

**Superior Court of Washington
County of Whatcom**

In the Guardianship of:

A

Incapacitated Person

No. C _____

**Declaration of Service
(AFSR)**

I declare:

1. I am 18 years of age or older, I am not a party to this action, and I am competent to be a witness.

2. I served true and correct copies of the:

_____ **Petition for Guardianship** _____

_____.

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

Name: _____

Address: _____

Hand Delivered (Personal Service)

Regular 1st Class US Mail

Certified Mail, Return Receipt Requested

Other: _____

Name: _____
Address: _____

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

Name: _____
Address: _____

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

Name: _____
Address: _____

- 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

Address

City State, Zip Code

See Sealed CNRSE

Telephone/Fax Number

Email Address

**Superior Court of Washington
County of Whatcom**

In the Guardianship of:

A
Incapacitated Person

No. C

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(AFSR)**

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Address: _____

Hand Delivered (Personal Service)

Regular 1st Class US Mail

Certified Mail, Return Receipt Requested

Other: _____

Name: _____
Address: _____

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

Name: _____
Address: _____

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

Name: _____
Address: _____

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Signed at _____ (City and State) on _____ (Date).

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Printed Name

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City State, Zip Code

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Email Address

**Superior Court of Washington
County of Whatcom**

In the Guardianship of:

No. _____

**Declaration of Service
(AFSR)**

_____,
Incapacitated Person

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2. I served true and correct copies of the:

_____.

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

Name: _____

Address: _____

Hand Delivered (Personal Service)

Regular 1st Class US Mail

Certified Mail, Return Receipt Requested

Other: _____

Name: _____
Address: _____

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

Name: _____
Address: _____

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

Name: _____
Address: _____

- 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

Address

City State, Zip Code

Telephone/Fax Number

Email Address

**Superior Court of Washington
County of Whatcom**

In the Guardianship of:

A

_____ ,
An Incapacitated Person.

Case No.: **C**

Order Appointing:

- Limited Guardian of Person (ORAPLGP)
- Full Guardian of Person (ORAPGDP) and/or
- Limited Guardian of Estate (ORAPLGE)
- Full Guardian of Estate (ORAPGDE)
- Full Guardian of Person and Estate (ORAPGD)

(Clerk's Action Required Paragraph 3.3)

GUARDIANSHIP SUMMARY

Date Guardian Appointed: <i>(Anniversary Date)</i>	
Due date of Inventory <i>(within 90 day of Appointment)</i>	
Due date of Personal Care Plan <i>(within 90 day of Appointment)</i>	
The clerk shall notice the Auditor loss of voting rights	<input type="checkbox"/> Yes <input type="checkbox"/> No
Due Date for Report and Accounting: <i>(within 90 days of Anniversary Date and every [] 12; [] 24; [] 36 months)</i>	
Date of Next Review: <i>(within 120 days of Anniversary Date and every [] 12; [] 24; [] 36 months)</i>	
Letters Expire On: <i>(150 days after Anniversary Date)</i>	
Bond Amount:	<input type="checkbox"/> N/A or \$ _____
Restricted Account Agreements Required:	<input type="checkbox"/> Yes <input type="checkbox"/> No

- Certified professional guardian (CPG): Public professional guardian (PUG)
- Lay family guardian (LGD): Training completed Training required

<u>Incapacitated Person (IP)</u>	<u>Guardian of [] Estate [] Person</u>
Name: A	Name: D
Address:	Address:
Phone: See Sealed CNRSE	Phone:
Relationship to IP:	

<u>Guardian of [] Estate [] Person</u>	<u>Standby Guardian</u>
Name:	Name:
Address:	Address:
Phone:	Phone:
Relationship to IP:	

<u>Standby Guardian</u>	<u>Interested Parties</u>
<u>Name:</u>	<u>Name:</u>
<u>Address:</u>	<u>Address:</u>
<u>Phone:</u>	<u>Phone:</u>
<u>Relationship to IP:</u>	

<u>Interested Parties</u>	<u>Interested Parties</u>
<u>Name:</u>	<u>Name:</u>
<u>Address:</u>	<u>Address:</u>
<u>Phone:</u>	<u>Phone:</u>
<u>Relationship to IP:</u>	

THIS MATTER came on regularly for hearing on a Petition for Appointment of Guardian or Limited Guardian of _____, the Alleged Incapacitated Person (AIP).

- The Alleged Incapacitated Person was present in Court;
- The hearing was conducted outside of the courtroom at the location of the AIP;
- The AIP's presence was waived for good cause shown other than mere inconvenience, as set forth in the file and reports in this matter;
- The Guardian ad Litem was present. The following other persons were also present at the hearing:

The Court considered the written report of the Guardian ad Litem and the medical/psychological/ ARNP Report, the testimony of witnesses, remarks of counsel, and the Documents filed herein. Based on the above, the Court makes the following:

I. FINDINGS OF FACT

1.1 Notices:

All notices required by law have been given and proof of service as required by statute is on file. Notice, if required, was provided to the Regional Administrator of DSHS pursuant to RCW 11.92.150, but DSHS neither appeared at this hearing nor responded to the Petition.

1.2 Jurisdiction:

The jurisdictional facts set forth in the petition are true and correct, and the Court has jurisdiction over the person and/or estate of the AIP.

1.3 Guardian ad Litem:

The Guardian ad Litem appointed by the Court has filed a report with the Court. The report is complete and complies with all the requirements of RCW 11.88.090.

1.4 Alternative Arrangements Made By The Alleged Incapacitated Person:

- The AIP did not make alternative arrangements for assistance, such as a power of attorney, prior to becoming incapacitated.

The AIP made alternative arrangements for assistance, but such arrangements are inadequate in the following respects: _____

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

1.5 Capacity:

The AIP, _____, is

- incapable of managing his or her personal affairs
- incapable of managing his or her financial affairs
- the AIP is in need of a full Guardianship over his or her
 person estate

- the AIP is capable of managing some personal and/or financial affairs, but is in need of the protection and assistance of a limited Guardian of his or her
 person estate, in the areas as follows:

1.6 Guardian:

The proposed Guardian is qualified to act as Guardian of the Person and/or Estate of the AIP. Proposed Guardian's address, phone numbers and email address are as follows:

Address: _____

Phone No(s): Business _____ Personal _____

E-mail address: _____

1.7 Guardian ad Litem Fees and Costs:

- The Guardian ad Litem was appointed at county expense estate expense and shall submit a motion for payment of fees and costs pursuant to the local rules.
- The Guardian ad Litem has requested a fee of \$ _____ for services rendered and reimbursement of \$ _____ for costs incurred while acting as Guardian ad Litem. Fees in the amount of \$ _____ and costs in the amount of \$ _____ are reasonable and should be paid as follows:

- \$ _____ by the Guardian from the guardianship estate and/or
- \$ _____ by _____ for the following reason(s):

1.8 Bond:

The assets of the AIP:

- are unknown, and Bond shall be reviewed at review of Inventory.
- 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, unless the guardian is a bank or trust company.
- are to be held by a nonprofit corporation authorized to act as Guardian, and the Court waives any bond requirement

1.9 Restrictions on AIP's right to communicate, visit, and interest with others

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

1.10 Right to Vote:

The AIP:

- is capable of exercising the right to vote.
- is not capable of exercising the right to vote. The AIP is incompetent for purposes of rationally exercising the right to vote in that the AIP lacks the capacity to understand the nature and effect of voting such that she or he cannot make an individual choice.

II. CONCLUSIONS OF LAW

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

2.1 Incapacitated person

That (Name) _____ is an Incapacitated Person within the meaning of RCW Chapter 11.88, and a

- Full Limited Guardian of the Person and/or
- Full Limited Guardian of the Estate

2.2 Guardian

That (Name) _____ is a fit and proper person as required by RCW 11.88.020 to be appointed as such Guardian.

2.3 Powers and limitations of the guardian

The powers and limitations of the guardian should be as follows:

- All of the powers of a guardian pursuant to the provisions of RCW 11.88 et. Seq. and RCW 11.92 et. Seq. that are not expressly limited.

2.4 **Restrictions on Incapacitated Person’s right communicate, visit and interact with others**

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

	Name of Person	Nature of Restriction
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

2.5 **Limitations and restrictions placed on the Incapacitated Person**

The limitations and restrictions placed on the Incapacitated Person should be as follows:

- The following rights are revoked:
 - 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 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 his or her life

 Other limitations and restrictions:

III. ORDER

The court orders:

3.1 **Prior Power of Attorney:**

Any Power of Attorney of any kind previously executed by the Incapacitated Person:

- is not canceled
- is canceled in its entirety
- is canceled in its entirety except for those provisions pertaining to health care.

3.2 Appointment of Guardian:

(Name) _____ is appointed as

- Full Limited Guardian of the Person and/or
- Full Limited Guardian of the Estate of _____,

and the powers of the Guardian, the restrictions on the Incapacitated Person’s right to communicate, visit, or interact with others, and the limitation and restrictions placed on the Incapacitated Person shall be as set forth in Paragraphs 2.3, 2.4, and 2.5 of the Conclusions of Law.

3.3 Letters of Guardianship/Limited Guardianship:

The Clerk of the Court shall issue Letters of Guardianship valid until (date) _____ to (name of guardian) _____ upon filing of an oath, any bond required in paragraph 3.4, and form GDN 04.0300. Designation of and Consent by In-State (Resident) Agent, if the guardian or limited guardian resides outside the state.

3.4 Lay guardian training.

- Does not apply. The guardian is a certified professional guardian or financial institution
- The petition submitted evidence that the guardian successfully completed lay guardian training
- The guardian must complete and file proof of completion of lay guardian training or obtain an order waiving training by (date) _____ (no more than 90 days after today’s date).

3.5 Guardianship bond and security

- Guardianship bond is set in the amount of \$ _____
- Bond is waived
- Bond shall be reviewed at review of Inventory
- The guardian shall have access to all accounts
- The following accounts are blocked, and no funds may be withdrawn without court order

- All other accounts shall be blocked and the guardian shall file a receipt of funds into blocked account, form WPF GDN 04.0600, with the Court no later than 30 days from the date of this order: _____.

If bond is waived, the guardian is required to report to the court if the total assets of the Incapacitated Person reaches or exceeds three thousand dollars (\$3,000). Pursuant to RCW 11.88.100, the guardian of the estate shall file a yearly statement showing the monthly income of the Incapacitated Person if said monthly income, excluding moneys from state or federal

benefits, is over the sum of five hundred dollars (\$500) per month for any three consecutive months.

3.6 Report of substantial change in income or assets

Within 30 days of any substantial change in the estate's income or assets, the guardian of the estate 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 other provision in accordance with RCW 11.88.100.

3.7 Inventory:

Within three months of appointment, the Guardian of the Estate shall file a verified Inventory of all the property of the Incapacitated Person, which shall come into the Guardian's possession or knowledge. The Inventory shall include a statement of all encumbrances, liens and other secured charges on any item. A review hearing upon filing of the Inventory is required is not required.

3.8 Disbursements:

On or before the date the Inventory is due, the Guardian of the Estate shall also apply to the Court for an Order Authorizing Disbursements on behalf of the Incapacitated Person as required by RCW 11.92.040.

3.9 Personal Care Plan:

Within three (3) months after appointment, the Guardian of the Estate shall complete and file a Personal Care Plan that shall comply with the requirements of RCW 11.92.043(1). A review hearing upon filing of the Personal Care Plan is required is not required.

3.10 Status of Incapacitated Person

Unless otherwise ordered, the Guardian of the Person shall file an annual report on the status of the Incapacitated Person that shall comply with the requirements of RCW 11.92.043(2).

3.11 Substantial Change in Condition or Residence

The Guardian of the Person shall report to the Court within thirty (30) days any substantial change in the Incapacitated Person's condition, or any change in residence of the Incapacitated Person.

3.12 Designation of Standby Guardian

Within 90 days from the date of appointment, the Guardian shall file a written notice designating a Standby Guardian or Standby Limited Guardian. The Notice shall comply with the requirements of RCW 11.88.125.

3.13 Authority for Investment and Expenditure:

The authority of the Guardian of the Estate for investment and expenditure of the Incapacitated Person's estate is as follows:

All of the powers of a guardian of estate pursuant to the provisions of RCW 11.92 that are not expressly limited.

Other:

3.14 Duration of Guardianship

This Guardianship shall continue in effect:

Until it is terminated pursuant to RCW 11.88.140;

Until further order of the court. The necessity for the guardianship to continue shall be periodically reviewed;

Until the Incapacitated Person, who is a minor, turns 18 years old; or

Other: _____

3.15 Discharge/Retention of Guardian ad Litem:

The Guardian ad Litem is discharged; or

The Guardian ad Litem shall continue performing further duties or obligations as follows:

3.16 Notice of Right to Receive Pleadings

The following persons are in the categories of persons described in RCW 11.88.090(5)(d). Within 90 days from the date of appointment, the Guardian shall, in writing, notify them of their right to file with the court and serve upon the Guardian, or the Guardian's attorney, a request to receive copies of pleadings filed by the Guardian with respect to the guardianship.

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

Name _____

Address _____

3.17 Guardian Fees

- DSHS cases: The Guardian is allowed such fees and costs as permitted by the Washington Administrative Code in the amount of \$175.00 per month as a deduction from the Incapacitated Person'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 388.79; or
- Non-DSHS cases: The Guardian shall petition the court for approval of fees. The Guardian may advance himself/herself \$ _____ per month, subject to court review and approval.

3.18 Guardian ad Litem Fee

- Fees and costs are approved as reasonable; or
- The Guardian ad Litem fees and costs are approved as reasonable in the total amount of \$ _____. They shall be paid from the Guardianship estate assets, the County, other source(s) as follows: _____ .

3.19 Legal Fees

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

- Guardianship estate assets or
- Other source(s) as follows: _____ .

3.20 Guardian's Account and Report

The Guardian's Account and Report shall cover the

- 12 (twelve) month 24 (twenty-four) month 36 (thirty-six) month

period following the appointment. The Guardian must file his or her account or report by _____ (date, which is within 90 days of the end of the reporting period) and shall comply with the requirements of RCW 11.92.040(2) and RCW 11.92.043(2).

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

- A review hearing is set for (date) _____ .
- The Guardian must set a review hearing date on or before (date) _____ [within 120 days of the end of the reporting period.]
- The court will review the account or report on or before (date) _____ [within 120 days of the end of the reporting period], without a hearing. The court may set a review hearing at a later date.

3.21 Right to Vote:

The AIP:

- is capable of exercising the right to vote.
- is not capable of exercising the right to vote. The AIP is incompetent for purposes of rationally exercising the right to vote in that the AIP lacks the capacity to understand the nature and effect of voting such that she or he cannot make an individual choice.

3.22 Other

DATED AND SIGNED IN OPEN COURT THIS ___ DAY OF _____, 20__.

Judge

Presented by:

Signature of Pro Se or Attorney

Printed Name of Pro Se or Attorney, WSBA/CPG #

Address

Telephone/Fax Number

City, State, Zip Code

Email Address

***If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GND 03.0100, Guardianship Confidential Information Form (Telephone Numbers), for this purpose. GR 22(b)(6).**

Copy received and approved by:

Signature of Guardian

Printed Name of Guardian WSBA CPG#

Address

City, State, Zip Code

See Sealed CNRSE

*Telephone/Fax number

Email Address

**Superior Court of Washington
County of Whatcom**

In the Guardianship of:

_____ A _____,

An Incapacitated Person.

No. C

Oath Of Guardian
RCW 11.88.100
(OA)

Being first duty sworn upon oath, I _____ D _____ solemnly swear that:

1. I have been appointed:
[] Full [] Limited Guardian of the Person and
[] Full [] Limited Guardian of the Estate of _____ A _____ (the Incapacitated Person).
2. I shall faithfully perform all the duties of my trust as Guardian according to law. I understand that the basic duties of a Guardian are described in Chapters 11.88 and 11.92 of the Revised Code of Washington (RCW).

I certify (or 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 Guardian

_____ D _____
Print Name of Guardian [] WSBA [] JCPG#

_____ Address

_____ City, State, Zip Code

See Sealed CNRSE

_____ *Telephone/Fax Number

_____ Email Address

If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.

SUPERIOR COURT OF THE STATE OF WASHINGTON FOR WHATCOM COUNTY

In the Guardianship of:

A

An Alleged Incapacitated Person.

NO. C

ASSIGNED JUDGE: _____

NOTE FOR MOTION DOCKET (NTMTDK)

Civil Motion Calendar - subject to Confirmation that hearing will proceed and other provisions of WCCR 77.2

NOTE FOR MOTION DOCKET

Please take note that the issue in this case will be heard on the date set out in the margin and the clerk is requested to note the same on the motion docket for that day, **subject to the confirmation rule.**

FRIDAY @ **1:30 p.m.**

Date and Time of Hearing

Nature of Hearing:

- Petition for Order Appointing Guardian
- 90-day review of Inventory / Personal Care Plan
- Annual Biennial Triennial Review & Approval
- Appoint Successor Guardian
- Transfer Venue:
 - to** another County State
 - Provisional Order Final Order
 - from** another County State
 - Provisional Order Final Order
- Close Guardianship

CERTIFICATE OF MAILING:

I certify under penalty of perjury under the laws of the State of Washington that I mailed a copy of this document to the parties listed below, postage prepaid on the ____ day of _____, 20____

By: Signature _____

DATE SUBMITTED: _____

SUBMITTED BY: _____

Signature of Lawyer or Moving Party _____

Print or Type Name; (and WSBA # if Attorney) _____

Address: _____

Telephone _____

Attorney or Pro Se for: _____

oGuardian _____

oOther Interested Person(s): _____

NAME (below) _____ WSBA: _____ ADDRESS: _____ _____ Attorney for: <input type="checkbox"/> Petitioner <input type="checkbox"/> Guardian <input type="checkbox"/> Incapacitated <input type="checkbox"/> Other	NAME (below) _____ WSBA: _____ ADDRESS: _____ _____ Attorney for: <input type="checkbox"/> Petitioner <input type="checkbox"/> Guardian <input type="checkbox"/> Incapacitated <input type="checkbox"/> Other
NAME (below) _____ WSBA: _____ ADDRESS: _____ _____ Attorney for: <input type="checkbox"/> Petitioner <input type="checkbox"/> Guardian <input type="checkbox"/> Incapacitated <input type="checkbox"/> Other	NAME (below) _____ WSBA: _____ ADDRESS: _____ _____ Attorney for: <input type="checkbox"/> Petitioner <input type="checkbox"/> Guardian <input type="checkbox"/> Incapacitated <input type="checkbox"/> Other
NAME (below) _____ WSBA: _____ ADDRESS: _____ _____ <input type="checkbox"/> Interested Person <input type="checkbox"/> Other	NAME (below) _____ WSBA: _____ ADDRESS: _____ _____ <input type="checkbox"/> Interested Person <input type="checkbox"/> Other
NAME (below) _____ WSBA: _____ ADDRESS: _____ _____ <input type="checkbox"/> Interested Person <input type="checkbox"/> Other	NAME (below) _____ WSBA: _____ ADDRESS: _____ _____ <input type="checkbox"/> Interested Person <input type="checkbox"/> Other
NAME (below) _____ WSBA: _____ ADDRESS: _____ _____ <input type="checkbox"/> Interested Person <input type="checkbox"/> Other	NAME (below) _____ WSBA: _____ ADDRESS: _____ _____ <input type="checkbox"/> Interested Person <input type="checkbox"/> Other

**Superior Court of Washington
County of Whatcom**

In the Guardianship of:

_____,
An Alleged Incapacitated Person.

No.

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

I. Motion

I have been appointed:

I am seeking appointment:

Full Limited Guardian of the Person

Full Limited Guardian of the Estate

Full Limited Guardian of the Estate and Person

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)