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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.:  
)  
)  
) **ORDER APPROVING PERSONAL CARE PLAN**  
)  **Initial**       **Periodic**  
)  
) Clerk's code: **(ORAPCP)**  
)  
\_\_\_\_\_) **(CLERK'S ACTION REQUIRED)**  
)  
An Incapacitated Person. \_\_\_\_\_)

**THIS MATTER** having come before the Court this day upon the previous filing of the Personal Care Plan by the Guardian of the Person of \_\_\_\_\_, an incapacitated person, and the Court having been advised in the matters now before the Court, the Court makes the following:

**FINDINGS OF FACT**

The Personal Care Plan includes all of the facts necessary to give the Court jurisdiction over this matter. No notice is required for the hearing on the report.

Based upon the foregoing Findings of Facts, the Court now, therefore makes the following:

**CONCLUSIONS OF LAW**

The  Initial Personal Care Plan  Periodic Personal Care Plan should be approved.

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# ORDER

The  Initial Personal Care Plan  Periodic Personal Care Plan is approved.

Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DATED AND SIGNED IN OPEN COURT this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_.

\_\_\_\_\_  
JUDGE/COURT COMMISSIONER

Presented by:

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Printed Name of Guardian, WSBA/CPG#

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone/Fax Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Email Address