

1 **ORDER**

2
3 It is hereby ORDERED, that _____ is appointed as
4 attorney for the Alleged Incapacitated Person in this action, with fees for representation subject to Court
5 approval pursuant to RCW 11.92.180 and SPR 98.12. In the event that payment with public funds are
6 sought for services herein, the attorney, by accepting this appointment, agrees to be bound by all rules
7 and procedures of this Court regarding limits for payment at public expense.

8 DATED AND SIGNED IN OPEN COURT THIS _____ DAY OF _____, 200_____.

9
10 _____
11 JUDGE/COURT COMMISSIONER

12
13 Presented by:

14
15 _____
16 Signature of Guardian ad Litem

15 _____
16 Printed Name of Guardian ad Litem, WSBA#

17 _____
18 Address

17 _____
18 Telephone/Fax Number

19 _____
20 City, State, Zip Code

19 _____
20 Email Address