

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25

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

In the Guardianship of:) **Case No.:**
)
) **GUARDIAN ad LITEM REPORT**
)
)
)
_____,) **Clerk's code: (RTGAL)**
An Alleged Incapacitated Person.)
_____)

RECOMMENDATION:

I do do not recommend that the Court appoint _____,
as the limited full guardian of the person and
 limited full guardian of the estate of the AIP.
I do do not recommend a bond or blocked account because the assets of the AIP
are _____
I recommend that reports be filed on a _____ basis.
I recommend that the AIP retains does not retain the right to vote.

1. Procedural History.

Date of Appointment: _____
Date of Service of Copy of Petition on Guardian ad Litem: _____
Date Guardian ad Litem's Statement of Qualifications was filed & served: _____
Date of Service of Notice of Guardianship Petition on AIP: _____

I attest that I am free from influence by anyone interested in the results of these proceedings and that I have the requisite knowledge, training, and expertise to perform the duties required by statute. My Statement of Qualifications is on file with the Court. I attest that I am on the Guardian ad Litem Registry for Pierce County and am qualified to serve as Guardian ad Litem in guardianship matters.

1 **2. Precipitating Issues:**

2 **3. Medical/Psychological Report.** As required by RCW 11.88.045, I have obtained a written,
3 medical/psychological report from _____. The report was filed
4 with the Court on _____. (Do not attach medical report to GAL report.) The
5 examining physician/psychologist/advanced registered nurse practitioner was selected by
6 _____ The reason for selecting this individual to prepare the
7 medical/psychological report was _____.

8 **4. Meeting(s) with Alleged Incapacitated Person.**

Dates of Meetings with Alleged Incapacitated Person	Location of Meeting	Other Persons Present (GAL must meet alone at least once with Alleged Incapacitated Person.)

9 **A. Personal Information Regarding Alleged Incapacitated Person:**

Date of Birth:	
Age:	
Current Residence:	
Telephone Numbers:	
DSHS Client Number:	

10 **B. Incapacitated Person's Responses Regarding Specific Issues:**

Agreement or objection to appointment of a Guardian:	
Reaction to the proposed Guardian:	
Right to counsel:	
Preferences regarding choice of counsel:	
Right to a jury trial:	

11 **C.**

12 **D. Summary of Interviews with Alleged Incapacitated Person and Guardian ad**
13 **Litem's Impressions.**

14 (Report as closely as possible the Alleged Incapacitated Person's own words when appropriate.)

1 **5. Investigation.**

2 **A. Individuals Contacted.**

3 *(Name each person contacted and date(s) of contact. Explain the relationship of the interviewed person with the case or Alleged Incapacitated Person and what information that person contributed to your understanding the circumstances surrounding the Guardianship Petition.)*

4 **B. Written Materials Reviewed.**

5 **6. Nature, Cause and Degree of Incapacity – Functional Limitations.**

6 **A. Medical Diagnosis and Cause.**

7 **B. Degree of Incapacity.**

8 **7. Alternatives to Guardianship.**

9 **8. Abilities of Alleged Incapacitated Person and Degree of Assistance Required.**

10 **9. Recommendation as to Appointment of Guardian.**

11 **10. Recommendation Regarding Alleged Incapacitated Person’s Right to Vote:**

12 **11. Evaluation of Proposed Guardian:**

13 **A. Dates of Contact Between Guardian ad Litem and Proposed Guardian and**
14 **Written Materials Reviewed:**

15 **B. Identity and Contact Information Regarding Proposed Guardian:**

16 Name:	
17 Mailing Address:	
18 Street Address <i>(if different from above)</i>	
19 Telephone Numbers:	
20 Fax Number:	
21 Email Address	
22 If Guardian is Certified, Provide Certification No.:	

Relationship, if any, between Proposed Guardian and Alleged Incapacitated Person: _____

C. Description of Steps Proposed Guardian Has or Intends to Take to Meet the Alleged Incapacitated Person's Needs.

12. Recommendation Regarding Advice of Right to Jury Trial.

13. Recommendation Regarding Appointment of Independent Counsel.

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

Real Property	\$
Cash on Hand	\$
Business	\$
Securities	\$
Mortgages and Notes	\$
Bank/Trust Account	\$
Cash Surrender Value Insurance	\$
Personal Property	\$
Sources of Income	\$
Other:	\$
	\$
	\$
	\$
	\$
ESTIMATED TOTAL	\$

15. Recommendation Regarding Bond/Annual Reports. I recommend that:

- The Court set bond in the amount of \$_____.
- The Court blocks or restricts access to the following assets: \$_____.
- The Guardian file financial reports
 - every year
 - every other year
 - every third year

16. Recommendation Regarding Presence of Alleged Incapacitated Person at Hearing.

The presence of the Alleged Incapacitated Person

should

should not

be waived. The Alleged Incapacitated Person is:

able

unable

to attend the hearing. If unable to attend, please explain the reason(s): _____

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

17. Other Recommendations.

18. Recommendation as to Guardian ad Litem's Continuing Involvement in Future Proceedings.

I recommend that the Guardian ad Litem

be

not be

involved in future proceedings in this matter.

19. Individuals Who Should be Advised of Their Right to Request Special Notice of Proceedings Pursuant to RCW 11.92.150.

Name, Title and Address	Relationship to Alleged Incapacitated Person

Dated this _____ day of _____, 20_____.

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

Signature of Guardian ad Litem

Printed Name Guardian ad Litem WSBA/CPG#

Address

Telephone/Fax Number

City, State, Zip Code

Email Address