

**Superior Court of Washington
County of _____**

In the Guardianship of:

An Alleged Incapacitated Person

Case No.:

**Petition for Guardianship of Person
and/or Estate (RCW 11.88.030)**

(PTAPGD)

I ask the court to appoint a guardian or limited guardian for _____(name), who is an alleged incapacitated person. The court should consider the following information.

1. Information about the Alleged Incapacitated Person

Name: _____

Age: _____

Residence: _____

Post Office Address: _____

2. Nature of the Alleged Incapacity

The individual is incapacitated because:

He or she is unable to adequately provide for nutrition, health, housing, or physical safety and is at significant risk of personal harm. He or she needs a guardian of the person.

He or she is unable to adequately manage property or financial affairs and is at significant risk of financial harm. He or she needs a guardian of the estate.

and/or

The individual is also incapacitated because:

3. Financial Information

The approximate value and the description of the property owned by the alleged incapacitated person are:

A. Assets:

- 1. Real Property: \$ _____
- 2. Stocks, Mutual Funds, & Bonds: \$ _____
- 3. Mortgages and Notes: \$ _____
- 4. Bank Accounts: \$ _____
- 5. Other Property: \$ _____

Description of other property:

The total approximate value of assets is: \$ _____

The alleged incapacitated person receives compensation, pension, insurance, and allowances as follows:

B. Income:

- 1. Social Security Benefits: \$ _____ per month
- 2. Veterans' Benefits: \$ _____ per month
- 3. Washington State Assistance: \$ _____ per month
- 4. Retirement Income: \$ _____ per month
- 5. _____: \$ _____ per month
- 6. _____: \$ _____ per month
- 7. _____: \$ _____ per month

The total approximate income is: \$ _____ per month

4. Waiver of Filing Fee

I do not ask the court to waive the filing fee.

I ask the court to waive the filing fee because:

The alleged incapacitated person has total assets of a value of less than \$3,000.

Payment of the filing fee would impose a hardship upon the incapacitated person because:

_____.

5. Existing or Pending Guardianships

There **is no** guardian, limited guardian, or pending guardianship action in any state for the person or estate of the alleged incapacitated person.

There **is** a guardian, limited guardian, or pending guardianship action in any state for the person or estate of the alleged incapacitated person:

Where is the case filed? (State or County in Washington State) _____

Was a Guardian appointed? yes no

If yes:

Name of guardian: _____

Date of appointment: _____

Type of guardianship: _____

6. Reason to Appoint Guardian

A guardian should be appointed because:

_____.

7. Petitioner's Interest in Appointment

My interest in the court appointing a guardian is:

_____.

8. Protection and Assistance for the Alleged Incapacitated Person

The person is incapacitated to this nature and degree:

The alleged incapacitated person needs these specific areas of protection and assistance:

9. Limits on the Alleged Incapacitated Person’s Rights

If the court grants the petition, the court should limit the following rights:

The following rights should be revoked:

- To vote or hold an elected office.
- To marry, divorce, or enter into or end a state registered domestic partnership.
- To make or revoke a will.
- To enter into a contract.
- To appoint someone to act on his or her behalf.
- To sue and be sued other than through a guardian.
- To possess a license to drive.
- To buy, sell, own, mortgage, or lease property.
- To consent to or refuse medical treatment.
- To decide who shall provide care and assistance.
- To make decisions regarding social aspects of his or her life.

Other limitations and restrictions:

10. Type of Guardianship Sought

I seek the following type of guardianship:

Guardianship of the person: full **or** limited

and/or

Guardianship of the estate: full **or** limited

11. Duration of Guardianship

I request that the Guardianship exist:

- Until it is terminated pursuant to RCW 11.88.140;
- Indefinitely until the court orders that it is modified or terminated;
- Until the incapacitated person, who is a minor, turns 18 years old; **or**
- Other:_____.

12. Alternatives to Guardianship

- The alleged incapacitated person **did not** previously make any alternative arrangements to guardianship, such as a trust or power of attorney.
- The alleged incapacitated person **did** previously make alternative arrangements to guardianship, such as a trust or power of attorney, as follows:

_____.

Even though the alleged incapacitated person made alternative arrangements, I believe a guardianship is still necessary because:

_____.

The alleged incapacitated person did did not nominate a guardian in a power of attorney or other document. The nominated guardian, if any, is (name) _____.

13. Nomination of Guardian

- I am not asking the court to appoint a specific person as guardian or limited guardian.
- I am asking the court to appoint (name(s))_____ as guardian or limited guardian.

The proposed **guardian of the person's** residence and post office address are:

Residence: _____

Post Office Address: _____

The proposed **guardian of the estate's** residence and post office address are:

Residence: _____

Post Office Address: _____

14. Lay Guardian Training

The proposed guardian, (name) _____ has already completed lay guardian training. Evidence that he or she successfully completed the training is attached to the petition or filed separately.

I am requesting a quick (expedited) appointment of a guardian because of urgent circumstances. I request an extension of up to 90 days after appointment for the guardian to complete and file proof of completion of the training because:

_____.

(If the court grants your request, evidence of successful completion of the lay guardian training will not be required until later.)

The proposed guardian, (name) _____, is not required to complete lay guardian training because he or she is:

a certified professional guardian,

a financial institution subject to the jurisdiction of the department of financial institutions and authorized to exercise trust powers, **or**

a federally chartered financial institution authorized to serve as a guardian of the estate.

15. Relatives

As far as I know or can reasonably ascertain, the following people are most closely related by blood, marriage, or state registered domestic partnership to the alleged incapacitated person:

Name: _____

Address: _____

Nature of Relationship: _____

Name: _____

Address: _____

Nature of Relationship: _____

Name: _____

Address: _____

Nature of Relationship: _____
(Attach more sheets if you need to.)

16. Custodian of Alleged Incapacitated Person

The alleged incapacitated person is in the care and custody of this person or facility:

Name of Person or Facility: _____

Address: _____

17. Nomination of Guardian ad Litem

I **am not** proposing that a specific individual act as guardian ad litem.

I **am** proposing that a specific individual, (name) _____ act as guardian ad litem (GAL).

The proposed guardian ad litem does does not have knowledge of or a relationship to any of the parties. Explain:

_____.

I nominate this person as guardian ad litem because:

_____.

18. Summary of Requests

I ask the court to take the following action:

waive the filing fee;

appoint (name) _____ as

guardian of the person: full **or** limited
and/or

- guardianship of the estate: full **or** limited;
- appointing a guardian ad litem for the alleged incapacitated person;
- extend the time for the guardian to complete lay guardian training;
- grant other requests: (explain below)

 _____.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at (city) _____ (state) _____ on (date) _____.

_____ Signature	_____ Printed Name
_____ Address	_____ *Telephone/Fax Number
_____ City, State, Zip Code	_____ Email Address

Presented by:

Signature of Petitioner/Attorney

Printed Name of Petitioner/Attorney,
WSBA or CPG no. _____

Address

*Telephone/Fax Number

E-mail Address

***If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information Form (Telephone Numbers), for this purpose. GR 22(b)(6).**