

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25

**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