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| 8 9 | IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON IN AND FOR THE COUNTY OF KING | | |
| 10 11 12 | In the Guardianship of:) Case No.:) VERIFIED PETITION TO APPOINT ATTORNEY FOR ALLEGED) INCAPACITATED PERSON | | |
| 13 14 | An Alleged Incapacitated Person. (PT) | | |
| 15 | COMES NOW, and petitions the Court as follows: | | |
| 16 | 1. Relief Requested. Entry of an order appointing as | | |
| 17 | the attorney for the Alleged Incapacitated Person in the above-entitled action. | | |
| 18 | 2. Statement of Facts is the Guardian ad Litem in | | |
| 19 | this matter is an attorney licensed to practice law in the State of Washington. The Alleged Incapacitated Person has requested that the Court | | |
| 20 | appoint to represent him/her in this Guardianship | | |
| 21 | action. In the event the assets of the Alleged Incapacitated Person are not sufficient, the | | |
| 22 | attorney should be paid at County expense pursuant to court order, presented in ex-parte to a court commissioner or judge, prior to incurring expenses and fees. | | |
| 23 | | | |
| 24 | | | |
| 25 | and file in this matter. | | |
| 26 | | | |
| | VERIFIED PETITION TO APPOINT ATTORNEY FOR AIP- 1 | | |

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| 1 | 4. Authority. RCW 11.88.045. | | |
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| 2 | | | |
| 3 | I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT. | | |
| 5 | Signed at | _, Washington,,200 | |
| 6 | | | |
| 7 | Signature | Printed Name | |
| 8 | Address | Telephone/Fax Number | |
| 10 | City, State, Zip Code | Email Address | |
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| | VERIFIED PETITION TO APPOINT ATTORNEY FOR AIP- 2 | | |

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