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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.:**
)
) **PETITION FOR GUARDIANSHIP OF**
) **PERSON AND/OR ESTATE**
) **(RCW 11.88.030)**
_____,)
An Alleged Incapacitated Person.) **Clerk's code: (PTAPGD)**
_____))

ALLEGED INCAPACITATED PERSON INFORMATION:

The name, age, address of present residence, and post office address of the Alleged Incapacitated Person are:

- 1. Name: _____
- 2. Age: _____
- 3. Present Residence: _____
- 4. Post Office Address: _____

INFORMATION CONCERNING A GUARDIANSHIP FOR A CHILD UNDER 18 *(This section to be filled out only if guardianship is sought with respect to a minor):*

Mother's name, phone number and address: _____

Father's name, phone number and address: _____

Mother/Father has has not signed a written consent for this guardianship.

A guardian should be appointed as to the estate of the child.

1 A guardian should be appointed as to the person of the child. (If this box is checked the following
2 additional information must be provided: Name, address and date of birth of the proposed Guardian
and all other adult persons living in the Guardian's household):

3 _____
4 (The proposed guardian and all other adult persons living in the Guardian's household understand
5 that they may be required to undergo a criminal and child protective services background check
6 before an order appointing guardian may be entered. The guardian and all other adult members in
his or her household must sign an authorization to release CPS records.)

7 The child is is not a member of an Indian tribe nor a child of a member of an Indian tribe.

8 Tribal Name and Address is: _____

9 **NATURE AND DEGREE OF ALLEGED INCAPACITY:**

The nature and degree of the alleged incapacity are as follows:

- 10 1. Nature of Alleged Incapacity: _____
11 2. Degree of Alleged Incapacity: _____

12 **DESCRIPTION/VALUES OF PROPERTY:**

13 The approximate value and the description of the property owned by the Alleged Incapacitated
14 Person is:

- 15 1. Real Property: \$ _____
16 2. Stock, Mutual Funds and Bonds: \$ _____
17 3. Mortgages and Notes: \$ _____
18 4. Bank Accounts \$ _____
19 5. Furniture: \$ _____
20 6. Other Personal Property: \$ _____

Total Approximate Value of Assets is: \$ _____

There are periodic compensation, pension, insurance, and allowances as follows:

- 21 1. Social Security Benefits: \$ _____ /month
22 2. Veterans Benefits \$ _____ /month
23 3. Washington State Assistance \$ _____ /month
24 4. Other: \$ _____ /month

Approximate Total Monthly Income: \$ _____

EXISTING OR PENDING GUARDIANSHIPS:

There is is not an existing or pending Guardianship action for the person and/or the estate of the Alleged Incapacitated Person. If there is an existing or pending Guardianship, set forth the following:

1. State Where Guardianship/Limited Guardianship Pending or Established:

2. Name of Guardian/Limited Guardian: _____

3. Date of Appointment: _____

4. Type of Guardianship: _____

NOMINEE:

The name, address, telephone number and date of birth of the proposed Guardian and the relationship of the Alleged Incapacitated Person are as follows:

1. Name of Nominee: _____ DOB: _____

2. Address: _____

3. Telephone Number: _____

4. Relationship to Alleged Incapacitated Person: _____

RELATIVES:

The name and addresses, and the nature of the relationship of the persons most closely related by blood or marriage to the Alleged Incapacitated Person are as follows:

1. Name: _____

Address: _____

Relationship: _____

2. Name: _____

Address: _____

Relationship: _____

3. Name: _____

Address: _____

Relationship: _____

RESIDENCE OF PERSON TO BE ASSISTED:

The name, address, and telephone number of the person or facility having the care and placement of the Alleged Incapacitated Person and the length of time of said care and placement is:

- 1. Name: _____
- 2. Address: _____
- 3. Telephone: _____
- 4. Length of Time at Facility: _____

REASON FOR GUARDIANSHIP:

1. The reason for petitioning for Guardianship is as follows:

_____.

2. The interest of the Petitioner in the appointment is as follows:

_____.

3. Designate whether the appointment is sought as Guardian or Limited Guardian of the Person, the Estate, or both: _____.

4. Describe any alternative arrangements previously made by the Alleged Incapacitated Person, such as trusts, powers of attorney including any Guardianship nominations contained in a power of attorney, and why a Guardianship is nevertheless necessary:

_____.

AREAS OF ASSISTANCE:

1. The nature and degree of the alleged incapacity:

_____.

2. The following are specific areas of protection and assistance required:

_____.

3. The duration of guardianship should be as follows:

_____.

GUARDIAN AD LITEM

A Guardian ad Litem should be appointed from the Court's Registry.

A Guardian ad Litem should **not** be appointed from the Court's Registry because of the following extraordinary circumstances:

The name, address and telephone number of the proposed Guardian ad Litem:

Name: _____

Address: _____

Telephone: _____

The known relationship of the proposed Guardian ad Litem to the parties is as follows:

None

Other: _____

BONDS AND FEES:

1. A bond in the amount of \$_____ should be established, OR

waived for the following reasons:

2. The payment of Guardian ad Litem's fees should be provided as follows:

SUMMARY:

The Petitioner(s) request(s) the following relief:

An Order appointing a Guardian ad Litem for the Alleged Incapacitated Person;

An Order waiving the requirement for a filing fee;

An Order directing that the Guardian ad Litem's fees in this matter be paid by:

An Order approving payment, by Petitioner(s), of reasonable attorney's fees and costs incurred in preparation and presentation of this Guardianship Petition; and

An Order appointing _____ as

Full

Limited

Guardian(s) of the Person and/or Estate of _____ subject to review in
_____ months with the bond

waived

set in the amount of \$_____.

Other relief requested: _____

_____.

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

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

Signature

Printed Name

Address

Telephone/Fax Number

City, State, Zip Code

Email Address