

Superior Court of Washington, County of _____

In the Guardianship/Conservatorship of:

_____,
Individual/Minor

No.

**Motion and Declaration for
Instructions**

(MTAF)

Motion and Declaration for Instructions

I am the guardian and/or conservator for the individual subject to guardianship and/or conservatorship (Individual). I ask the court to issue an order of instruction that explains my authority over the following issue(s) as set forth in my declaration:

Bond: Whether the court will:

establish or increase the bond to \$ _____.

exonerate bond number _____

Blocked Accounts: Whether the court will:

establish blocked accounts.

withdraw funds from blocked accounts in the amount of \$ _____

Use of conservatorship funds: Whether the court will allow particular uses of conservatorship funds, such as gifts, donations, vacation expenses, and other uses that the court has not already authorized during a regular hearing.

Access to money and other assets: Whether the conservator should have access to the following bank account, safety deposit box, or other assets. *Describe the account or assets:*

Personal property: Whether the guardian and/or conservator has authority to sell or dispose of the individual's personal property.

Litigation and Settlement: Whether the court should authorize the conservator to begin litigation or settle litigation. (SPR 98.16W).

Make Repairs: Whether the conservator should make ordinary or extraordinary repairs in a building. The building is is not the individual's home.

- [] **Sell Real Property:** Whether the court will authorize the conservator to sell the real property located at _____ for the purpose of _____

- [] **Hiring an Attorney:** Whether the court will authorize hiring an attorney to represent the individual for the following purpose: _____

- [] **Medical Treatment:** Whether the court will authorize the following medical or dental treatment or procedure: _____

- [] **Mental health medication or treatment.** Whether the court will authorize certain types of mental health treatments that require special court review, such as: (a) electro-convulsive treatment, (b) psycho-surgery, or (c) other psychiatric or mental health procedures that restrict freedom of movement or the rights described in RCW 71.05.217. (RCW 11.130.335).

- [] **Permanent Sterilization.** Whether the court will authorize a doctor to permanently sterilize the Individual, which requires a special court procedure and protections for the Individual. (*In re Guardianship of Hayes*, 93 Wn.2d 228 (1980), *In re Guardianship of K.M.*, 62 Wash. App. 811 (1991)).

- [] **Other:** _____

Declaration in Support of the Motion:

Please explain the circumstances of your request here. You can attach documents to support your declaration. (*You may attach more pages, if needed.*)

I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed at (*City*) _____, (*State*) _____ on (*Date*) _____

Signature

Print name [] WSBA [] CPG #

The following is my contact information:

Email: _____ Phone (*Optional*): _____

I agree to accept legal papers for this case at (*check one*):

[] my lawyer's address, listed below:

Street Address or PO Box City State Zip

[] the following address (this does **not** have to be your home address):

Street Address or PO Box City State Zip