

GUARDIAN/CONSERVATOR SEARCH FORM

If a Respondent (individual for whom appointment of a decision-maker is sought) needs a Certified Professional Guardian and/or Conservator (CPGC), but you are unable to locate one, please complete this form and email to GCSFsubmissions@courts.wa.gov. Staff will email a brief case description to the CPGC listserv. CPGCs interested in accepting the appointment will be instructed to contact you directly.

Person Who Should be Contacted Regarding this Request:

Date:	
Name:	
Title:	
Email Address:	
Phone:	
Employer or Relation to Respondent:	
Are you making this request as part of the referral process for the Guardianship and Conservatorship Assistance Program (GCAP) formerly HCS Guardianship Pilot Project? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Information About the Respondent:

Include as much information as possible for the Respondent. Fields will scroll to contain any amount of text.

Name of Respondent:	
Age and Gender:	
County Where Decision-Maker is Needed:	
Diagnoses/Disabilities:	
Current Living Arrangement: (Unhoused, hospital, SNF, AFH, etc.)	
Family/Friends Involved: (Relationship, extent of involvement, reasons why they cannot serve, etc.)	
Monthly Income and Source(s):	
Asset Amount(s) and Source(s): (Property, bank accounts, investments/trusts, etc.)	
Superior Court Case Number and County (if applicable):	
Please indicate what type of decision-making support the Respondent needs: <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Both <input type="checkbox"/> Less Restrictive Alternative (e.g. DPOA)	
Please indicate what specifically the respondent needs decision-making assistance with. Select all that apply: <input type="checkbox"/> Medical Decision-Making <input type="checkbox"/> Financial Decision-Making <input type="checkbox"/> Personal/Social Decision-Making <input type="checkbox"/> Housing/Placement <input type="checkbox"/> Navigating/Obtaining Benefits or Services <input type="checkbox"/> Marshalling/Managing Income and/or Assets <input type="checkbox"/> Other:	
Please describe why the respondent needs decision-making support. Be sure to include pertinent information such as their ability to perform I/ADLs, current supports in place and whether they are in danger of losing those supports, their temperament/demeanor, etc. Please provide as much detail as possible.	

IMPORTANT: Completing this Guardian/Conservator Search Form is the first step in a three-step process of requesting services from the Office of Public Guardianship (OPG). **This form is not an OPG Referral.** If a CPGC has not been found within fourteen (14) days after distribution of this search notice, and if the Respondent meets OPG [program eligibility criteria](#), please continue to step 3 and submit an [OPG Referral Form](#).