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

**In the Guardianship of:** ) Case No.:  
)  
) **ORDER APPROVING GUARDIAN'S**  
) **REPORT, ACCOUNTING, BUDGET, AND**  
) **PERSONAL CARE PLAN**  
)  
) Clerk's code: (ORAPRT)  
)  
)  
) **CLERK'S ACTION REQUIRED**  
)  
)  
An Incapacitated Person. )

**BOND SUMMARY**

**NOTICE: NO LETTERS OF ADMINISTRATION OR LETTERS OF GUARDIANSHIP SHALL  
ISSUE BY THE CLERK'S OFFICE UNTIL THE COURT ORDERED BOND HAS BEEN POSTED.**

BOND SUMMARY is set forth below:

Date Bond Ordered: \_\_\_\_\_

Amount of Court Ordered Bond: \$ \_\_\_\_\_

Having reviewed the Guardian's Report, Accounting, and Budget the Court now enters:

**FINDINGS OF FACT**

- 1. Acts of Guardian.** All acts required of the Guardian to date have been performed.
- 2. Notice.** Notice has been properly provided to persons entitled to notice of this presentation.
- 3. Budget and Care Plan.** The proposed Budget and Care Plan of the Guardian are reasonable and appropriate to the needs of the Incapacitated Person and should be approved.

ORDER

- 1. The Guardian's Report, Accounting, and Budget is approved;
- 2. The Guardian shall provide the next Report and Accounting for the  12,  24 or  36 month period from the anniversary date of the appointment of Guardian; and the Report, Accounting and Proposed Budget shall be presented to the Court for review and approval within 90 days following the conclusion of that reporting period;
- 3. Guardian fees of \$\_\_\_\_\_, attorney fees of \$\_\_\_\_\_, and costs of \$\_\_\_\_\_ are found to be reasonable, necessary and are approved for payment by the Guardian from:  the assets of the guardianship estate,  Pierce County, or  Other \_\_\_\_\_. The Guardian fees of \$\_\_\_\_\_ per month, subject to Court approval, are found to be reasonable and necessary.
- 4. Bond in the current amount of \$\_\_\_\_\_  remains the same or  is changed to \$\_\_\_\_\_.
- 5. The Clerk of the Court is authorized to reissue  Full  Limited Letters of Guardianship of the **Person** to: \_\_\_\_\_ (name of guardian(s) to be valid until 120 days following the end of the next reporting period
- 6. The Clerk of the Court is authorized to reissue  Full  Limited Letters of Guardianship of the **Estate** to: \_\_\_\_\_ (name of guardian(s) to be valid 120 days following the end of the next reporting period.
- 7. The Guardian's Personal Care Plan is approved.
- 8. Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

DATED AND SIGNED IN OPEN COURT THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_.

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

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Presented by:

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

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

\_\_\_\_\_  
Address

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

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

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