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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 TO APPOINT ATTORNEY**
) **FOR ALLEGED INCAPACITATED**
) **PERSON**
)
)
) **An Incapacitated Person.**) **Clerk's code: (PTAP)**
)
)

COMES NOW _____, and petitions the Court as follows:

1. Relief Requested. Entry of an order appointing _____ as the attorney for the Alleged Incapacitated Person in the above-entitled action.

2. Statement of Facts. _____ is the Guardian ad Litem in this matter. _____ is an attorney licensed to practice law in the State of Washington. The Alleged Incapacitated Person has requested that the Court appoint _____ to represent him/her in this Guardianship action. In the event the assets of the Alleged Incapacitated Person are not sufficient, the attorney should be paid at County expense.

3. Evidence Relied Upon. The statements contained in this Petition and the entire record and file in this matter.

4. Authority. RCW 11.88.045.

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

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

4 _____
5 Signature of Guardian

_____ Printed Name

6 _____
7 Address

_____ Telephone/Fax Number

8 _____
9 City, State, Zip Code

_____ Email Address