

**Superior Court of Washington, County of \_\_\_\_\_**

**华盛顿州 县高等法院**

In the Guardianship/Conservatorship of:  
关于以下个人的监护/保护:

\_\_\_\_\_,  
Individual  
个人

No. \_\_\_\_\_  
编号

**Guardian/Conservator's Report  
and Motion to Approve:**  
**监护人/保护人报告和批准请求:**

☐ **12-Month Report (ANR12)**  
**12个月报告(ANR12)**

☐ **24-Month Report (ANR24)**  
**24个月报告(ANR24)**

☐ **36-Month Report (ANR36)**  
**36个月报告(ANR36)**

☐ **Final Report (RPT)**  
**最终报告(RPT)**

**Guardian/Conservator's Report and Motion to Approve**

**监护人/保护人报告和批准请求**

I ask the court to approve the Guardian and/or Conservator's report.  
我请求法院批准监护人和/或保护人的报告。

**Instructions:**

**说明:**

**This report has 4 sections.**

**此报告有4个部分。**

**All guardian/conservators must complete sections A and D.**

**所有监护人/保护人必须填写A部分和D部分。**

**If you are a guardian, you must also complete section B.**

**如果您是监护人，您还必须填写B部分。**

**If you are a conservator or a guardian that handles assets, you must also complete section C.**

**如果您是处理资产的保护人或监护人，您还必须填写C部分。**

(Some courts may allow you to submit a copy of the Social Security representative payee form instead of completing section C, IF the Individual's estate is no more than \$2,000 and the only source of income is SSI, SSA [Social Security Retirement], and/or SSD [Social Security Disability].)

(如果个人的财产不超过\$2,000, 并且唯一的收入来源是SSI、SSA [社会保障退休]和/或SSD [社会保障残疾], 某些法院可能允许您提交社会保障代表收款人表格的副本, 而不是填写C部分。)

If you are both a guardian and conservator, you must complete sections A, B, C & D of this document.

如果您既是监护人又是保护人, 则必须填写本文件的A、B、C & D部分。

If you need more room to complete any section, attach additional pages.

如果填写任何部分时空间不足, 请加页。

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### Scope of Guardianship/Conservatorship

监护权/保护权范围

☐ Full OR ☐ Limited – Guardianship (Person)

完全或[-]有限——监护权(人)

☐ Full OR ☐ Limited – Conservatorship (Estate)

完全或[-]有限——保护权(财产)

### General Information

基本信息

Section A – Completed by all guardians/conservators

A部分——由所有监护人/保护人填写

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#### 1. Identity of Guardian/Conservator and Individual Subject to Guardianship/Conservatorship (Individual)

监护人/保护人以及受监护/保护的个体(个人)的身份

	Individual 个人	Guardian/Conservator 监护人/保护人
Full Name 全名		
Mailing Address 邮寄地址		
City & State 城市和州		
Zip Code 邮政编码		
Telephone 电话		
Fax Number 传真号码		
Email 电子邮件地址		
Age		

年龄		
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**2. Date of Appointment and Reporting Period**  
**指定日期和报告期**

The guardian/conservator was appointed on (date)\_\_\_\_\_.  
 已于以下日期指定监护人/保护人：（日期）

The last report of the guardian/conservator was approved by the court on (date)\_\_\_\_\_. This report covers the period from \_\_\_\_\_ through \_\_\_\_\_.  
 监护人/保护人的上一份报告于以下日期获得法院批准（日期）  
 。本报告涵盖的期间从\_\_\_\_\_至\_\_\_\_\_。

The closing date for all reports is (anniversary of appointment date)\_\_\_\_\_, and the guardian/conservator is required to file reports within 90 days of that date. The guardian/conservator is to file a report every ☐ 12, ☐ 24, ☐ 36 months.  
 所有报告的截止日期为（指定日期满一周年的日期）\_\_\_\_\_，监护人/保护人必须  
 在该日期后90天内提交报告。监护人/保护人应每☐ 12、☐ 24、☐ 36个月提交一份报  
 告。

**3. Reporting Period Criteria**  
**报告期标准**

(Check all that apply and describe):  
 （勾选所有适用项并说明）：

I ask the court to allow me to continue to report every ☐ 12, ☐ 24, ☐ 36 months.  
 我请求法院允许我继续每☐ 12、☐ 24、☐ 36个月报告一次。

I ☐ have ☐ have not been accused of fraud abuse, neglect, or breach of fiduciary duty.  
 (If you have, please explain):\_\_\_\_\_  
 我☐ 未☐ 被指控欺诈、滥用、疏忽或违反信托义务职责。（如果有，请解释）：

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I ☐ have ☐ have not had untimely reports. (If you have, please explain):\_\_\_\_\_  
 我☐ 收到过☐ 没有收到过逾期报告。（如果有，请解释）：

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I ☐ am ☐ am not being monitored by other state and local agencies.  
 我☐ 正在被☐ 没有被其他州和地方机构监控。

☐ DSHS  
 DSHS

☐ SSA  
 SSA

☐ VA  
 VA

☐ Other \_\_\_\_\_  
 其他

**4. Notice Parties**  
**通知方**

(List each person who has a right to receive notice.)  
(列出有权接收通知的每个人。)

Name 姓名	Mailing Address 邮寄地址	Relationship to Individual 与个人的关系

**5. Interested Governmental Agencies** (Check each box that is applicable.)  
**相关政府机构** (选中每个适用的框。)

[ ] The Individual is a veteran of the United States Military who is receiving or has received veteran's benefits and the guardian of the estate manages those veteran's benefits. Notice must be provided at least 15 days before the hearing to: The Department of Veteran's Affairs: WAREA Fiduciary Hub, VA Fiduciary Intake Center, PO Box 95211, Lakeland, FL 33805-95211 (Check [www.va.gov](http://www.va.gov) to verify the address is current.) (RCW 73.36.020).

该个人是正在领取或已经领取退伍军人福利的美国退伍军人，并且财产监护人负责管理这些退伍军人福利。通知必须在听证会前至少15天提供给：退伍军人事务部：WAREA Fiduciary Hub, VA Fiduciary Intake Center, PO Box 95211, Lakeland, FL 33805-95211 (查看[www.va.gov](http://www.va.gov)以验证该地址是否为最新地址。) (RCW 73.36.020)。

[ ] The Individual is a Medicaid client of the Department of Social and Health Services (DSHS) who (1) pays guardian/conservator's fees; and (2) is required to contribute to the cost of their care in a nursing home or other similar facility.

该个人是社会福利服务部(DSHS)的Medicaid客户，有责任(1)支付监护人/保护人费用；(2)需要承担在疗养院或其他类似机构的护理费用。

[ ] Other: \_\_\_\_\_  
其他：

**6. Benefits Received**  
**领取的福利**

The guardian/conservator receives the following monthly benefits on behalf of the Individual, in the following amounts:

监护人/保护人代表该个人每月领取以下福利，金额如下：

SSDI/SSA:	\$ _____;	Medicaid	\$ _____;
SSDI/SSA:	\$ _____;	Medicaid	\$ _____;
SSI:	\$ _____;	Medicare	\$ _____;
SSI:	\$ _____;	Medicare	\$ _____;
GAU:	\$ _____;	COPES	\$ _____;
GAU:	\$ _____;	COPES	\$ _____;
VA Pension:	\$ _____;	TANF	\$ _____;

VA养老金: \$ \_\_\_\_\_; TANF \$ \_\_\_\_\_  
L&I Benefits: \$ \_\_\_\_\_; HUD \$ \_\_\_\_\_;  
L&I福利: \$ \_\_\_\_\_; HUD \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_; DDA \$ \_\_\_\_\_  
食品券 \$ \_\_\_\_\_; DDA \$ \_\_\_\_\_

Other – Specify: \_\_\_\_\_  
其它——具体说明:

☐ The Individual is a beneficiary of a trust that ☐ reports to the court ☐ does **not** report to the court. The Trustee's name, address, and court case number (if applicable) are: \_\_\_\_\_  
该个人是信托的受益人, ☒向法院报告☐不向法院报告。受托人的姓名、地址和法院案件编号(如适用)为:

**7. Inventory**  
**资产清查**

An inventory of all property of the Individual at the commencement of the conservatorship  
保护权开始生效时个人所有财产的资产清查

☐ is ☐ is not on file herein.  
已提交☒未提交。

**8. Bond and Blocked Accounts**  
**保证金和限制性账户**

There ☐ is ☐ is not currently a bond in place in the amount of \$ \_\_\_\_\_ (Bond No.: \_\_\_\_\_).  
目前☒有或☐没有一笔金额为\$ 的保证金 (保证金编号: \_\_\_\_\_)。

The total assets in blocked accounts is \$ \_\_\_\_\_.  
限制性账户的总资产为\$ \_\_\_\_\_

The total assets in unblocked accounts is \$ \_\_\_\_\_.  
解冻账户的总资产为\$ \_\_\_\_\_

The bond should ☐ remain **or** ☐ should be changed to \$ \_\_\_\_\_.  
保证金应☒保持不变或☐应更改为\$ \_\_\_\_\_

Assets in excess of the bond amount should be restricted (i.e. blocked) and should be subject to a *Receipt of Funds into Blocked Financial Account*, form GDN ALL 006, on file with the court.

超过保证金金额的资产应受到限制(即冻结), 并应遵守法院备案的GDN ALL 006表格, 《冻结金融账户资金收据》。

☐ This is a final report. The blocked account should be unblocked.  
这是最终报告。应该取消冻结被限制的账户。

**9. Guardian/Conservator Fees**  
**监护人/保护人费用**

The guardian/conservator is requesting approval of fees and costs in the amount of \$ \_\_\_\_\_ for the period of \_\_\_\_\_ through \_\_\_\_\_. The

guardian/conservator was authorized to receive a monthly advance in the amount of \$ \_\_\_\_\_. The guardian/conservator [ ] has [ ] has **not** received payments in the amount of \$ \_\_\_\_\_ during this accounting period for their services. The guardian/conservator has attached to this report (or has filed with this report) a separate itemized fee declaration that describes in detail: the services rendered, the time period that services were provided, the time required to provide the services, the requested rate of compensation, and the out-of-pocket costs incurred. The guardian/conservator is requesting that the amount of \$ \_\_\_\_\_ be disbursed from the Individual's assets.

监护人/保护人请求批准费用和开支，金额为

\$ \_\_\_\_\_ 时间段为 \_\_\_\_\_ 至 \_\_\_\_\_ 。监护人/保护人被授权每月预支

\$ \_\_\_\_\_ 。在本核算期间，监护人/保护人 [-] 已收到 [-] 未收到金额为\$ \_\_\_\_\_ 的付款，作为其服务的报酬。监护人/保护人已在本报告中附上（或随本报告一起提交）一份单独的逐项费用声明，其中详细描述了所提供的服务、提供服务的时间段、提供服务所需的时间、要求的报酬率以及产生的自付费用。监护人/保护人要求\$ \_\_\_\_\_ 从个人资产中支付。

#### 10. **Attorney Fees** **律师费**

The guardian/conservator has retained the services of the Law Offices of \_\_\_\_\_ and is requesting that fees and costs in the amount of \$ \_\_\_\_\_ for the time period of \_\_\_\_\_ through \_\_\_\_\_ be paid from guardianship assets. Attached in this report (or filed herewith) is an itemized fee declaration that describes the legal services provided.

监护人/保护人已聘请了以下律师事务所 提供法律服务，并申请从监护权资产中支付金额为\$ \_\_\_\_\_ 的费用和开支，用于 \_\_\_\_\_ 至 \_\_\_\_\_ 期间的服务。本报告附有（或随此提交）一份详细的费用声明，描述了所提供的法律服务内容。

#### 11. **Guardian/Conservator's Monthly Allowance** **监护人/保护人的每月津贴**

The guardian/conservator is requesting a monthly allowance for ongoing:  
(a) guardian/conservator fees and costs and (b) attorney fees and costs for services already performed. The amount of guardian/conservator fees and costs and attorney fees and costs for services performed for the previous accounting period totaled \$ \_\_\_\_\_. This is a monthly average of \$ \_\_\_\_\_. The actual monthly allowance that the guardian/conservator received during the previous accounting period was \$ \_\_\_\_\_. The guardian/conservator now requests a monthly allowance of \$ \_\_\_\_\_. This allowance (paid monthly) would be considered an "advance" on the fees and costs billed by the guardian/conservator, or its attorney, for services already performed. However, the total fees and costs billed (notwithstanding the allowance payments) should: (a) ultimately be subject to the review and approval of the court and (b) create no presumptions by the court or the guardian/conservator regarding the reasonableness, or necessity, of those fees and costs. Said monthly allowance should be made effective as of (date) \_\_\_\_\_.

监护人/保护人正在请求一项月度津贴，用于以下持续支出：

(a) 监护人/保护人费用和开支以及 (b) 律师费和已执行服务的开支。上一财务结算期间的监护人/保护人费用和开支以及律师费和服务开支总计为\$ \_\_\_\_\_ 。每月平均\$ \_\_\_\_\_ 。监护人/保护人

在上一个财务结算期间收到的实际每月津贴为\$\_\_\_\_\_。监护人/保护人现在要求每月津贴\$\_\_\_\_\_。这项津贴（每月支付）将被视为监护人/保护人或其律师为已提供的服务收取的费用和开支的“预付款”。但是，收取的总费用和开支（尽管有津贴支付）应：(a) 最终受法院审查和批准，并且 (b) 法院或监护人/保护人不得对这些费用和开支的合理性或必要性做出任何推定。上述每月津贴应自以下日期起生效（日期）\_\_\_\_\_。

**12. Successor Guardian and/or Conservator**

**继任监护人和/或保护人**

☐ A successor guardian/conservator has already been named to serve when a designated event occurs. The successor guardian/conservator ☐ is still ☐ is not able to serve.

已指定继任监护人/保护人，以便在指定事件发生时担任该职责。该继任监护人/保护人 ☐ 能够担任 ☐ 无法担任。

☐ I nominate (Name) \_\_\_\_\_ as the successor ☐ guardian ☐ conservator. Address: \_\_\_\_\_

The successor guardian/conservator will serve when the following event occurs: \_\_\_\_\_  
我提名（姓名）\_\_\_\_\_

作为继任 ☐ 监护人 ☐ 保护人。地址：\_\_\_\_\_

发生以下事件时，继任监护人/保护人将任职：\_\_\_\_\_

☐ Does not apply. No successor guardian/conservator has been named.  
不适用。尚未指定继任监护人/保护人。

**Guardian**

**监护人**

**Section B – to be completed by the guardian.**

**B部分——由监护人填写。**

**Guardian's Report**

**监护人报告**

**13. Status of Individual**

**个人状态**

The guardian believes that the Individual is ☐ receiving satisfactory care **or** ☐ the guardian has the following concerns for which a change is requested: \_\_\_\_\_

监护人认为该个人 ☐ 正在接受满意的护理 **或** ☐ 监护人有以下顾虑，需要调整：\_\_\_\_\_

**14. Services the Individual receives now**

**个人现在接受的服务**

The Individual receives the following services: (examples of services include supported decision making, technological assistance, medical services, educational and vocational services, and other supports and services) \_\_\_\_\_

个人接受以下服务：（服务示例包括辅助决策、技术援助、医疗服务、教育和职业服务以及其他支持和服务）

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**15. Living Arrangements of Individual**  
**个人居住安排**

The Individual's living arrangements, including any changes during this reporting period  
个人的居住安排，包括报告期内的任何变化

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**16. Medical Condition**  
**医疗状况**

The Individual's medical condition, including any changes during the reporting period:  
个人的健康状况，包括报告期内的任何变化：

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**17. Mental Condition**  
**精神状况**

The Individual's mental condition, including any changes during the reporting period:  
个人的精神状况，包括报告期内的任何变化：

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**18. Social Arrangements**  
**社交安排**

The Individual's social arrangements, including any changes during the reporting period:  
个人的社交安排，包括报告期内的任何变化：

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**19. Functional Ability**  
**功能能力**

A description of the Individual's functional abilities, including any changes and support services received during the reporting period: \_\_\_\_\_



个人功能能力的描述，包括报告期间的任何变化和接受的支持服务：

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**20. Guardian's Activities and Action's on Behalf of the Individual**

**监护人代表个人进行的活动和行动**

The following is a description of the guardian's activities for the benefit of the Individual:  
以下是监护人出于个人利益而开展的活动的描述：

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**21. Guardian's visits with the Individual**

**监护人与个人会面**

The following is a summary of the guardian's visits with the Individual and a list of dates the guardian visited with the Individual (a list of dates may be attached as an Exhibit):  
以下是监护人与该个人会面的摘要以及监护人与该个人会面的日期列表（日期列表可以作为物证附在其中）：

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**22. Individual's Participation in Decision Making**

**个人参与决策**

Describe the extent which the Individual participated in decision making:  
描述个人参与决策的程度：

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**23. Current Care Plan of Care Setting for Individual:**

**个人目前的护理机构护理计划：**

The current care plan of the care setting (nursing home, assisted living facility, treatment center, etc.) in which the adult currently resides [ ] is consistent with the adult's values  
or [ ] the guardian recommends these changes: \_\_\_\_\_

成人当前居住的护理机构（疗养院、辅助生活设施、治疗中心等）的当前护理计划[-] 与该成人的价值观一致或[-] 监护人建议进行以下调整：

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**24. Gifts received from the Individual**  
**个人赠送的礼物**

The guardian, their spouse, domestic partner, parent, child, or sibling have received the following gifts from the Individual, worth more than a minimal value, as listed below:  
监护人、其配偶、家庭伴侣、父母、子女或兄弟姐妹已收到个人提供的以下礼物，其价值超过最低价值，如下所列：

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**25. Names of Professionals/Businesses Who Have Aided the Individual**  
**帮助过该个人的专业人士/企业的姓名（名称）**

The following professionals have assisted the Individual during the period covered by this report:  
在本报告涵盖的期间内，以下专业人员为个人提供了帮助：

Name 姓名	Service(s) Provided 提供的服务
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<hr/>	<hr/>
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Guardian's relation (if any) to these professionals/businesses:  
监护人与这些专业人士/企业的关系（如果有）：

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**26. Delegated Authority**  
**委派权限**

The guardian has delegated the following authority to an agent and the reason why:  
监护人已将以下权力委托给代理人及其原因：

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27. **Guardian's Plan**  
**监护人计划**

The most recently approved plan is attached. The guardian [ ] has [ ] has not deviated from the guardian's plan. If the guardian has deviated from the plan, explain how and why:

附上最近批准的计划。监护人 [-] 已经 [-] 尚未偏离监护人计划。如果监护人已经偏离计划，请解释方式和原因：

28. **Guardian's Plan for Future Care**  
**监护人的未来护理计划**

The guardian's care plan [ ] remains the same, **or** [ ] is changed as follows:

监护人的护理计划[-]保持不变，**或**[-]调整如下：

29. **Recommended Changes in Scope of the Guardian's Authority**  
**监护人权限范围的建议变更**

The scope of the guardian's authority [ ] should remain the same, **or** [ ] should be changed as follows:

监护人的权限范围[-]应保持不变，**或**[-]应进行如下调整：

**Conservator's Report**  
**保护人报告**

**Section C – to be completed by the conservator or guardian that has possession or control over funds or other property.** The conservator should provide account statements

(bank, investment, mortgages, and other debts) that include the end date for the reporting period. Local rules may require additional documentation.

**C部分——由拥有或控制资金或其他财产的保护人或监护人填写。** 保护人应提供包含报告期末日期的账户报表（包括银行账户、投资账户、抵押贷款及其他债务）。地方规定可能会要求提供其他文件。

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**30. Balance Sheet**  
**资产负债表**

**Market Value at  
Start of Accounting**

**市场价值  
会计核算开始**

Date: \_\_\_\_\_  
日期:

**Market Value at End of  
Accounting**

**截至以下时间的市场价值  
会计核算**

Date: \_\_\_\_\_  
日期:

**Assets**  
**资产**

**Real Property**  
**不动产**

1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

**Receivables (Mortgages, Liens, Notes payable to the Individual, the Estate, or Trust.)**  
**应收账款（抵押贷款、留置权、应付给个人的票据、财产或信托。）**

1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____
3. _____	\$ _____	\$ _____

**Unblocked Liquid Assets (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash.)**  
**未冻结的流动资产（投资账户、股票、债券、证券、IRA、现金。）**

Financial Institution \_\_\_\_\_  
金融机构

Address \_\_\_\_\_  
地址

Address \_\_\_\_\_  
地址

City, WA Zip \_\_\_\_\_  
城市, 华盛顿州邮政编码

Interest Checking Account  
利息支票账户

Account No.: last 4 digits \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
账号: 最后4位数字

(Balance as of \_\_\_\_\_)  
(截至以下日期的余额 \_\_\_\_\_)

Savings Account  
储蓄账户

Account No.: last 4 digits \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
账号: 最后4位数字

(Balance as of \_\_\_\_\_)  
(截至以下日期的余额 \_\_\_\_\_)

Financial Institution \_\_\_\_\_  
金融机构

Address \_\_\_\_\_  
地址

Address \_\_\_\_\_  
地址

City, WA Zip \_\_\_\_\_  
城市, 华盛顿州邮政编码

Certificate of Deposit  
定期存款单

Account No.: last 4 digits \_\_\_\_\_  
账号: 最后4位数字

Interest Rate: \_\_\_\_\_  
利率:

Maturity Date: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
到期日:

(Balance as of \_\_\_\_\_)  
(截至以下日期的余额 \_\_\_\_\_)

Total Unblocked \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
解冻总计:

**Blocked Liquid Assets** (Investment Accounts, Stocks, Bonds, Securities, IRA, Cash in accounts where access to that account is already restricted by a restrictive agreement on file with the Court, and access to that account requires receipt by the institution of a court order authorizing access.)

被冻结的流动资产 (投资账户、股票、债券、证券、IRA、访问已受到法院备案的限制性协议限制且对该账户的访问需要相关机构收到法院授权访问令的账户中的现金。)

Financial Institution \_\_\_\_\_  
金融机构

Address \_\_\_\_\_  
地址

Address \_\_\_\_\_  
地址

City, WA Zip \_\_\_\_\_  
城市, 华盛顿州邮政编码

Certificate of Deposit  
定期存款单

Account No.: last 4 digits \_\_\_\_\_  
账号: 最后4位数字

Interest Rate: \_\_\_\_\_  
利率:

Maturity Date: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
到期日:

(Balance as of \_\_\_\_\_)  
(截至以下日期的余额)

Certificate of Deposit  
定期存款单

Account No.: last 4 digits \_\_\_\_\_  
账号: 最后4位数字

Interest Rate: \_\_\_\_\_  
利率:

Maturity Date: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
到期日:

(Balance as of \_\_\_\_\_)  
(截至以下日期的余额)

Financial Institution \_\_\_\_\_  
金融机构

Address \_\_\_\_\_  
地址

Address \_\_\_\_\_  
地址

City, WA Zip \_\_\_\_\_  
城市, 华盛顿州邮政编码

Certificate of Deposit  
定期存款单

Account No.: last 4 digits \_\_\_\_\_  
账号: 最后4位数字

Interest Rate: \_\_\_\_\_  
利率:

Maturity Date: \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
到期日:

(Balance as of \_\_\_\_\_)

(截至以下日期的余额)

**Total Blocked** \$ \_\_\_\_\_ \$ \_\_\_\_\_  
**冻结总计**

**Personal and other property subject to conservator/guardian's control**

(Household Goods, Vehicles, Burial Plots, Funeral Plans, Life Insurance.)

**受保护人/监护人控制的个人和其他财产**

(家居用品、车辆、墓地、葬礼计划、人寿保险。)

1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____

<b>Total Assets</b>	\$ _____	\$ _____
<b>总资产</b>		

**Liabilities**

**负债**

**Mortgages and Liens**

**抵押和留置权**

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Loan # _____	\$ _____	\$ _____
<b>贷款#</b>		
<b>Total Liabilities</b>	\$ _____	\$ _____
<b>总负债</b>		

<b>Total Estate</b>	\$ _____	\$ _____
<b>总财产</b>		
	<b>Market Value at</b>	<b>Market Value at</b>
	<b>Start of Accounting</b>	<b>End of Accounting</b>
	<b>市场价值</b>	<b>市场价值</b>
	<b>会计核算开始</b>	<b>会计核算结束</b>

**Note:** File any financial statements required by the court under seal using the *Sealed Cover Sheet – Guardianship/Conservatorship Document, GDN ALL 001*.

**注:** 使用加封封面——监护权/保护权文件, GDN ALL 001, 加封提交法院要求提供的任何财务报表。

**31. Estate Information**

**财产信息**

For Accounting Period starting (date) \_\_\_\_\_ and ending (date) \_\_\_\_\_.

会计核算周期开始 (日期) \_\_\_\_\_ 和结束 (日期) \_\_\_\_\_

The purpose of this section is to compare the value of the estate at the beginning of the accounting period with the receipts, disbursements, and adjustments (if any) made during the accounting period. The ending value of the estate should equal:

本节的目的是将会计核算周期开始时的财产价值与会计核算周期的收款、付款和调整（如果有）进行比较。财产的最终价值应等于：

- a. the Total Market Value of the estate at the beginning of the account period, (plus)  
会计核算周期开始时财产的总市场价值（加上）
- b. the Total Receipts during the accounting period, (minus)  
会计核算周期的总收款（减去）
- c. the Total Disbursement during the accounting period, (plus or minus),  
会计核算周期的总支出（加或减），
- d. any Adjustments to the Market Value of the Estate.  
对财产市场价值的任何调整。

(a. + b. - c. +/- d. = e.)

(a. + b. - c. +/- d. = e.)

- a. **Total Assets at Market Value** as of the beginning of review period \$ \_\_\_\_\_  
截至审查周期开始时按市值计算的总资产 \$
- b. **Total Receipts (Income)** \$ \_\_\_\_\_  
总收款（收入） \$

Write total amount for entire accounting period. Do not use monthly amount.  
写下整个会计核算周期的总金额。不要使用每月金额。

<b>Income:</b> 收入:	
Social Security (SSA) 社会保障金 (SSA)	\$
SSI SSI	\$
VA/Railroad/CSA Pension VA/铁路/CSA 养老金	\$
Retirement Pension 退休金	\$
Wages 工资	\$
Interest and Dividends 利息和股息	\$
Other: 其他:	\$

- c. **Total Disbursements (Payments)** \$ \_\_\_\_\_  
总支出（付款） \$

<b>Disbursements:</b> 支出:	
Room and Board (Rent, Nursing Home, Family Home) 食宿 (租金、疗养院、家庭住宅)	\$



Personal Funds 个人资金	\$
Entertainment & Travel 娱乐和旅行	\$
Transportation (mileage, bus pass, taxi scrip, etc.) 交通 (里程、公交卡、出租车凭证等)	\$
Medical and Dental 医疗和牙科	\$
Conservator Fees (if allowed) 保护人费用 (如果允许)	\$
Attorney Fees 律师费	\$
Other: 其他:	\$

**d. Adjustments**  
调整额

+/- \$ \_\_\_\_\_  
+/- \$ \_\_\_\_\_

(Net gain/loss in value of assets over accounting period.)  
(会计核算周期资产价值的净收益/损失。)

**e. Ending Market Value** as of closing date of accounting period  
截至会计核算周期结束的**期末市场价值**

\$ \_\_\_\_\_  
\$ \_\_\_\_\_

Amount in line 31a. \$ \_\_\_\_\_  
第31a行中的金额。 \$ \_\_\_\_\_

plus amount in line 31b. +\$ \_\_\_\_\_  
加上第31b行中的金额。 +\$ \_\_\_\_\_

Equals \$ \_\_\_\_\_  
等于 \$ \_\_\_\_\_

minus amount in line 31c. - \$ \_\_\_\_\_  
减去第31c行中的金额。 - \$ \_\_\_\_\_

Equals \$ \_\_\_\_\_  
等于 \$ \_\_\_\_\_

plus or minus amount in line 31d. +/- \$ \_\_\_\_\_  
加上或减去在第31d行中金额。 +/- \$ \_\_\_\_\_

Equals = \$ \_\_\_\_\_ Should equal 31e.  
等于 = \$ \_\_\_\_\_ 应等于31e。

(If the last line does not equal line 31e., your account does not balance. The account must balance to be approved by the court.)

(如果最后一行不等于第31e行, 则您的账目对不上。账户的账目必须对上才能获得法院批准。)

**32. Explanations**

**说明**

Explain any large or unusual expenditures, adjustments, or purchases:

解释任何大额或不寻常的支出、调整或购买:

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**33. Services**

**服务**

The Individual receives the following services:

个人接受以下服务:

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**34. Recommended changes in scope of the conservator's authority**

**保护人权限范围的建议变更**

The scope of the conservator's authority [ ] should remain the same, [ ] should be changed as follows:

保护人的权限范围[-]应保持不变, [-]应进行如下调整:

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**35. Conservator's Plan**

**保护人计划**

The most recently approved plan is attached. The conservator [ ] has [ ] has not deviated from the plan. If the conservator has deviated from the plan, list how and why.

附上最近批准的计划。保护人[-]已经[-]尚未偏离计划。如果保护人已经偏离计划, 请列出方式和原因。

---

36. **Proposed Budget**  
**拟议预算**

The conservator seeks authority to make expenditures for the Individual according to the following proposed budget:

保护人请求获得根据以下拟议预算为个人进行支出的授权:

**Monthly Expenditures for the Individual**  
**个人每月支出**

	<b>Current</b> <b>当前</b>	<b>Proposed</b> <b>拟议</b>	<b>Comments</b> <b>备注</b>
Room and Board – up to 食宿—— 最高	\$ _____	\$ _____	
Personal and Incidental Allowance up to 个人及杂费津贴最高	\$ _____	\$ _____	
Medical/Dental Insurance 医疗/牙科保险	\$ _____	\$ _____	
Other: _____ 其他: _____	\$ _____	\$ _____	
Other: _____ 其他: _____	\$ _____	\$ _____	
Other: _____ 其他: _____	\$ _____	\$ _____	
Conservator's Allowance 保护人津贴	\$ _____	\$ _____	
<b>Total Proposed Monthly Expenditures</b> <b>拟议每月支出总额</b>	\$ _____	\$ _____	X 12 = X 12 = \$ _____ per year \$ _____ 每年

37. **Gifts received from Individual**  
**个人赠送的礼物**

The conservator, their spouse, domestic partner, parent, child, or sibling have received the following gifts from the Individual, worth more than a minimal value, listed below:

保护人、其配偶、家庭伴侣、父母、子女或兄弟姐妹已收到个人提供的以下礼物，其价值超过最低价值，如下所列：

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**38. Business Relations**

**企业关系**

The conservator has a relationship with the person and/or business listed below and those businesses have benefitted from the estate of the Individual by:

保护人与下列个人和/或企业有关系，并且这些企业通过以下方式从该个人的财产中受益：

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**Verification**

**核实**

**Section D – (to be completed by All Guardians and/or Conservators.)**

**D部分——（由所有监护人和/或保护人填写。）**

**39. Other**

**其他**

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**40. Court Approval**

**法院批准**

The guardian/conservator requests that the court enter an Order as follows:

监护人/保护人请求法院发出如下命令：

**Approval of Report:** Approving this proposed report of guardian/conservator.

**批准报告：**批准监护人/保护人的这份拟议报告。

**Authority of Guardian/Conservator:** Granting the guardian and/or conservator the power to act on behalf of the Individual as requested.

**监护人/保护人的权限：**授予监护人和/或保护人按要求代表个人行事的权力。

**Other Order:** For any other Order that the court deems appropriate.

**其他命令：**法院认为合适的任何其他命令。

Dated: \_\_\_\_\_.

日期：

I declare under penalty of perjury under the laws of the State of Washington that the statements in this report are true and correct, that I (we) hereby petition the court for approval of same, and

request that the court direct the clerk of the court to reissue letters of guardianship/conservatorship consistent with the designation made herein.

本人声明，本报告中的陈述均真实准确，根据华盛顿州法律，伪证罪将受到处罚，我（我们）特此请求法院批准该报告，并请求法院指示法院书记员重新签发与本文中的指定一致的监护人/保护人授权书。

Signed at (city) \_\_\_\_\_, (state) \_\_\_\_\_, on (date) \_\_\_\_\_.  
签署地点（城市） \_\_\_\_\_, （州） \_\_\_\_\_, （日期） \_\_\_\_\_.

Signature

签名

Print Name

请工整填写姓名

[ ] WSBA [ ] CPG#

[-] WSBA [-] CPG#

**Warning!** Documents filed with the court are available for anyone to see unless they are sealed. Financial, medical, and confidential reports, as described in General Rule 22, **must** be sealed so they can only be seen by the court, the other party, and the lawyers in your case. Seal those documents by filing them separately, using a *Sealed* cover sheet (form GDN All 001). You may ask for an order to seal other documents.

**警告！** 提交给法院的文件除非加封，否则任何人都可以查看。财务、医疗和机密报告，如一般条例22所述，**必须**加封，因此只能由法院、对方和您案件中的律师查看。使用加封封面（表格GDN All 001）将这些文件单独归档。您可以要求下令加封其他文件。