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.:  REPORT OF GUARDIAN AD LITEM  (RTGAL) |

**RECOMENDATIONS**

**I (do not ) recommend that the Court appoint \_\_\_\_\_\_\_\_\_\_, as the (limited) guardian of the person and (limited) guardian of the estate of the AIP.**

**I (do not) recommend a bond or blocked account because the assets of the AIP are \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.**

**I recommend that reports be filed on a \_\_\_\_\_\_\_\_basis.**

**I recommend that the AIP retains (does not retain) the right to vote.**

**1. Appointment:**

Date of Appointment:

Date of Service of Copy of Petition on Guardian ad Litem:

Date Guardian ad Litem’s Statement of Qualifications was filed & served:

Date of Service of Notice of Guardianship Petition on AIP:

I attest that I am free from influence by anyone interested in the results of these proceedings and that I have the requisite knowledge, training, and expertise to perform the duties required by statute. My Statement of Qualifications is on file with the Court. I attest that I am on the Guardian ad Litem Registry for King County and am qualified to serve as Guardian ad Litem in guardianship matters.

**2. Precipitating Issues:**

**3. Personal Information Regarding Alleged Incapacitated Person:**

Date of Birth (*optional*):

Age:

Current Residence:

Phone Number:

**4. Medical/Psychological Report:** I obtained a Medical/Psychological Report from \_\_\_\_\_\_\_\_ on \_\_\_\_\_\_\_\_\_\_,\_\_\_ 200\_\_. *(NOTICE: The Medical/Psychological Report should be filed separately with the Court under seal, NOT as an Exhibit to this Report.)*

**5. Meeting with AIP:**

|  |  |  |
| --- | --- | --- |
| Date(s) of Meetings with Alleged Incapacitated Person | Location of Meeting | Other Persons Present  *(GAL must meet alone at least once with AIP.)* |
|  |  |  |
|  |  |  |

Agreement or objection to appointment of a Guardian:

Reaction to the proposed Guardian:

Right to counsel:

Preferences regarding choice of counsel:

Right to a jury trial:

*(Notes from the interview.)*

**INVESTIGATION**

**6. Written Material Reviewed:** I have reviewed the Medical/Psychological Report, \_\_\_\_\_\_, \_\_\_\_\_\_\_\_\_, and the pleadings and records on file.

**7. Individuals Interviewed:** During the course of my investigation, I interviewed the following person(s):

|  |  |  |
| --- | --- | --- |
| Name | Date(s) of Contact | Relationship to AIP |

Investigation re the AIP’s ability to manage health, safety, nutrition and housing*.*

Health: (*Notes from interviews)*

Housing: (*Notes from interviews)*

Nutrition: (*Notes from interviews)*

Safety: (*Notes from interviews)*

Investigation re: the AIP’s ability to manage finances: *(Notes from interviews)*

Investigation re: who is the appropriate guardian for the AIP: (*Notes from interviews)*

**8. Nature, Cause and Degree of Incapacity - Functional Limitations:** The following is a description of the nature, cause, and degree of incapacity, and the basis upon which this judgment is made:

Medical Diagnosis and Cause:

Degree of Incapacity:

**9. Evaluation of Proposed Guardian(s):**

Dates of Contact Between GAL and Proposed Guardian(s):

Identity and Contact Information of the Proposed Guardian(s):

Name:

Mailing Address:

Telephone Number:

Fax Number:

Email Address:

If Guardian is Certified,

Provide Certification No.:

Description of Steps Proposed Guardian Has, or Intends, to Take to Meet the Needs of the AIP:

**10. Alternatives to Guardianship:**

**11. Degree of Assistance Required:**

**12. Recommendation as to Appointment of Guardian:**

**13. Duration and Limitations:**

**14. Recommendation Regarding AIP’s Right to Vote:**

**15. Recommendation Regarding Right to Jury Trial:**

**16. Recommendation Regarding Appointment of Independent Counsel:**

**17. Estimate of Estate.** The assets, funds, and income of AIP are as follows:

**Value ($)**

Real property $

Stocks, Mutual Funds and Bonds $

Mortgages and Notes $

Bank Accounts $

Furniture and Household Goods $

Other Personal Property $\_\_\_\_\_\_\_\_\_\_\_\_

**Total Approx. Value of Assets $**

Social Security Benefits $

Washington State Assistance $

Other $\_\_\_\_\_\_\_\_\_\_\_\_

**Total Approx. Monthly Income $**

**18. Recommendation Regarding Bond/Annual Reports:**

[ ] The Court should set bond in the amount of $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] The Court should block or restrict access to the following assets: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

[ ] The Guardian should file reports

[ ] every year

[ ] every other year

[ ] every third year

[ ] an annual report for the first year and then every third year

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**19. Recommendation Regarding Presence of AIP at Hearing:**

The presence of the Alleged Incapacitated Person

[ ] should

[ ] should not

be waived. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is

[ ] able

[ ] unable

to attend the hearing. *(If unable to attend, please explain the reason(s))*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

The following special arrangements should be made for the hearing *(i.e., removal of hearing site to residence of Alleged Incapacitated Person, provision for hearing assistive devices, etc*.).

**20. Other Recommendations:**

**21. Recommendation as to Guardian ad Litem’s Continuing Involvement in Future Proceedings:**

I recommend that the Guardian ad Litem

[ ] be

[ ] not be

involved in future proceedings in this matter.

**22. Individuals Who Should Be Advised of Their Right to Request Special Notice of Proceedings Pursuant to RCW 11.92.150**:

|  |  |
| --- | --- |
| Name, Title and Address | Relationship to Alleged Incapacitated Person |
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|  |  |

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**23. Guardian ad Litem Compensation:**

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 of Guardian ad Litem | Printed Name of Guardian ad Litem, WSBA# |
|  |  |
| Address | Telephone/Fax Number |
|  |  |
| City, State, Zip Code | Email Address |