**Superior Court of Washington, County of**

|  |  |
| --- | --- |
| In re Guardianship/Conservatorship of:    Individual | No.  **Guardian/Conservator’s Plan and Motion to Approve**  **(RPT)** |

**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**

**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:

|  |  |
| --- | --- |
| 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 | $ |

**Expenses:**

**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*