IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON

IN AND FOR THE COUNTY OF KING

|  |  |  |
| --- | --- | --- |
| In the Guardianship of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,An Alleged Incapacitated Person. | ))))))) | Case No.: NOTICE OF GUARDIANSHIP PETITION RCW 11.88.030(4)(b)(NT) |

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Alleged Incapacitated Person

TO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Guardian ad Litem

# **IMPORTANT NOTICE – PLEASE READ CAREFULLY**

 A PETITION TO HAVE A GUARDIAN APPOINTED FOR YOU HAS BEEN FILED IN THE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COUNTY SUPERIOR COURT BY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . IF A GUARDIAN IS APPOINTED, YOU COULD LOSE ONE OR MORE OF THE FOLLOWING RIGHTS:

1. TO MARRY OR DIVORCE;
2. TO VOTE OR HOLD AN ELECTED OFFICE;
3. TO ENTER INTO A CONTRACT OR MAKE OR REVOKE A WILL;
4. TO APPOINT SOMEONE TO ACT ON YOUR BEHALF;
5. TO SUE AND BE SUED OTHER THAN THROUGH A GUARDIAN;
6. TO POSSESS A LICENSE TO DRIVE;
7. TO BUY, SELL, OWN, MORTGAGE, OR LEASE PROPERTY;
8. TO CONSENT TO OR REFUSE MEDICAL TREATMENT;
9. TO DECIDE WHO SHALL PROVIDE CARE AND ASSISTANCE;
10. TO MAKE DECISIONS REGARDING SOCIAL ASPECTS OF YOUR LIFE.

**UNDER THE LAW, YOU HAVE CERTAIN RIGHTS**.

1.YOU HAVE THE RIGHT TO BE REPRESENTED BY A LAWYER OF YOUR OWN CHOOSING. THE COURT WILL APPOINT A LAWYER TO REPRESENT YOU IF YOU ARE UNABLE TO PAY OR PAYMENT WOULD RESULT IN SUBSTANTIAL HARDSHIP TO YOU.

 2. YOU HAVE THE RIGHT TO ASK FOR A JURY TO DECIDE WHETHER OR NOT YOU NEED A GUARDIAN TO HELP YOU.

 3. YOU HAVE THE RIGHT TO BE PRESENT IN COURT AND TESTIFY WHEN THE HEARING IS HELD TO DECIDE WHETHER OR NOT YOU NEED A GUARDIAN.

 4. YOU HAVE THE RIGHT TO REQUEST THAT THE COURT REPLACE THE GUARDIAN AD LITEM.

///

///

///

1. A HEALTH CARE PROFESSIONAL MUST PREPARE A MEDICAL

REPORT REGARDING YOUR ALLEGED INCAPACITY. IF YOU OPPOSE THE HEALTH CARE PROFESSIONAL SELECTED BY THE GUARDIAN AD LITEM, YOU MAY SELECT YOUR OWN TO PREPARE A REPORT. THE GUARDIAN AD LITEM MAY ALSO OBTAIN A SUPPLEMENTAL EXAMINATION.

 Signed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Washington, \_\_\_\_\_\_\_\_\_\_\_, \_\_\_\_200\_\_.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature  |  | Printed Name  |
|  |  |  |
| Address |  | Telephone/Fax Number |
|  |  |  |
| City, State, Zip Code |  | Email Address |