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**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF PIERCE**

In the Guardianship of: _____) **Case No.:** _____)
)
) **DECLARATION OF PROPOSED**)
) **GUARDIAN (Certified)**)
)
 _____)
 Incapacitated Person.) **Clerk's code: (DCLR)**)
 _____)

1. Personal Information.

Name of Proposed Guardian: _____
Certified Professional Guardian #: _____
Mailing Address of Proposed Guardian: _____
Street Address (if different): _____
City/State/Zip: _____
Telephone Number: _____ Fax Number: _____
Email Address: _____

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

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

- sole proprietor partnership trust company
 corporation non-profit corporation

1 **4. Identification of Principals of Proposed Guardian.** List the name of each member of the board of
2 directors, officer, and owner of the business of the proposed Guardian and their titles:

3 _____

4 **5. Individual Certified Guardians.** List each certified Guardian in the employ of the Guardian who may
5 have responsibilities in this case and the individual certified Guardian who will have supervising
6 responsibility in this case: _____

7 **6. Relationship to Alleged Incapacitated Person.** The proposed Guardian has the following
8 relationship with the Alleged Incapacitated Person: _____

9 **7. Guardian's Organizational Structure.**

10 (a) Date the proposed Guardian began doing business: _____

11 (b) Allocation of job responsibilities: _____

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

13 **8. Criminal Background Checks.** Does the proposed Guardian conduct criminal background checks
14 pursuant to RCW 43.43.832 on all employees or volunteers who will or may have unsupervised access to
15 the Alleged Incapacitated Person?

16 Yes No

17 **9. Criminal and Disciplinary History.** Provide the following information for the proposed Guardian and
18 for each of its principals and employees who are certified professional Guardians. However, do **NOT**
19 include employees who are neither principals nor certified Guardians:

20 (a) Circumstances leading to removal as a Guardian or as a fiduciary for breach of fiduciary
21 duty or for any other reason: _____

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

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

1 (d) Reported disciplinary proceedings by a disciplinary body or licensing agency that resulted
2 in a finding of misconduct (including proceedings by a professional organization such as a state bar
3 association, a medical disciplinary review board, etc.): _____
4

5 **10. Bond/Insurance.** The proposed Guardian has insurance coverage or security from the following
6 forms at the following policy limits as of _____ 20____

7 a) **Errors and Omissions Insurance:**

8 i) Insurance Company: _____

9 ii) Policy Limits: \$ _____

10 b) **Employee Dishonesty Insurance:**

11 i) Insurance Company: _____

12 ii) Policy Limits: \$ _____

13 c) **General Surety Bond:**

14 i) Bonding Company: _____

15 ii) Amount: \$ _____

16 **11. Assets Under Management.** The total value of all of the assets that proposed Guardian has under
17 management as of _____, 20____ is: \$ _____.

18 **12. Compensation and Reimbursement.** The proposed Guardian's compensation schedule is as
19 follows (include the different hourly rates for various services): _____
20

21 **13. Experience.** The proposed Guardian's experience with similar Guardianships (for example, similar
22 amount of assets, the family circumstances of the Incapacitated Person, the proximity of the proposed
23 Guardian to the residence of the Alleged Incapacitated Person, and any relevant information) is:
24 _____
25

14. Case Load. As of _____, 20____ the proposed Guardian is the Court
appointed Guardian for _____ (___) of total individuals, and serves as a non-guardian fiduciary
(e.g. Trustee, Attorney in Fact, Custodian) for _____ (___) of total individuals.

15. Summary of Guardian Duties: The below signed proposed Guardian understands and agrees that:
My duties as Guardian are more fully described in:

(1) the Court Order that appoints me,

1 (2) the statutes of the State of Washington – (for example see the Revised Code of Washington
2 (RCW) at Chapters 11.88 & 11.92 and specifically 11.92.042 and 11.92.043 RCW.)

3 (3) the case law.

4 I should consult with my attorney if I have any questions. I am presumed to understand my duties
5 and responsibilities. I can be held personally responsible if I do not properly carry out my duties as
6 Guardian.

7 As Guardian, I act in a fiduciary capacity in my dealings on behalf of the Incapacitated Person.
8 This means that as the Guardian, I am required to put the interests of the Incapacitated Person ahead of
9 my personal interests in all transactions, as well as any transaction in which my interests and the interests
10 of the Incapacitated Person may be in conflict.

11 Additionally, if I have been appointed Guardian of the Estate, I am charged with the responsibility
12 of acting as a reasonably prudent person in dealing with the investment and conservation of the assets of
13 the Incapacitated Person and to avoid self dealing.

14 Any attorney that I retain to assist me in this guardianship proceeding will have independent
15 responsibilities and obligations to the Court. The attorney-client privilege may not extend to information
16 regarding misfeasance or malfeasance of a fiduciary. The attorney-client privilege may not extend to
17 information given by me, the Guardian, to my attorney, for any failure to follow the laws of a court-
18 appointed Guardian.

19 **If I am appointed the Guardian of the Person or Guardian of the Estate I must:**

- 20 • file a Designation of Standby Guardian with the Court;
- 21 • keep the Court informed of any change in my name, address, or bonding status; and
- 22 • file a Change of Circumstance Report within thirty (30) days of any change of location,
23 major or permanent changes in health or finances, or of the death of the Incapacitated
24 Person.
- 25 • file a Final Accounting within ninety (90) days after the termination of a guardianship.
11.92.053 RCW, see also 11.88.140 RCW

If I am appointed the Guardian of the Estate I must also:

- keep the Incapacitated Person's funds separate from my own, in a separate guardianship
bank account;
- make all payments in a timely manner and with a method so there is a record of all
transactions that can be verified by the Court at the time of each annual accounting (e.g.
checking account);
- file, within ninety (90) days of my appointment, an Inventory of the assets in the
guardianship estate, and a Budget authorizing disbursements; and

- file, within ninety (90) days of the anniversary date of my appointment (as shown on the Letters of Guardianship), an Accounting showing the receipts and disbursements made on behalf of the Incapacitated Person during the previous accounting period.

If I am appointed the Guardian of the Person I must also:

- file, within ninety (90) days of my appointment, a Personal Care Plan describing the care needs of the Incapacitated Person with the court; and
- file, within ninety (90) days of the anniversary date of my appointment, a Status Report describing the care and condition of the Incapacitated Person during the previous accounting period.

If I am appointed the Guardian of the Person or Guardian of the Estate I cannot:

- spend, sell, borrow, loan, invest or give away ANY of the Incapacitated Person's property (including money), without a court order;
- spend, loan, invest, or give away any of the Incapacitated Person's principal or income for any purpose without a court order;
- borrow money on behalf of the Incapacitated Person, without a court order;
- use the Incapacitated Person's money for myself or my needs, without a court order;
- pay myself a fee from the Incapacitated Person's money, without the filing of a verified petition for payment of fees with an Affidavit detailing the time spent, services provided, and compensation requested attached thereto, and a corresponding court order approving said petition; or
- force the Incapacitated Person to live ANYWHERE, including a mental institution or nursing home facility.

I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

Signed at _____, Washington this ____ day of _____ 20__.

Signature of Certified Professional
Guardian

Printed Name of Certified Professional Guardian,
WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address