**Superior Court of Washington**

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

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| In the Guardianship of:Alleged Incapacitated Person or Incapacitated Person | **No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Motion to Appoint Attorney****(MT)****RCW 11.88.045** |

## 1. Requesting party. My name is . I am the:

 [ ]  guardian ad litem

 [ ]  guardian

 [ ]  alleged incapacitated person (AIP) or incapacitated person (IP)

 [ ]  attorney for the AIP or IP, who has not been appointed by the guardianship court

[ ]  other *(describe relationship)*:

## 2. Reason for Motion. I ask the court to appoint an attorney for the AIP or IP for the following reasons:

 [ ]  The AIP or IP requested an attorney for the guardianship.

[ ]  The AIP or IP did not request an attorney for the guardianship, but one should be appointed because:

[ ]  I represent the AIP or IP, but have not been appointed by the guardianship court. I ask the court to appoint me under RCW 11.88.045(2). The scope of representation should be:

[ ]  The IP needs an attorney for a purpose other than guardianship. The scope of representation should be:

## 3. Nomination. I nominate (name), (WSBA number) to serve as attorney for the AIP or IP. This attorney is willing counsel of the AIP or IP’s choosing. (*Leave blank if you do not know who to appoint.)*

## **4. Payment**. The attorney should be appointed:

A. [ ]  At **public expense** because:

[ ]  The AIP or IP is unable to afford counsel,

[ ]  The expense of counsel would result in substantial hardship to the AIP or IP; and/or

[ ]  The AIP or IP does not have practical access to funds with which to pay counsel.

*(The court may require reimbursement if this is the only reason to appoint an attorney at public expense. RCW 11.88.045(1)(a).)*

[ ]  Other:

B. [ ]  At **private expense**.

The attorney shall be paid at a rate of $ per hour up to a maximum of $ / (hours) unless the attorney obtains prior approval from the court for a different amount.

Dated:

 Signature of person making this motion/lawyer

 Print Name WSBA or CPG No.

I certify or declare under penalty of perjury under the laws of Washington State that the statements above are true and correct.

Signed at (city) (state) on (date) .

Signature of person making this motion Printed Name WSBA or CPG No

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|       |  |       |
| Address |  | City State, Zip Code |
|       |  |       |
| \*Telephone/Fax Number |  | Email 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. GR 22(b)(6).