**Superior Court of Washington**

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

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| --- | --- |
| In the Guardianship of:  Alleged Incapacitated Person or Incapacitated Person | **No**.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Order Appointing Attorney**  **(OAPAT)** |

The court reviewed the motion, any other pleadings, and considered any oral argument presented. The court finds and orders the following:

## 1. Basis for Action. This matter came before the court on:

A motion to appoint an attorney for the alleged incapacitated person (AIP) or incapacitated person (IP) by (name); or

The court’s own motion, because it is in the court’s opinion that the rights and interests of the AIP or IP cannot otherwise be adequately protected and represented.

## 2. Reason for Appointment

The AIP or IP requested an attorney.

The AIP or IP did not request an attorney but it is appropriate to appoint one because:

The attorney already represents the AIP or IP. The attorney demonstrated it is appropriate for the guardianship court to appoint them. RCW 11.88.045(2). The scope of the representation is:

The IP needs an attorney for purposes other than the guardianship. The scope of the representation is:

Other:

## **3. Person Appointed**. The court finds that the following attorney is willing counsel of the choosing of the AIP or IP and appoints:

Name and WSBA number:

Address:

Phone number:

Email address (optional):

## 4. Payment. The attorney shall be paid:

At **public expense** at the County rate of $ per hour for a maximum of $ / (hours), unless the attorney obtains prior approval from the court for a different amount. Counsel is appointed 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 order reimbursement later, if this is the only reason to appoint an attorney at public expense. RCW 11.88.045(1)(a).)*

Other:

At **private expense** at a rate of $ per hour for a maximum of $ / (hours), unless the attorney obtains prior approval from the court for a different amount.

**Reserved** for a later hearing.

The court may decide the responsibility to pay and the reasonableness of fees at a later hearing.

**Dated**

**Judge/Court Commissioner**

Presented by:

|  |  |
| --- | --- |
|  |  |
| Signature of Guardian/Attorney | Printed Name of Guardian/Attorney, WSBA/CPG# |
|  |  |
| 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).

Copy received and approved by:

|  |  |
| --- | --- |
|  |  |
| Signature of Guardian/Attorney | Printed Name of Guardian/Attorney, WSBA/CPG# |
|  |  |
| Address | City State, Zip Code |
|  |  |
| \*Telephone/Fax Number | Email Address |