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

16 Medical Diagnosis and Cause:

17 Degree of Incapacity:

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

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

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

21 Name:

22 Mailing Address:

23 Telephone Number:

24 Fax Number:

25 Email Address:

26 If Guardian is Certified,  
Provide Certification No.:

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

3 **10. Alternatives to Guardianship:**

4 **11. Degree of Assistance Required:**

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

6 **13. Duration and Limitations:**

7 **14. Recommendation Regarding AIP's Right to Vote:**

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

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

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

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

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

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

16 [ ] The Court should block or restrict access to the following assets:

17 \_\_\_\_\_.

18 [ ] The Guardian should file reports

19 [ ] every year

20 [ ] every other year

21 [ ] every third year

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

23 ///

24 ///

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

2 The presence of the Alleged Incapacitated Person

3 [ ] should

4 [ ] should not

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

6 [ ] able

7 [ ] unable

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

9 \_\_\_\_\_.

10 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.)*.

11 **20. Other Recommendations:**

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

13 I recommend that the Guardian ad Litem

14 [ ] be

15 [ ] not be

involved in future proceedings in this matter.

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

17 Name, Title and Address

Relationship to Alleged Incapacitated Person

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26 **23. Guardian ad Litem Compensation:**

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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\_\_.

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