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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.: _____
)
) GUARDIAN AD LITEM'S
) STATEMENT OF QUALIFICATIONS
)
) RCW 11.88.090(3)
)
 An Alleged Incapacitated Person. _____) (ST)

GUARDIAN AD LITEM STATEMENT OF QUALIFICATIONS

This statement is presented as required by RCW 11.88.090(3):

A. Requisite areas of background, knowledge, training, and experience are detailed below:

1. Level of formal education: _____
2. Training related to Guardian ad Litem duties: _____
3. Number of years' experience as Guardian ad Litem: _____
4. Number of prior appointments as Guardian ad Litem (*as of today's date*):
 - (a) This County: _____
 - (b) Other Counties: _____
5. Criminal history (as defined in RCW 9.94.A.030):
6. Knowledge or experience in needs of:
 - (a) Impaired elderly: _____
 - (b) Persons with physical disabilities: _____

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(c) Persons with mental illness: _____

(d) Persons with developmental disabilities: _____

(e) Other incapacitated persons: _____

7. Familiarity and experience with legal procedures involving Guardianships:

8. Familiarity and experience in dealing with the provisions of Chapter(s) 11.88 and 11.92 RCW: _____

B. I have been removed as a Guardian ad Litem:

1. [] Yes

[] No

2. If yes, please explain each instance on a page attached hereto.

C. I have successfully completed the model Guardian ad Litem training program of this County on _____ [month/day], _____ [year] at _____.

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