IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR KING COUNTY

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| In the Guardianship of:    |   |  No. PETITION TO❑ EXTEND TIME OR ❑ WAIVE GUARDIAN TRAINING RCW11.88.020(3)(PT) |

* I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am seeking to be appointed as guardian for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. I have not completed the training required to serve as guardian pursuant to RCW 11.88.020(3). I am not a Certified Professional Guardian.
* I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ am the Court appointed guardian or limited guardian for the Incapacitated Person name above. I was appointed prior to May 2, 2009, and would therefore, be required to complete guardian training pursuant to King County General Order 11-4-12051-7 and RCW 11.88.020(3) as I am not a Certified Professional Guardian or authorized financial institution.

I request that the court:

1. ❑ Extend the time period for completion of the lay guardian training required by RCW 11.88.020(3) for a period of ninety days because:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

1. ❑ Waive the requirement for training as I believe I possess the requested knowledge to serve a guardian in that (mark all that apply):

❑ I have successfully served as guardian and fulfilled my duties as such since\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

❑ I have filed all required reports in a timely manner.

❑ My performance of the duties of guardian is monitored by the following state or local agencies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

❑ There have not been any allegations against me or abuse, neglect or breach of fiduciary duty. If such allegations exist, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

Presented by:

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| Signature of Petitioner/Attorney |  | Printed Name of Petitioner/Attorney, WSBA/CPG # |
|  |  |  |
| Address |  | Telephone/Fax Number |
|  |  |  |
| City, State, Zip Code |  | Email Address |