

GUARDIAN SEARCH FORM

If you believe a certified professional guardian is needed and you have been unable to locate one, please submit this form to request distribution of an e-mail message to all certified professional guardians. As a best practice, the Guardian Program would prefer to receive this form from the guardian ad litem appointed to investigate the need for a guardianship. Please complete this form and e-mail to guardian.program@courts.wa.gov

| | |
|--------------------------------------|---------------|
| Date: | Date |
| IP / AIP Name: (Not for publication) | |
| County Where Guardian is Needed: | Select County |

Person Who Should be Contacted Regarding this Request:

| | |
|-----------------|-------------------------------------|
| Name: | Click here to enter Name. |
| Title: | Click here to enter Title. |
| E-mail Address: | Click here to enter E-mail Address. |
| Phone: | Click here to enter Phone. |
| Employer: | Click here to enter Employer. |

Case Summary:

Include as much of the following information for the alleged incapacitated person (AIP) or the incapacitated person (IP) as possible:

Age, Gender, Disability, Diagnosis, Living Arrangement (community, nursing home, adult family home, hospital etc.), Extent of Family/Friends Involved, Source and Amount of Income.

Do Not provide any personal identifiers for the AIP/IP, such as name, address, social security number, or birth date.

Click here to enter Case Summary Information

Follow-Up:

Fourteen days after distributing the e-mail message, the Guardian Program will return this form to the contact person specified and ask that they provide the following:

1. Did you locate a guardian who was willing to serve? Yes No
 - a. If so, who? [Click here to enter name.](#)
 - b. Will the guardian be paid or did they accept a pro bono appointment?
Paid Pro bono
 - c. If not, what happens now? [Click here to enter text.](#)