

Superior Court of Washington, County of _____

In re Guardianship/Conservatorship of:

No.

**Guardian/Conservator's Plan and
Motion to Approve
(RPT)**

Individual

Guardian/Conservator's Plan and Motion to Approve

I ask to court to approve the guardian and/or conservator's plan.

1. Current living arrangement of Individual Subject to Guardianship/Conservatorship (Individual):

Guardian's plan for Individual's living arrangement (*If different*)

2. Individual's current services and supports received:

Guardian's plan for services and supports (*If different*)

3. Plan for social and educational activities:

4. Individual's close personal relationships:

Name

Relationship to Individual

Name	Relationship to Individual
_____	_____
_____	_____
_____	_____

5. Plan to facilitate Individual's relationships and visits with people above:

6 Guardian's plan for visits and communication with Individual:

7. The guardian's goals for the Individual and how they'll be achieved (include any goal related to the restoration of the Individual's rights).

8. Individual's plan:

Does the Individual have an existing plan? (For example IEP, PCSP, rehabilitation plan, financial plan)

Yes. Describe the Individual's plan: _____

No.

Is the guardian/conservator's plan consistent with any existing plan?

Yes

No. How are the plans different? _____

9. Total amount the guardian/conservator proposes to charge for each service provided to the Individual:

10. **Conservator budget:** The conservator requests approval of the following budget for the 12 month period following the appointment (*fill in only those that apply*):

Income:

Interests/Dividends	\$
Social Security	\$
Pension (Including Veteran's or Otherwise)	\$
Other	\$
Total Monthly Income	\$

A Trust that reports to the court: the Trustee's name, address, and court case number are: _____

A Trust that does not report to the court: the Trustee's name, address: _____

Expenses:

Room and Board	\$
Medical	\$
Rent/Mortgage	\$
Personal and Incidental Expenses	\$
Food and Household Expenses	\$
Utilities	\$
Conservator's Fees	\$
Attorney Fees and Costs	\$
Other	\$
Other	\$
Other	\$
Total Proposed Monthly Expenditures	\$

11. **Conservator's plan to involve the Individual in financial management:**

12. **How the conservator plans to help the Individual manage their estate independently:**

13. **Estimate of the duration of the conservatorship:**

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form are true.

Signed at (*city and state*): _____ Date: _____

▶ _____
Person asking for this order signs here *Print name here*

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.

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

Street Address or PO Box *City* *State* *Zip*