**Superior Court of Washington**

**County of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
| In re the Guardianship of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,Incapacitated Person. | No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Petition for Washington to Accept a Guardianship or Conservatorship from a Transferring State****(RCW 11.90.410)**(**PT**) |

I am the guardian or conservator of an incapacitated person in another state. I am petitioning the Washington Court to enter a provisional order accepting the transfer of a guardianship or conservatorship from that other state under RCW 11.90.410.

**1. Information about the Petitioner (the guardian or conservator in another state**)

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Incapacitated Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Instead of filling out the information on this form*, y*ou can complete and file a Confidential Information Form:*)

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**2. Information about the Incapacitated Person**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(*Instead of filling out the information on this form*, y*ou can complete and file a Confidential Information Form:*)

Street Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Phone Number/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. Information about the Case in the Transferring State**

1. A guardianship or conservatorship is currently in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (*name of state*). This state is called the “transferring state.”
2. Name of the court the case is filed in: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

(*Example: Mason County District Court*.)

1. Case number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

D. The guardianship or conservatorship is a:

[ ]  Full [ ]  Limited Guardian of the Person and/or

[ ]  Full [ ]  Limited Guardian/conservator of the Estate

**4. Basis to Accept the Transfer**

I have filed a **certified copy** of the transferring state’s provisional order of transfer.

[ ]  A certified copy of the Order Appointing Guardian/Conservator signed by the transferring state is:

 [ ]  included in or attached to the provisional order of transfer.

 [ ]  filed separately or attached to this petition.

[ ]  I am eligible to be appointed as a guardian in Washington. I am over the age of eighteen, of sound mind, and I have not been convicted of a felony or misdemeanor involving moral turpitude, and I am otherwise suitable and eligible to be appointed guardian in the State of Washington.

[ ]  I do not reside in Washington State. I have appointed a resident agent and filed the *Designation of and Consent by In-State (Resident) Agent* form.

[ ]  There is other information I want the court to consider:

 .

**5. People Entitled to Notice**

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Incapacitated Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Incapacitated Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship to Incapacitated Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Attach more sheets if you need to.)

**6. Financial Information**

The approximate value and the description of the property owned by the alleged incapacitated person are:

 A. **Assets**:

1. Real Property: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(State/s where property is located \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Stocks, Mutual Funds, & Bonds: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Mortgages and Notes: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Bank Accounts: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Other Property: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Description of other property:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The total approximate value of assets is**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The alleged incapacitated person receives compensation, pension, insurance, and allowances as follows:

 B. **Monthly Income**:

1. Social Security Benefits: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Veterans’ Benefits : $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. Washington State Assistance: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Retirement Income: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
7. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The total approximate monthly income is**: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**7. Lay Guardian Training**

[ ]  The proposed guardian in Washington has already completed lay guardian training. Evidence that he or she successfully completed the training is attached to the petition or filed separately.

[ ]  I request an extension of up to 90 days after provisional appointment for the guardian to complete and file proof of completion of the training because:

 . (If the court grants your request, evidence of successful completion of the lay guardian training will not be required until later.)

[ ]  The proposed Washington guardian is not required to complete lay guardian training because he or she is:

[ ]  a certified professional guardian,

[ ]  a financial institution subject to the jurisdiction of the department of financial institutions and authorized to exercise trust powers, **or**

[ ]  a federally chartered financial institution authorized to serve as a guardian of the estate.

**8. Relief Requested**:

I am asking the court to enter:

[ ]  an order provisionally granting this *Petition for Washington to Accept a Guardianship or Conservatorship from a Transferring State*.

[ ]  an order directing the guardian or conservator to request the transferring state to issue a final order confirming the transfer to Washington, and terminating the guardianship or conservatorship in the transferring state.

[ ]  an order directing the court clerk to issue provisional Letters of Guardianship, upon filing an oath, for:

[ ]  Full [ ]  Limited Guardianship of the Person and/or

[ ]  Full [ ]  Limited Guardianship of the Estate

which will expire 90 days after the date of the Provisional Order Granting Transfer of Guardianship or Conservatorship to Washington.

[ ]  an order establishing the amount of the bond to be posted or requiring restricted accounts. I propose a bond of $\_\_\_\_\_\_\_\_\_\_\_.

[ ]  an order directing the proposed Washington guardian to file proof of successful completion of Washington’s lay guardian training before the court enters a final order accepting guardianship in Washington.

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

Signed at (City) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (State) \_\_\_\_\_\_\_\_on (Date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

|  |  |  |
| --- | --- | --- |
|  |  |  |
|  |  |  |
| Guardian’s Signature  |  | Printed Name  |

**Presented by**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Guardian/Attorney

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Guardian/Attorney,

WSBA or CPG no. \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*Telephone/Fax Number

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail Address

\* **Privacy notice:** If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.