution, except under Order of this court. However, the institution may move the funds into different accounts, securities, or investment vehicles without prior court order, provided the proceeds are not released from the control of the institution as a part of the transfer or transaction.

This receipt is binding on all successors, transferees, assignees, agents, and employees of the undersigned financial institution.

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) _____, (state) _____ on (date) _____.

Signature

Print Name and Title

Name of Bank/Financial Institution

Telephone/Fax Number

City, State, Zip Code

Email Address

Superior Court of Washington, County of Whatcom

In the Guardianship/Conservatorship of:

_____,
Individual/Minor

No.

**Designation of and Consent by In-
State (Resident) Agent
(APRSAG)**

Designation of and Consent by In-State (Resident) Agent

Not being a resident of the State of Washington, I designate the following person, a resident of the above county and whose mailing address is shown below, as my resident agent for service of process in these proceedings:

Agent's Name: _____

Agent's Mailing Address: _____

City, State, Zip: _____

Phone Number(s): Business _____ Personal _____

Dated: _____

Signed: _____

Sign Name []WSBA []CPG#

I consent to so serve.

Dated: _____

Signed: _____

Agent's Name, Designee

Superior Court of Washington, County of WHATCOM

In the Guardianship/
Conservatorship of:

_____,
Respondent/Minor(s)

No.

**Notice of Hearing and
Declaration of Mailing
(NTHG)**

To the clerk of the court and all other parties and persons
entitled to notice, as listed on Page 2.

Hearing Location, Date, and Time:

Court: _____

Address: _____

Court Room Number or Calendar Name: _____

Date: _____

Time: _____

Nature of relief requested: I ask the court to hear: _____

Approve appointment of Guardian/Conservator

Declaration of Mailing

I declare under penalty of perjury under the laws of the State of Washington, that on the date written below, I mailed a true and correct copy of:

- ☐ this notice of hearing and declaration of mailing
☐ Proposed Order Appointing Full/Limited Guardian/Conservator
☐ Notice of Rights – 30 Day
☐ other documents: _____

with first class postage prepaid to the persons and addresses listed below.

Signed at (City) _____, (State) _____ on (Date) _____

Signature

Print Name

☐ WSBA ☐ CPG#

Name

Name

Address

Address

City State, Zip Code

City State, Zip Code

Name

Name

Address

Address

City State, Zip Code

City State, Zip Code

Name

Name

Address

Address

City State, Zip Code

City State, Zip Code

Superior Court of Washington, County of _____

In the Guardianship/Conservatorship of:

No.

Notification of Rights – 30 Days

_____,
Individual

To the Individual Subject to Guardianship and/or Conservatorship:

Notification of Rights

You are getting this notice because a guardian, conservator, or both have been appointed for you. It tells you about some important rights you have. It does not tell you about all your rights. If you have questions about your rights, you can ask an attorney or another person, including your guardian or conservator, to help you understand your rights.

You have the right to:

- exercise any right the court has not given to your guardian or conservator;

- ask the court to end your guardianship, conservatorship, or both;
- ask the court to increase or decrease the powers granted to your guardian, conservator, or both;
- ask the court to make other changes that affect what your guardian and/or conservator can do or how they do it;
- ask the court to replace the person that was appointed with someone else; and
- hire an attorney to help you do any of these things.

As an individual subject to guardianship, you have a right to:

- Be involved in decisions affecting you, including decisions about your care, where you live, your activities, and your social interactions, to the extent reasonably feasible;
- Be involved in decisions about your health care to the extent reasonably feasible, and to have other people help you understand the risks and benefits of health care options;

- Be notified at least fourteen days in advance of a change in where you live or a permanent move to a nursing home, mental health facility, or other facility that places restrictions on your ability to leave or have visitors, unless the guardian has proposed this change in the guardian's plan or the court has expressly authorized it;
- Ask the court to prevent your guardian from changing where you live, selling, or surrendering your primary dwelling by following the appropriate process for objecting to such a move in compliance with RCW [11.130.330\(5\)](#);
- Vote and get married unless the court order appointing your guardian states that you cannot do so;
- Receive a copy of your guardian's report and your guardian's plan; and
- Communicate, visit, or interact with other people (this includes the right to have visitors, to make and receive

telephone calls, personal mail, or electronic communications) unless:

- Your guardian has been authorized by the court by specific order to restrict these communications, visits, or interactions;
- A protective order is in effect that limits contact between you and other people; or
- Your guardian has good cause to believe the restriction is needed to protect you from significant physical, psychological, or financial harm and the restriction is for not more than seven business days if the person has a relative or preexisting social relationship with you or not more than sixty days if the person does not have that kind of relationship with you.

As an individual subject to conservatorship, you have a right to:

- Participate in decisions about how your property is managed to the extent feasible; and
- Receive a copy of your conservator's inventory, report, and plan.

If your guardian/conservator is violating one of your rights; file a complaint in the case number listed at the top of this notice.

You can get the Complaint forms at:

- The Washington State Courts' website:
www.courts.wa.gov/forms
- Washington Law Help:
www.washingtonlawhelp.org, or
- The Superior Court Clerk's office or county law library (for a fee).

ADULT GUARDIANSHIP

STEP #3—First 90 Days After Guardian/Conservator is Appointed

- ✓ Within 90 days of being appointed Guardian/Conservator, fill out the following forms, #1 through #7.

☐ 1) Notice to Washington State Department of Revenue (only if the respondent works)

- Make copy and send to Department of Revenue. Bring original with you to your appointment with the Guardianship Facilitator

☐ 2) Notice of Change of Address (if applicable)

☐ 3) Notice of Substantial Change in Circumstances (if applicable)

☐ 4) Conservatorship Inventory

☐ 5) Guardian/Conservator's Plan

☐ 6) Order Approving Guardian/Conservator's Plan

☐ 7) Notice of Hearing

- The Guardianship Facilitator will give you a hearing date at your Appointment.

Call the Guardianship Facilitator, Connie Long at **360-778-5577** for an appointment to review your documents and set a hearing date. There is a \$20 appointment fee, payable upon arrival.

- ✓ Bring the original completed forms to your appointment at the Superior Court Clerk's Office at 311 Grand Avenue, Suite #301 in Bellingham.
- ✓ Your hearing will be set at this appointment and the Facilitator will give you instructions on how to confirm your hearing.

****NOTE: STEP #4 IS DUE ONE YEAR AND 90 DAYS AFTER YOUR APPOINTMENT OF GUARDIAN/CONSERVATOR ORDER WAS SIGNED, UNLESS THE ORDER DESIGNATES OTHERWISE, AS IN 24 OR 36 MONTHS.**

This list of instructions is not a substitute for legal advice. Before starting any legal action, it is always wise to consult an attorney regarding your rights and responsibilities. Many attorneys offer consultations. Your specific situation may require additional forms and procedures which

ADULT GUARDIANSHIP

may not be listed in this outline. The Guardianship Facilitator and the Clerk's office cannot give legal advice. Only an attorney can give legal advice.

1
2
3
4
5
6
7
8 **Superior Court of Washington**
9 **County of Whatcom**

10 In the Guardianship/Conservatorship
11 of:

12 _____,
13 Respondent

Case No.:

Notice Of Change Of Address For

11 ☐ **Incapacitated Person (NT)**

12 ☐ **Guardian (NT)**

13 ☐ **Attorney (NTACA)**

14 ☐ **Other Interested Party (NT)**

(Clerk's Action Required)

15 The following individual's address has changed, and the **Clerk of the Court is**
16 **requested to enter the same into the Court records:**

17 **Respondent.** The respondent's new address and phone number are as follows:

18 _____

19 _____

20 **Guardian/Conservator.** The Guardian's new address and phone number are:

21 _____

22 _____

23 **Attorney.** The attorney representing _____ has a new
24 address and phone number: _____

25 _____

26 **Other Interested Party.** _____, an interested party
in this Guardianship proceeding has a new address and phone number: _____

1 _____
2 _____

3
4 Date of Notice: _____

5 Effective Date of Notice, if different from above: _____

6 Signature of Person Giving Notice: _____

7 Printed Name of Person Giving Notice: _____
8

9
10 **DECLARATION OF MAILING**

11 I declare under penalty of perjury, according to the laws of Washington State, that on
12 the date written below, I mailed a true and correct copy of this document with first class
13 postage prepared to the persons and addresses listed below:

14 Signed at _____, Washington this ____ day of _____, 20____

15 _____
16 Signature

15 _____
16 Printed Name

17 _____
18 Address

17 _____
18 Telephone/Fax Number

19 _____
20 City, State, Zip Code

19 _____
20 Email Address

21 **INDIVIDUALS ENTITLED TO NOTICE**

22 Name: _____ Name: _____

23 Address: _____ Address: _____

24 City, State, Zip: _____ City, State, Zip: _____

25 Name: _____ Name: _____

26 Address: _____ Address: _____

City, State, Zip: _____ City, State, Zip: _____

Superior Court of Washington, County of Whatcom

In the Guardianship/Conservatorship of:

Individual

No.

Notice of Substantial Change in Circumstances

(NTSCC)

Clerk's action required: 3

Notice of Substantial Change in Circumstances

Note: The guardian must file this form within 30 days of a substantial change in circumstances. The guardian must also inform any person entitled to notice of proceedings under RCW 11.130.325 and RCW 11.130.505 and any other person designated by the Individual as soon as possible, but in no case more than five business days, after a substantial change in circumstances listed in RCW 11.130.325 and RCW 11.130.505.

The following circumstances have changed for the Individual:

1. **Financial.** (Examples: a substantial increase or decrease in income or assets)

2. **Physical.** (Examples: a substantial change in condition such as hospitalization, illness, or increase or decrease in mental or physical abilities)

3. **Change of Residence.** The address and/or phone number of _____ is as follows: _____

4. **Protection Orders.** (Examples: a court issued a Vulnerable Adult Protection Order)

5. **Death.** The Individual died on _____.

6. **Other.** (Examples: illness of the guardian that affects their ability to act)

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form (including any attachments) are true. [] I have attached (#):_____ pages.

Signed at (*city and state*): _____ Date: _____



Sign here

Print name

The following is my contact information:

Email: _____

Phone (Optional): _____

Presented by:



Lawyer signs here

Print name

Superior Court of Washington, County of WHATCOM

In the Conservatorship of:

No. _____

Conservatorship Inventory

(INV)

_____,
Respondent/Minor

Conservatorship Inventory

The [] full [] limited conservator, being first duly sworn, states that the following is a true and correct inventory of the assets and debts of the Individual Subject to Conservatorship (Individual) as of the date of the *Order Appointing the Conservator*.

1. Assets

Real Estate (including the address and its tax assessed value):

Address	Tax Assessed Value

[] and see attached additional pages.

Financial Accounts, including the name of the financial institution, type of account, ***the last four digits of the account number(s)*** and balance in each account (*for example, savings, checking, money markets, certificate of deposit, retirement accounts, and all investment accounts*):

	Name of Financial Institution	Account Type	Account # (last 4 digits only)	Balance	As of Date
Account 1					
Account 2					
Account 3					

[] and see attached additional pages.

Stocks, Bonds, and other Securities (*not held in an account listed above*):

	Name of Financial Institution	Account Type	Account # (last 4 digits only)	Balance	As of Date
Account 1					
Account 2					
Account 3					

[] and see attached additional pages.

Accounts Receivable, including the name of the _____, type of account, ***the last four digits of the account number(s)***, and balance in each account:

	Name of Financial Institution	Account Type	Account # (last 4 digits only)	Balance	As of Date
Account 1					
Account 2					

Personal Property: (*attach itemized list of all items valued at \$1,000 or more*).

Household Furnishings	\$
Automobile/Boats	\$
Other (including items on attached list)	\$
	\$
	\$

[] and see attached additional pages.

Total Assets (including attachments) \$ _____

2. Income

Description	Per Month
Wages	\$
Social Security or SSI	\$
Veteran's Benefits	\$
Pension	\$
Dividends and Interest	\$
Other:	\$

[] and see attached additional pages.

Total Income (including attachments) \$ _____

3. Liabilities/Debts

Mortgages and Liens. Name of each mortgage or lien holder and the amount owing, the property encumbered and the amount due monthly:

	Name of Mortgage or Lien Holder	Amount Owing	Property Encumbered	Amount Due Monthly
Account 1				

Account 2				
-----------	--	--	--	--

[] and see attached additional pages.

Installment Loans and Notes. Name of each loan holder, the amount owing, and the amount due monthly:

	Name of Loan Holder	Amount Owing	Amount Due Monthly
Account 1			
Account 2			

[] and see attached additional pages.

Credit Cards. Name of each credit card company, the outstanding balance owing on each card, and the amount due monthly:

	Name of Credit Card Company	Outstanding Balance Owing	Amount Due Monthly
Account 1			
Account 2			

[] and see attached additional pages.

Total Liabilities/Debts (including attachments) \$ _____

4. Security for Estate's Assets

Conservator/Trustee's Bond:

[] The court does not require a bond.
 [] The court requires a bond in the amount of \$ _____
 [] The bond should [] remain the same OR [] be changed to: \$ _____

Total balance in blocked accounts: \$ _____

Total balance unblocked: \$ _____

5. Other Information (If any)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (city) _____, (state) _____ on (date) _____.

Signature

Printed Name

WSBA or CPG No:

Superior Court of Washington, County of Whatcom

In re Guardianship/Conservatorship of:

No.

Individual

**Guardian/Conservator's Plan and
Motion to Approve
(RPT)**

Guardian/Conservator's Plan and Motion to Approve

I ask to court to approve the guardian and/or conservator's plan.

1. Current living arrangement of Individual Subject to Guardianship/Conservatorship (Individual):

Guardian's plan for Individual's living arrangement (*If different*)

2. Individual's current services and supports received:

Guardian's plan for services and supports (*If different*)

3. Plan for social and educational activities:

4. Individual's close personal relationships:

Name

Relationship to Individual

_____	_____
_____	_____
_____	_____

5. Plan to facilitate Individual's relationships and visits with people above:

6 Guardian's plan for visits and communication with Individual:

7. The guardian's goals for the Individual and how they'll be achieved (include any goal related to the restoration of the Individual's rights).

8. Individual's plan:

Does the Individual have an existing plan? *(For example IEP, PCSP, rehabilitation plan, financial plan)*

☐ Yes. Describe the Individual's plan: _____

☐ No.

Is the guardian/conservator's plan consistent with any existing plan?

☐ Yes

☐ No. How are the plans different? _____

9. Total amount the guardian/conservator proposes to charge for each service provided to the Individual:

10. **Conservator budget:** The conservator requests approval of the following budget for the 12 month period following the appointment (*fill in only those that apply*):

Income:

Interests/Dividends	\$
Social Security	\$
Pension (Including Veteran's or Otherwise)	\$
Other	\$
Total Monthly Income	\$

[] A Trust that reports to the court: the Trustee's name, address, and court case number are: _____

[] A Trust that does not report to the court: the Trustee's name, address: _____

Expenses:

Room and Board	\$
Medical	\$
Rent/Mortgage	\$
Personal and Incidental Expenses	\$
Food and Household Expenses	\$
Utilities	\$
Conservator's Fees	\$
Attorney Fees and Costs	\$
Other	\$
Other	\$
Other	\$
Total Proposed Monthly Expenditures	\$

11. **Conservator's plan to involve the Individual in financial management:**

12. **How the conservator plans to help the Individual manage their estate independently:**

13. **Estimate of the duration of the conservatorship:**

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form are true.

Signed at (*city and state*):_____ Date:_____



Person asking for this order signs here

Print name here

The following is my contact information:

Email:_____ *Phone (Optional)*:_____

I agree to accept legal papers for this case at (*check one*).

☐ my lawyer's address, listed below.

☐ the following address (*this does **not** have to be your home address*):

Street Address or PO Box

City

State

Zip

Superior Court of Washington, County of WHATCOM

In the Guardianship/Conservatorship of:

Individual

No.

**Order Approving
Guardian/Conservator's Plan
(ORAPRT)**

☐ Clerk's Action Required: 1

Order Approving Guardian/Conservator's Plan

1. Summary

☒ Due Date for Report: _____

☐ Other (Date and Purpose): _____

Based upon the motion of the guardian and/or conservator, the guardian and/or conservator's Plan, and the documents filed with the motion, ***the court makes the following findings of fact:***

2. Acts of Guardian/Conservator

All acts required of the guardian/conservator to date have been performed.

3. Notice

Notice has been properly provided to persons entitled to notice of this presentation and 30 days have passed since the *Guardian/Conservator's Plan* was filed with the court.

4. Guardian/Conservator's Plan

The proposed *Guardian/Conservator's Plan* is reasonable and appropriate to the needs of the Individual and should be approved.

5. Objections

There ☐ were ☐ were not objections filed to the *Guardian/Conservator's Plan* by notice parties or the Individual.

The Court Orders:

6. Approval Guardian/Conservator's Plan

The guardian and/or conservator's plan is approved.

7. Budget

The guardian/conservator is authorized to continue to receive the Individual's income and to apply the income and other resources toward the Individual's expenses:

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

8. Outstanding Obligations of the Estate

The conservator shall be authorized to arrange payment schedules with the creditors of the conservatorship estate for delinquent and past due payments.

9. Medical and Dental Expenses

The conservator is authorized to incur and pay reasonable and necessary medical and dental expenses that they determine to be in the Individual's best interest.

10. Income Tax Payments/Accounting Fees

The conservator is authorized to make payments for income tax due as required, and to pay fees for accounting services required in connection with the preparation of income tax returns.

11. Miscellaneous Expenses

The conservator is authorized to pay all expenses incurred by way of fees of the Clerk of the Court, together with additional expenses incurred up to the amount of **\$50.00** per month in connection with this conservatorship.

12. Report Due Date

The *Guardian/Conservator's Report* shall be filed and submitted to the Court for approval not later than _____ (90 days after the first anniversary of the appointment of the conservator).

13. Bond

Bond is currently set in the amount of \$_____. The amount of the bond [] shall not be changed [] shall be changed to \$_____.

14. Guardian/Conservator Fees

The guardian/conservator is allowed to advance a monthly fee up to \$_____. This advance is approved for the next 12 months, and 90 days thereafter, from the date of appointment of the guardian/conservator to _____. Such fees are

subject to review and approval by the Court at the next regular reporting. No presumption that these fees will be approved as reasonable is created by this authorization for an advance. Amounts shall be advanced only for actual services provided, and costs actually incurred. Interim guardian/conservator fees in the amount of \$_____ for services rendered and administrative costs (DSHS cases only) of \$_____ between _____ and _____ are reasonable and approved.

☐ DSHS cases. The above fees and costs are approved for payment as a monthly deduction from the Individual's participation in the DSHS cost of care per WAC 182-513-1530.

☐ Non-DSHS cases. The above fees are approved for payment from the guardianship/conservatorship estate assets.

15. Attorney Fees and Costs

Attorney fees in the amount of \$_____ and costs in the amount of \$_____ are hereby approved as reasonable. They shall be paid from:

☐ the Individual's participation in the DSHS cost of care per WAC 182-513-1530.

☐ guardianship/conservatorship estate assets.

16. Other

Dated _____

Judge/Court Commissioner

Signature of Guardian/Conservator/Lawyer

Printed Name

WSBA or CPG No:

Superior Court of Washington, County of WHATCOM

In the Guardianship/
Conservatorship of:

_____,
Respondent/Minor(s)

No.

**Notice of Hearing and
Declaration of Mailing
(NTHG)**

To the clerk of the court and all other parties and persons
entitled to notice, as listed on Page 2.

Hearing Location, Date, and Time:

Court: _____

Address: _____

Court Room Number or Calendar Name: _____

Date: _____

Time: _____

Nature of relief requested: I ask the court to hear: _____

Approve Guardian/Conservator's Inventory/Plan.

Declaration of Mailing

I declare under penalty of perjury under the laws of the State of Washington, that on the date written below, I mailed a true and correct copy of:

☐ this notice of hearing and declaration of mailing

☐ Conservatorship Inventory

☐ Guardian/Conservator's Plan

☐ Proposed Order Approving Guardian/Conservator's Plan

☐ other documents: _____

with first class postage prepaid to the persons and addresses listed below.

Signed at (City) _____, (State) _____ on (Date) _____

Signature

Print Name

☐ WSBA ☐ CPG#

Name

Name

Address

Address

City State, Zip Code

City State, Zip Code

Name

Name

Address

Address

City State, Zip Code

City State, Zip Code

Name

Name

Address

Address

City State, Zip Code

City State, Zip Code

**Superior Court of Washington
County of Whatcom**

In the Guardianship of:

Case No.:

_____,
Respondent

**Notice To Washington State Department Of
Revenue
(RCW 11.88.115)
(NT)**

TO: WASHINGTON STATE DEPARTMENT OF REVENUE

NOTICE IS HEREBY GIVEN pursuant to RCW 11.88.115 that
_____ was appointed Guardian of the [] Person
and/or of the [] Estate of _____ on
_____ (date), by order of this Court. A copy of the Order Appointing
Guardian is attached to the copy of this notice sent to the Department of Revenue. The
Guardian's address is: _____

DATED this _____ day of _____, 20____.

Guardian

STEP #4—PERIODIC REPORTING

****NOTE: Before writing on any of the following forms, copy the forms prior first so you have a complete set of blank forms for the next periodic reporting.**

✓ Fill out forms **#1 through #5.**

- ☐ 1) Motion to Approve Guardian/Conservator's Report
- ☐ 2) Guardian/Conservator's Report
- ☐ 3) Order Approving Guardian/Conservator's Report
- ☐ 4) Notice of Substantial Change in Circumstances (If applicable)
- ☐ 5) Notice of Hearing & Declaration of Mailing (the Guardianship Facilitator will give you a hearing date to fill in at your appointment).

✓ Call the Guardianship Facilitator Connie Long at **360-778-5577** for an appointment to review your documents and set a hearing date. There is a \$20 appointment fee, payable upon arrival.

✓ Bring the original completed forms to your appointment at the Superior Court Clerk's Office at 311 Grand Avenue, Suite #301 in Bellingham.

You will be given a hearing date at your appointment, and given instructions for confirming your hearing.

You must then mail or hand deliver the Notice of Hearing (with the date filled in), along with all other documents that you filed with the court, to the individual subject to the guardianship, and to anyone else to whom the court has previously ordered you to give notice, including any named Successor Guardians.

****Repeat the above steps for your next Periodic Reporting****

NOTE: The week **after** your hearing, call the Superior Court Clerk's office at 360-778-5560 to request new Certified Letters of Guardianship/Conservatorship.

This list of instructions is not a substitute for legal advice. Before starting any legal action, it is always wise to consult an attorney regarding your rights and responsibilities. Many attorneys offer consultations. Your specific situation may require additional forms and procedures which may not be listed in this outline. The Guardianship Facilitator and the Clerk's office cannot give legal advice. Only an attorney can give legal advice.

Superior Court of Washington, County of Whatcom

In the Guardianship/Conservatorship of:

Individual

No.

Notice of Substantial Change in Circumstances

(NTSCC)

Clerk's action required: 3

Notice of Substantial Change in Circumstances

Note: The guardian must file this form within 30 days of a substantial change in circumstances. The guardian must also inform any person entitled to notice of proceedings under RCW 11.130.325 and RCW 11.130.505 and any other person designated by the Individual as soon as possible, but in no case more than five business days, after a substantial change in circumstances listed in RCW 11.130.325 and RCW 11.130.505.

The following circumstances have changed for the Individual:

1. **Financial.** (Examples: a substantial increase or decrease in income or assets)

2. **Physical.** (Examples: a substantial change in condition such as hospitalization, illness, or increase or decrease in mental or physical abilities)

3. **Change of Residence.** The address and/or phone number of _____ is as follows: _____

4. **Protection Orders.** (Examples: a court issued a Vulnerable Adult Protection Order)

5. **Death.** The Individual died on _____.

6. **Other.** (Examples: illness of the guardian that affects their ability to act)

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form (including any attachments) are true. [] I have attached (#):_____ pages.

Signed at (*city and state*): _____ Date: _____



Sign here

Print name

The following is my contact information:

Email: _____

Phone (Optional): _____

Presented by:



Lawyer signs here

Print name

Superior Court of Washington, County of WHATCOM

In the Guardianship/Conservatorship of:

Individual

No.

**Motion to Approve
Guardian/Conservator's Report
(PTAPR)**

Motion to Approve Guardian/Conservator's [] Periodic [] Final Report

1. Appointment of Guardian/Conservator

(Name)_____ was appointed [] guardian and [] conservator of the Individual Subject to Guardianship/Conservatorship (Individual) on (date) _____. Letters of Guardianship and/or Conservatorship were issued.

2. Guardian's/Conservator's Plan

[] The Individual resides at (name of facility, if applicable, and address)_____.
_____.
A Guardian/Conservator's Plan was filed separately on (date)_____.

[] The Individual is no longer subject to guardianship/conservatorship. This is a final report.

3. Guardian/Conservator's Report

The *Guardian/Conservator's Report* is filed separately. I ask that the court review this report.

4. Guardian/Conservator Service

I have served as guardian/conservator for _____ years.

5. Timeliness of Reports

The guardian/conservator's reports [] have always been timely or [] have not been timely because: _____

6. Monitoring by Other Agencies

Who must guardian/conservator report to on behalf of the Individual (*List other agencies involved in Individual's care*): _____

7. Allegations Against the Guardian/Conservator

There have been ☐ **no** allegations of fraud, abuse, neglect, or breach of fiduciary duty against guardian/conservator or ☐ allegations of fraud, abuse, neglect, or breach of fiduciary duty against guardian/conservator. If there have been allegations please explain: _____

8. Estate Information

Individual's monthly income _____

The value of property in the estate _____

The bond amount currently in place is \$ _____

The total balance of assets in blocked accounts is \$ _____

The total balance of assets in unblocked accounts is \$ _____

9. Authority of Guardian/Conservator

☐ Guardian/Conservator's authority should be terminated upon discharge.

☐ The powers of the guardian and/or conservator should remain the same because there have been no substantial changes to the Individual's ability to manage their affairs.

☐ Due to a change in the Individual's ability to manage his/her affairs, the scope of the guardian's and/or conservator's authority should be changed as follows:

The Guardian/Conservator requests that the court enter an Order as follows:

10. Co Guardian/Conservator or Successor Guardian Conservator

☐ Does not apply.

☐ Appoint (*Name*) _____ co-guardian/conservator with the same powers listed in the *Order Appointing Guardian/Conservator* dated _____.

☐ Appoint (*Name*) _____ successor guardian/conservator with the same powers listed in the *Order Appointing Guardian/Conservator* dated _____. The successor guardian/conservator will serve when (*list event that triggers successor's service*): _____

11. ☐ **Approval of Report:** Approving this proposed report of guardian/conservator.

12. ☐ **Authority of Guardian and/or Conservator:**

Granting the guardian and/or conservator the power to act on behalf of the Individual as requested.

13. ☐ **Other Order:** For any other Order that the court deems appropriate.

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form are true.

Signed at (city and state): _____ Date: _____



Person asking for this order signs here

Print name here

The following is my contact information:

Email: _____ Phone (Optional): _____

I agree to accept legal papers for this case at (check one):

☐ my lawyer's address, listed below.

☐ the following address (this does **not** have to be your home address):

Street Address or PO box

City

State

Zip

Note: You and the other party/ies may agree to accept legal papers by email under Civil Rule 5 and local court rules.

Superior Court of Washington, County of WHATCOM

In the Guardianship/Conservatorship of:

Individual

No.

Guardian/Conservator's Report:

- ☐ 12-Month Report (ANR12)
☐ 24-Month Report (ANR24)
☐ 36-Month Report (ANR36)
☐ Final Report (RPT)

Guardian/Conservator's Report

Instructions:

This report has 4 sections.

All guardian/conservators must complete sections A and D.

If you are a guardian, you must also complete section B.

If you are a conservator or a guardian that handles assets, you must also complete section C.

(Some courts may allow you to submit a copy of the Social Security representative payee form instead of completing section C, IF the individual's estate is no more than \$2,000 and the only source of income is SSI, SSA [Social Security Retirement], and/or SSD [Social Security Disability].)

If you are both a guardian and conservator, you must complete sections A, B, C & D of this document.

If you need more room to complete any section, attach additional pages.

Scope of Guardianship/Conservatorship

- ☐ Full OR ☐ Limited – Guardianship
☐ Full OR ☐ Limited – Conservatorship

General Information

Section A – Completed by all guardians/conservators

1. Identity of Guardian/Conservator and Individual Subject to Guardianship/Conservatorship (Individual)

	Individual	Guardian/Conservator
Full Name		
Mailing Address		
City & State		
Zip Code		
Telephone		
Fax Number		
Email		
Age		

2. Date of Appointment and Reporting Period

The guardian/conservator was appointed on (date)_____.

The last report of the guardian/conservator was approved by the court on (date)_____. This report covers the period from _____ through _____.

The closing date for all reports is (anniversary of appointment date)_____, and the guardian/conservator is required to file reports within 90 days of that date. The guardian/conservator is to file a report every [] 12, []24, []36 months.

3. Reporting Period Criteria

(Check all that apply and describe)

[] Allegation of fraud abuse, neglect, or breach of fiduciary duty: _____

[] Untimely reports: _____

[] Monitored by other state and local agencies: _____

4. Notice Parties

(List each person who has a right to receive notice.)

Name	Mailing Address	Relationship to Individual

5. Interested Governmental Agencies (Check each box that is applicable.)

- ☐ The individual is a veteran of the United States Military who is receiving or has received veteran's benefits and the Guardian of the estate manages those veteran's benefits. Notice must be provided at least 15 days before the hearing to: The Department of Veteran's Affairs: WAREA Fiduciary Hub, VA Fiduciary Intake Center, PO Box 95211, Lakeland, FL 33805-95211 (Check www.va.gov to verify the address is current.) (RCW 73.36.020).
- ☐ The individual is a Medicaid client of the Department of Social and Health Services (DSHS) who (1) pays guardian/conservator's fees; and (2) is required to contribute to the cost of his or her care in a nursing home or other similar facility.
- ☐ Other:

6. Benefits Received

The guardian/conservator receives the following monthly benefits on behalf of the Individual, in the following amounts:

SSDI/SSA:	\$_____;	Medicaid	\$_____;
SSI:	\$_____;	Medicare	\$_____;
GAU:	\$_____;	COPES	\$_____;
VA Pension:	\$_____;	TANF	\$_____;
L&I Benefits:	\$_____;	HUD	\$_____;
Food Stamps	\$_____;	DDA	\$_____.

Other – Specify: _____

- ☐ The individual is a beneficiary of a trust that ☐ reports to the court ☐ does not report to the court. The Trustee's name, address, and court case number (*if applicable*) are: _____

7. Inventory

An inventory of all property of the Individual at the commencement of the conservatorship ☐ is ☐ is not on file herein.

8. Bond and Blocked Accounts

There ☐ is ☐ is not currently a bond in place in the amount of \$_____ (Bond No.: _____).

The total assets in blocked accounts is \$_____.

The total assets in unblocked accounts is \$_____.

The bond should ☐ remain **or** ☐ should be changed to \$_____.

Assets in excess of the bond amount should be restricted (i.e. blocked) and should be subject to a *Receipt of Funds into Blocked Financial Account*, form GDN ALL 006, on file with the court.

☐ This is a final report. The blocked account should be unblocked.

9. Guardian/Conservator Fees

The guardian/conservator is requesting approval of fees and costs in the amount of \$ _____ for the period of _____ through _____. The guardian/conservator was authorized to receive a monthly advance in the amount of \$ _____. The guardian/conservator ☐ has ☐ has not received payments in the amount of \$ _____ during this accounting period for their services. The guardian/conservator has attached to this report (or has filed with this report) a separate itemized fee declaration that describes in detail: the services rendered, the time period that services were provided, the time required to provide the services, the requested rate of compensation, and the out-of-pocket costs incurred. The guardian/conservator is requesting that the amount of \$ _____ be disbursed from the individual's assets.

10. Attorney Fees

The guardian/conservator has retained the services of the Law Offices of _____ and is requesting that fees and costs in the amount of \$ _____ for the time period of _____ through _____ be paid from guardianship assets. Attached in this report (or filed herewith) is an itemized fee declaration that describes the legal services provided.

11. Guardian/Conservator's Monthly Allowance

The guardian/conservator is requesting a monthly allowance for ongoing:
(a) guardian/conservator fees and costs and (b) attorney fees and costs for services already performed. The amount of guardian/conservator fees and costs and attorney fees and costs for services performed for the previous accounting period totaled \$. _____. This is a monthly average of \$ _____. The actual monthly allowance that the guardian/conservator received during the previous accounting period was \$ _____. The guardian/conservator now requests a monthly allowance of \$ _____. This allowance (paid monthly) would be considered an "advance" on the fees and costs billed by the guardian/conservator, or its attorney, for services already performed. However, the total fees and costs billed (notwithstanding the allowance payments) should: (a) ultimately be subject to the review and approval of the court and (b) create no presumptions by the court or the guardian/conservator regarding the reasonableness, or necessity, of those fees and costs. Said monthly allowance should be made effective as of (date) _____.

12. Successor or Co-Guardian and/or Conservator

A successor or co-guardian/conservator has been appointed when a designated event occurs. State if they are ready to serve. _____

☐ If the following event occurs _____,
I request the court appoint (Name) _____
as the successor ☐ guardian ☐ conservator. Address: _____

13. Court Approval

The guardian/conservator requests that the court enter an Order as follows:

☐ **Approval of Report:** Approving this proposed report of guardian/conservator.

- ☐ **Authority of Guardian/Conservator:** Granting the guardian and/or conservator the power to act on behalf of the Individual as requested.
- ☐ **Other Order:** For any other Order that the court deems appropriate.

Guardian

Section B – to be completed by the guardian.

Guardian's Report

14. Status of Individual

The guardian believes that the Individual is ☐ receiving satisfactory care **or** ☐ the guardian has the following concerns for which a change is requested: _____

15. Services the Individual receives now

The Individual receives the following services, *(examples of services include supported decision making, technological assistance, medical services, educational and vocational services, and other supports and services)* _____

16. Living Arrangements of Individual

The Individual's living arrangements, including any changes during this reporting period, were: _____

17. Medical Condition

The Individual's medical condition, including any changes during the reporting period:

18. Mental Condition

The Individual's mental condition, including any changes during the reporting period:

19. Social Arrangements

The Individual's social arrangements, including any changes during the reporting period:

20. Functional Ability

A description of the Individual's functional abilities, including any changes and support services received during the reporting period: _____

21. Guardian's Activities and Action's on Behalf of the Individual

The following is a description of the Guardian's activities for the benefit of the Individual:

22. Guardian's visits with the Individual

The following is a summary of the Guardian's visits with the Individual and a list of dates the Guardian visited with the Individual (a list of dates may be attached as an Exhibit):

23. Individual's Participation in Decision Making

Describe the extent which the Individual participated in decision making:

24. Current Care Plan of Care Setting for Individual:

The current care plan of the care setting (nursing home, assisted living facility, treatment center, etc.) in which the adult currently resides [] is consistent with the adult's values or [] the guardian recommends these changes: _____

25. Gifts received from the Individual

The guardian, their spouse, domestic partner, parent, child, or sibling have received the following gifts from the Individual, worth more than a minimal value, a listed below:

26. Names of Professionals/Businesses Who Have Aided the Individual

The following professionals have assisted the Individual during the period covered by this report:

Name	Service(s) Provided
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

Guardian's relation (if any) to these professionals/businesses:

27. Delegated Authority

The guardian has delegated the following authority to an agent and the reason why:

28. Guardian's Plan

The most recently approved plan is attached. The guardian [] has [] has not deviated from the guardian's plan. If the guardian has deviated from the plan explain how and why: _____

29. Guardian's Plan for Future Care

The guardian's care plan [] remains the same, **or** [] is changed as follows:

30. Recommended Changes in Scope of the Guardian's Authority

The scope of the guardian's authority [] should remain the same, **or** [] should be changed as follows:

Conservator's Report

Section C – to be completed by the conservator or guardian that has possession or control over funds or other property. The conservator should provide account statements (*bank, investment, mortgages, and other debts*) that include the end date for the reporting period. Local rules may require additional documentation.

31. Balance Sheet

	Market Value at Start of Accounting	Market Value at End of Accounting
Date: _____	Date: _____	Assets
Real Property		
1. _____	\$	\$
2. _____	\$	\$
3. _____	\$	\$
Receivables (Mortgages, Liens, Notes payable to the Individual, the Estate, or Trust.)		
1. _____	\$	\$
2. _____	\$	\$
3. _____	\$	\$

Unblocked Liquid Assets (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash.)

Financial Institution _____
Address _____
Address _____
City, WA Zip _____
Interest Checking Account _____

Account No.: last 4 digits _____ \$ _____ \$ _____
(Balance as of _____)

Savings Account

Account No.: last 4 digits _____ \$ _____ \$ _____
(Balance as of _____)

Financial Institution _____

Address _____

Address _____

City, WA Zip _____

Certificate of Deposit

Account No.: last 4 digits _____

Interest Rate: _____

Maturity Date: _____ \$ _____ \$ _____

(Balance as of _____)

Total Unblocked \$ _____ \$ _____

Blocked Liquid Assets (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash in accounts where access to that account is already restricted by a restrictive agreement on file with the Court, and access to that account requires receipt by the institution of a court order authorizing access.)

Financial Institution _____

Address _____

Address _____

City, WA Zip _____

Certificate of Deposit

Account No.: last 4 digits _____

Interest Rate: _____

Maturity Date: _____ \$ _____ \$ _____

(Balance as of _____)

Certificate of Deposit

Account No.: last 4 digits _____

Interest Rate: _____

Maturity Date: _____ \$ _____ \$ _____

(Balance as of _____)

Financial Institution _____

Address _____

Address _____

City, WA Zip _____

Certificate of Deposit

Account No.: last 4 digits _____

Interest Rate: _____

Maturity Date: _____ \$ _____ \$ _____

(Balance as of _____)

Total Blocked \$ _____ \$ _____

Personal and other property subject to conservator/guardian's control
(Household Goods, Vehicles, Burial Plots, Funeral Plans, Life Insurance.)

1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____

Total Assets	\$ _____	\$ _____
---------------------	----------	----------

Liabilities

Mortgages and Liens

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Loan # _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____

Total Estate	\$ _____	\$ _____
	Market Value at Start of Accounting	Market Value at End of Accounting

Note: You should file with this report using the *Sealed Cover Sheet – Guardianship/Conservatorship Document, GDN ALL 001* and include any statements (such as monthly financial institution statements) that verify the balance of the accounts that are listed above. For the assets that are listed above as “blocked liquid assets” you should include copies of the blocking agreement, restrictive agreement, or receipts that you received from the institutions holding those assets, which establish that your access to them is restricted.

32. Estate Information

For Accounting Period starting (date) _____ and ending (date) _____.
The purpose of this section is to compare the value of the estate at the beginning of the accounting period with the receipts, disbursements, and adjustments (if any) made during the accounting period. The ending value of the estate should equal:

- the Total Market Value of the estate at the beginning of the account period, (plus)
- the Total Receipts during the accounting period, (minus)
- the Total Disbursement during the accounting period, (plus or minus),
- any Adjustments to the Market Value of the Estate.
(a. +b. -c. +/- d. = e.)

a. Total Assets at Market Value as of the beginning of review period \$ _____

b. Total Receipts (Income) \$ _____

Write total amount for entire accounting period. Do not use monthly amount.

Income:	
Social Security (SSA)	\$ _____
SSI	\$ _____
VA/Railroad/CSA Pension	\$ _____
Retirement Pension	\$ _____
Wages	\$ _____

Interest and Dividends	\$
Other	\$

c. Total Disbursements (Payments)

\$ _____

Disbursements:	
Room and Board (Rent, Nursing Home, Family Home)	\$
Personal Funds	\$
Entertainment & Travel	\$
Transportation (mileage, bus pass, taxi scrip, etc.)	\$
Medical and Dental	\$
Conservator Fees (if allowed)	\$
Attorney Fees	\$
Other:	\$

d. Adjustments

+/- \$ _____

(Net gain/loss in value of assets over accounting period.)

e. Ending Market Value as of closing date of accounting period

\$ _____

Amount in line 32a. \$ _____
 plus amount in line 32b. +\$ _____
 Equals \$ _____
 minus amount in line 32c. -\$ _____
 Equals \$ _____
 plus or minus amount in line 32d. +/- \$ _____
 Equals = \$ _____ Should equal 32e.

(If the last line does not equal line 32e., your account does not balance. The account must balance to be approved by the court.)

33. Explanations

Explain any large or unusual expenditures, adjustments, or purchases:

34. Services

The Individual receives the following services:

35. **Recommended changes in scope of the conservator's authority**

The scope of the conservator's authority [] should remain the same, [] should be changed as follows:

36. **Conservator's Plan**

The most recently approved plan is attached. The conservator [] has [] has not deviated from the plan. If the conservator has deviated from the plan, list how and why.

37. **Proposed Budget**

The conservator seeks authority to make expenditures for the Individual according to the following proposed budget:

Monthly Expenditures for the Individual

	Current	Proposed	Comments
Room and Board – up to	\$_____	\$_____	
Personal and Incidental Allowance up to	\$_____	\$_____	
Medical/Dental Insurance	\$_____	\$_____	
Other: _____	\$_____	\$_____	
Other: _____	\$_____	\$_____	
Other: _____	\$_____	\$_____	
Conservator's Allowance	\$_____	\$_____	
Total Proposed Monthly Expenditures	\$_____	\$_____	X 12 = \$_____ per year

38. Gifts received from Individual

The conservator, their spouse, domestic partner, parent, child, or sibling have received the following gifts from the Individual, worth more than a minimal value, listed below:

39. Business Relations

The conservator has a relationship with the person and/or business listed below and those businesses have benefitted from the estate of the Individual by:

40. Other

Verification

Section D – (to be completed by All Guardians and/or Conservators.)

Dated: _____.

I declare under penalty of perjury under the laws of the state of Washington that the statements in this report are true and correct, that I (we) hereby petition the court for approval of same, and request that the court direct the clerk of the court to reissue letters of guardianship/conservatorship consistent with the designation made herein.

Signed at (city) _____, (state) _____, on (date) _____.

Signature

Print Name [] WSBA [] CPG#

Superior Court of Washington, County of Whatcom

In re Guardianship/Conservatorship of:

Individual

Case No. _____

**Order Approving Guardian/
Conservator's Report
(ORAPRT)**

☐ Clerk's Action: 1, 6, 9

Order Approving Guardian/Conservator's Report

1. Summary

☐ Does not apply this is an *Order* approving a *Final Report*.

☐ Summary.

Due date for report: _____

Date of next review: _____

Letters expire on: _____

Bond amount: \$ _____

Restricted account agreements required: ☐ Yes ☐ No

☐ Certified professional guardian (CPG) ☐ Public professional guardian (PUG)

☐ Lay (family) guardian (LGD) ☐ Training completed ☐ Training required

	<u>Individual Subject to Guardianship/Conservatorship</u>	<u>Guardian/Conservator</u>
Name		
Address		
Phone*		
Email		
Facsimile		

	<u>Notice Party</u>	<u>Notice Party</u>
--	----------------------------	----------------------------

Name		
Address		
Phone*		
Email		
Relation to Individual		

This matter came on regularly for hearing on a petition to approve the Guardian/Conservator's annual/biennial/triennial/final report. The Court, having reviewed the report and the records on file in this case, makes the following findings:

2. Acts of Guardian/Conservator

All acts required of the Guardian/Conservator to date have been performed.

3. Notice

Notice has been properly provided to persons entitled to notice.

Based on the above, the Court makes the following orders:

4. Approval of Guardian/Conservator's Report

The Guardian/Conservator's report is approved.

☐ This is the Conservator's final report. The Conservator should take the following steps to finalize the conservatorship: _____

5. Budget

☐ Does not apply. This is an *Order on a Final Report*.

☐ The Guardian/Conservator is authorized to continue to receive the Individual's income and to apply the income and other resources toward the Individual's expenses, as provided in the proposed budget.

6. Guardian/Conservator's Next Report

☐ Does not apply. This is an *Order on a Final Report*.

☐ The Guardian/Conservator shall provide the next Report for the ☐ **12**, ☐ **24**, or ☐ **36 month period** from _____ through _____; and the Report shall be filed with the Court **within** 90 days of the anniversary of the Guardian/Conservator's appointment.

The Court must review the report at the end of the reporting period.

☐ A review hearing is set for (date) _____

☐ The Guardian/Conservator must set a review hearing date on or before (date) _____

☐ The Court will review the account or report on or before (date) _____

_____, without a hearing. The Court may set a review hearing at a later date.

7. Fees

The Guardian/Conservator's fees of \$_____, attorney fees of \$_____ and administrative costs (DSHS cases only) of \$_____ payable during the period covered in this report are hereby approved. The advance of Guardian/Conservator's fees for the upcoming reporting period, in the amount of \$_____ per month, appear to be reasonable and necessary but are subject to court approval at the next hearing. Above fees are approved for payment from the ☐ guardianship/conservatorship estate assets OR ☐ as a monthly deduction from the Individual's participation in the DSHS cost of care per WAC 182.513.1530. The monthly deduction from the participation in cost of care is authorized for the next reporting period and 120 days thereafter.

8. Bond or Blocked Accounts

Bond ☐ remains the same OR ☐ is changed to \$_____

☐ Account number (last 4 digits only) _____ held at (Financial Institution) _____ is unblocked.

9. Letters of Guardianship/Conservatorship

☐ Does not apply. This is an *Order on a Final Report*.

☐ The Clerk of Court is directed to issue new Letters of Guardianship/Conservatorship with an expiration date of _____ (120 or 180 days from the end of the reporting period).

10. Co-Guardian/Conservator or Successor Guardian Conservator

☐ Does not apply.

☐ (Name) _____ is appointed Co-guardian/Conservator with the same powers listed in the *Order Appointing Guardian/Conservator* dated _____.

☐ (Name) _____ is appointed Successor Guardian/Conservator with the same powers listed in the *Order Appointing Guardian/Conservator* dated _____. The Successor Guardian/Conservator will serve when (list event that will trigger Successor's service):

11. Other

Dated: _____

Judge/Court Commissioner

Presented by:

Signature of Guardian/Conservator

Printed Name

CPG No.

Signature of Lawyer

Printed Name

WSBA No.

Superior Court of Washington, County of Whatcom

In the Guardianship/
Conservatorship of:

_____,
Respondent/Minor(s)

No.

**Notice of Hearing and
Declaration of Mailing
(NTHG)**

To the clerk of the court and all other parties and persons
entitled to notice, as listed on Page 2.

Hearing Location, Date, and Time:

Court: _____

Address: _____

Court Room Number or Calendar Name: _____

Date: _____

Time: _____

Nature of relief requested: I ask the court to hear: _____

Approve Guardian/Conservator's Report

Declaration of Mailing

I declare under penalty of perjury under the laws of the State of Washington, that on the date written below, I mailed a true and correct copy of:

- ☐ this notice of hearing and declaration of mailing
- ☐ Motion to Approve Guardian/Conservator's Report (s)
- ☐ Guardian/ Conservator's Report
- ☐ Proposed Order Approving Guardian/Conservator's Report (s)
- ☐ Notice of Substantial Change of Circumstances
- ☐ Other: _____

with first class postage prepaid ☐ or hand-delivered ☐ to the persons and addresses listed below.

Signed at (City) _____, (State) _____ on (Date) _____

Signature

Print Name ☐ WSBA ☐ CPG#

**Individual Subject to
Guardianship/Conservatorship:**

**Others to whom the court has ordered
notice:**

Name

Name

Address

Address

City State, Zip Code

City State, Zip Code

Standby guardian/conservator:

Name

Name

Address

Address

City State, Zip Code

City State, Zip Code

Name

Address

City State, Zip Code