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

In the Guardianship of: _____) Case No.:
)
) REPORT OF GUARDIAN AD LITEM
)
) (RTGAL)
)
An Alleged Incapacitated Person. _____

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 Skagit County and am qualified to serve as Guardian ad Litem in guardianship matters.

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2. Precipitating Issues:

3. Personal Information Regarding Alleged Incapacitated Person:

Date of Birth:

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 (<i>GAL must meet alone at least once with AIP.</i>)

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.*)

1 **INVESTIGATION**

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

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

6 Name Date(s) of Contact Relationship to AIP

7 Investigation re the AIP's ability to manage health, safety, nutrition and housing.
8 Health: *(Notes from interviews)*

9 Housing: *(Notes from interviews)*

10 Nutrition: *(Notes from interviews)*

11 Safety: *(Notes from interviews)*

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

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

14 **8. Is A.I.P receiving services [] Yes [] No**

15 **If they are receiving services did you contact service provider case manager?**
16 **[] Yes [] No**

17 **If yes:**

18 Name Date(s) of Contact Service Provider

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

22 Medical Diagnosis and Cause:

23 Degree of Incapacity:

24 **10. Evaluation of Proposed Guardian(s):**

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

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

Name:

1 Mailing Address:
 2 Telephone Number:
 3 Fax Number:
 4 Email Address:
 5 If Guardian is Certified,
 Provide Certification No.:

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

- 8 **11. Alternatives to Guardianship:**
- 9 **12. Degree of Assistance Required:**
- 10 **13. Recommendation as to Appointment of Guardian:**
- 11 **14. Duration and Limitations:**
- 12 **15. Recommendation Regarding AIP's Right to Vote:**
- 13 **16. Recommendation Regarding Right to Jury Trial:**
- 14 **17. Recommendation Regarding Appointment of Independent Counsel:**

15 **18 Estimate of Estate.** The assets, funds, and income of AIP are as follows:

	<u>Value (\$)</u>
16 Real property	\$
16 Stocks, Mutual Funds and Bonds	\$
17 Mortgages and Notes	\$
17 Bank Accounts	\$
18 Furniture and Household Goods	\$
18 Other Personal Property	\$ _____
Total Approx. Value of Assets	\$ _____
19 Social Security Benefits	\$
20 Washington State Assistance	\$
21 Other	\$ _____
Total Approx. Monthly Income	\$ _____

- 22 **19. Recommendation Regarding Bond/Annual Reports:**
- 23 [] The Court should set bond in the amount of \$_____.
- 24 [] The Court should block or restrict access to the following assets:
 25 _____.
- 26 [] The Guardian should file reports

- 1 every year
- 2 every other year
- 3 every third year
- 4 an annual report for the first year and then every third year

5 ///
 6 ///

6 **20. Recommendation Regarding Presence of AIP at Hearing:**

7 The presence of the Alleged Incapacitated Person

- 8 should
- 9 should not
- 9 be waived. _____ is

- 10 able
- 11 unable

12 to attend the hearing. *(If unable to attend, please explain the reason(s)):*
 13 _____.

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

16 **21. Other Recommendations:**

17 **22. Recommendation as to Guardian ad Litem's Continuing Involvement in Future**
 18 **Proceedings:**

18 I recommend that the Guardian ad Litem

- 19 be
- 20 not be

20 involved in future proceedings in this matter.

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

23 Name, Title and Address	Relationship to Alleged Incapacitated Person
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25. 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