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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.: _____
_____,)
) DECLARATION OF PROPOSED
) GUARDIAN (Certified)
)
An Alleged Incapacitated Person.) (DCLR)

1. Personal Information.

Name of Proposed Guardian: _____
Certified Professional Guardian #: _____
Mailing Address of Proposed Guardian: _____
Street Address (if different): _____
City/State/Zip: _____
Telephone Number: _____ Fax Number: _____
Email Address: _____

2. Certified Status. The proposed Guardian is a certified professional Guardian in the State of Washington. Attached as Exhibit A to this Declaration is a summary listing the educational programs (*pertaining to Guardianships or fiduciary matters*) which the proposed Guardian and its employees have attended during the past twelve (12) months.

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3. Business Form. The form in which the proposed Guardian does business is:

sole proprietor partnership trust company
 corporation non-profit corporation

4. Identification of Principals of Proposed Guardian. List the name of each member of the board of directors, officer, and owner of the business of the proposed Guardian and their titles: _____.

5. Individual Certified Guardians. List each certified Guardian in the employ of the Guardian who may have responsibilities in this case and the individual certified Guardian who will have supervising responsibility in this case: _____.

6. Relationship to Alleged Incapacitated Person. The proposed Guardian has the following relationship with the Alleged Incapacitated Person:
_____.

7. Guardian’s Organizational Structure.

(a) Date the proposed Guardian began doing business: _____.

(b) Allocation of job responsibilities: _____.

(Brochures or other printed materials may be attached as an Exhibit in response to this question.)

8. Criminal Background Checks. Does the proposed Guardian conduct criminal background checks pursuant to RCW 43.43.832 on all employees or volunteers who will or may have unsupervised access to the Alleged Incapacitated Person?

Yes No

9. Criminal and Disciplinary History. Provide the following information for the proposed Guardian and for each of its principals and employees who are certified professional Guardians. However, do NOT include employees who are neither principals nor certified Guardians:

(a) Circumstances leading to removal as a Guardian or as a fiduciary for breach of fiduciary duty or for any other reason: _____.

1 (b) Criminal proceedings for a felony or misdemeanor involving moral turpitude,
2 which resulted in a finding or plea of guilty (*attach an explanation as an exhibit explaining*
3 *why this individual is employed by the proposed Guardian*): _____.

4 (c) Civil proceedings in which there was a finding of dishonesty,
5 misappropriation of funds, breach of fiduciary duty, or mistreatment of any person (*identify*
6 *any civil proceedings where there was a settlement, even if such settlement was without*
7 *specific findings by the Court*): _____.

8 (d) Reported disciplinary proceedings by a disciplinary body or licensing agency
9 that resulted in a finding of misconduct (*including proceedings by a professional*
10 *organization such as a state bar association, a medical disciplinary review board, etc.*):
_____.

11 **10. Bond/Insurance.** The nature and extent of the proposed Guardian's insurance coverage
12 available to provide protection in the event of financial loss or personal harm caused by the
13 negligent or intentional conduct of the proposed Guardian, its employees or agents (*list the*
14 *companies with which insurance or bond is obtained, the policy limit and deductibles*) is:
_____.

15 **11. Compensation and Reimbursement.** The proposed Guardian's compensation schedule
16 is as follows (*include the different hourly rates for various services*):
_____.

17 **12. Experience.** The proposed Guardian's experience with similar Guardianships (*for*
18 *example, similar amount of assets, the family circumstances of the Alleged Incapacitated*
19 *Person, the proximity of the proposed Guardian to the residence of the Alleged*
20 *Incapacitated Person, and any relevant information*) is:
_____.

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13. Case Load. The Guardian is currently the Court appointed Guardian for _____ of total individuals in this County and _____ individuals in other Counties.

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

Signed at _____, Washington, _____, ____200__.

Signature

Printed Name

Address

Telephone/Fax Number

City, State, Zip Code

Email Address