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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.:**
)
) **NOTICE OF GUARDIANSHIP PETITION**
) **RCW 11.88.100**
)
) Clerk's code: (NTPF)
)
 An Alleged Incapacitated Person.)

TO: _____, Alleged Incapacitated Person
TO: _____, Guardian ad Litem

IMPORTANT NOTICE – PLEASE READ CAREFULLY

A PETITION TO HAVE A GUARDIAN APPOINTED FOR YOU HAS BEEN FILED IN THE PIERCE COUNTY SUPERIOR COURT BY _____ .

IF A GUARDIAN IS APPOINTED, YOU COULD LOSE ONE OR MORE OF THE FOLLOWING RIGHTS:

- 1. TO MARRY OR DIVORCE;
- 2. TO VOTE OR HOLD AN ELECTED OFFICE;
- 3. TO ENTER INTO A CONTRACT OR MAKE OR REVOKE A WILL;
- 4. TO APPOINT SOMEONE TO ACT ON YOUR BEHALF;
- 5. TO SUE AND BE SUED OTHER THAN THROUGH A GUARDIAN;
- 6. TO POSSESS A LICENSE TO DRIVE;
- 7. TO BUY, SELL, OWN, MORTGAGE, OR LEASE PROPERTY;
- 8. TO CONSENT TO OR REFUSE MEDICAL TREATMENT;

- 1 9. TO DECIDE WHO SHALL PROVIDE CARE AND ASSISTANCE;
2 10. TO MAKE DECISIONS REGARDING SOCIAL ASPECTS OF YOUR LIFE.

3 **UNDER THE LAW, YOU HAVE CERTAIN RIGHTS.**

4 1. YOU HAVE THE RIGHT TO BE REPRESENTED BY A LAWYER OF YOUR OWN CHOOSING. THE
5 COURT WILL APPOINT A LAWYER TO REPRESENT YOU IF YOU ARE UNABLE TO PAY OR
6 PAYMENT WOULD RESULT IN SUBSTANTIAL HARDSHIP TO YOU.

7 2. YOU HAVE THE RIGHT TO ASK FOR A JURY TO DECIDE WHETHER OR NOT YOU NEED A
8 GUARDIAN TO HELP YOU.

9 3. YOU HAVE THE RIGHT TO BE PRESENT IN COURT AND TESTIFY WHEN THE HEARING IS HELD
10 TO DECIDE WHETHER OR NOT YOU NEED A GUARDIAN.

11 4. YOU HAVE THE RIGHT TO REQUEST THAT THE COURT REPLACE THE GUARDIAN AD LITEM.

12 5. A HEALTH CARE PROFESSIONAL MUST PREPARE A MEDICAL REPORT REGARDING YOUR
13 ALLEGED INCAPACITY. IF YOU OPPOSE THE HEALTH CARE PROFESSIONAL SELECTED BY THE
14 GUARDIAN AD LITEM, YOU MAY SELECT YOUR OWN TO PREPARE A REPORT. THE GUARDIAN
15 AD LITEM MAY ALSO OBTAIN A SUPPLEMENTAL EXAMINATION.

16 Signed at _____, Washington this _____ day of _____ 200____.

17 _____
18 Petitioner

17 _____
18 Printed Name

19 _____
20 Address

19 _____
20 Telephone/Fax Number

21 _____
22 City, State, Zip Code

21 _____
22 Email Address