



## Certified Professional Guardian Board

### DECLARATION OF INACTIVE STATUS (Individual)

\_\_\_\_\_, CPG No. \_\_\_\_\_  
(Name)

I, the undersigned, am a Certified Professional Guardian, duly certified by the Supreme Court of the state of Washington.

I am not appointed or pending appointment in any guardianship cases that would require certification as a professional guardian pursuant to RCW 11.88.008. I have complied with all statutory and court-ordered requirements for discharge from responsibilities as guardian in each case in which I was appointed. I wish to move my certification to inactive status effective immediately. For the next 36 months, or during my period of inactive status, communications may be directed to me at:

I acknowledge my obligation to inform the Administrative Office of the Courts of any change of address for the next 36 months.

I understand that I may return to active status by submitting a written request to become active to the AOC and complying with all certification requirements. If said request is not submitted within two years from the date that inactive status is granted I may be required to complete all or a portion of the initial certification process.

I understand that I may not accept any new guardianship clients which require certification as a professional guardian or engage in work as a Certified Professional Guardian unless the Certified Professional Guardian Board reactivates my certification following the applicable rules and regulations.

I understand that by August 1 of each year, I am required to comply with annual recertification requirements including paying one half the annual recertification fee, submitting an Errors and Omissions Insurance Declaration and the GR 23 (e) Disclosure.

I further understand that notice of the inactivation of my certification shall be sent to the superior courts of the State of Washington.

***I declare under penalty of perjury under the laws of the state of Washington the foregoing information is true and correct.***

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Place signed (City, State)