**Superior Court of Washington, County of**

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| In the Guardianship/Conservatorship of: ,Individual | **No.** **Motion to Approve Guardian/Conservator’s Report**(PTAPR) |

**Motion to Approve Guardian/Conservator’s
 [ ] Periodic [ ] Final Report**

**1. Appointment of Guardian/Conservator**

*(Name)* was appointed [ ] guardian and [ ] conservator of the Individual Subject to Guardianship/Conservatorship (Individual) on *(date)*  . Letters of Guardianship and/or Conservatorship were issued.

**2. Guardian’s/Conservator’s Plan**

[ ] The Individual resides at (*name of facility, if applicable, and address*) *.* A Guardian/Conservator’s Plan was filed separately on *(date)* .

[ ] The Individual is no longer subject to guardianship/conservatorship. This is a final report.

**3. Guardian/Conservator’s Report**

The *Guardian/Conservator’s Report* is filed separately. I ask that the court review this report.

**4. Guardian/Conservator Service**

I have served as guardian/conservator for years.

**5. Timeliness of Reports**

The guardian/conservator’s reports [ ] have always been timely or [ ] have not been timely because:

1. **Monitoring by Other Agencies**

Who must guardian/conservator report to on behalf of the Individual (*List other agencies involved in Individual’s care*):

**7. Allegations Against the Guardian/Conservator**

There have been [ ] **no** allegations of fraud, abuse, neglect, or breach of fiduciary duty against guardian/conservator or [ ] allegations of fraud, abuse, neglect, or breach of fiduciary duty against guardian/conservator. If there have been allegations please explain:

1. **Estate Information**

Individual’s monthly income

The value of property in the estate

The bond amount currently in place is $

The total balance of assets in blocked accounts is $

The total balance of assets in unblocked accounts is $

1. **Authority of Guardian/Conservator**

[ ] Guardian/Conservator’s authority should be terminated upon discharge.

[ ] The powers of the guardian and/or conservator should remain the same because there have been no substantial changes to the Individual’s ability to manage their affairs.

[ ] Due to a change in the Individual’s ability to manage his/her affairs, the scope of the guardian’s and/or conservator’s authority should be changed as follows:

The Guardian/Conservator requests that the court enter an Order as follows:

**10. Co Guardian/Conservator or Successor Guardian Conservator**

[ ] Does not apply.

[ ] Appoint *(Name)*  co- guardian/conservator with the same powers listed in the *Order Appointing Guardian/Conservator* dated .

[ ] Appoint *(Name)*  successor guardian/conservator with the same powers listed in the *Order Appointing Guardian/Conservator* dated . The successor guardian/ conservator will serve when *(list event that triggers successor’s service):*

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

**12. [ ] Authority of Guardian and/or Conservator:**

Granting the guardian and/or conservator the power to act on behalf of the Individual as requested.

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

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*

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| --- |
| *Note: You and the other party/ies may agree to accept legal papers by email under Civil Rule 5 and local court rules.*  |