**Superior Court of Washington**

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

|  |  |
| --- | --- |
| In the Guardianship of:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,  An Incapacitated Person | **Case No.:**  **Order Appointing Guardian ad Litem (GAL) in an Existing Guardianship**  (ORAPGL)  **Clerk’s Action Required, para 6, 7** |

# Findings

The court has determined:

after considering the motion of (name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, or

on its own initiative,

that a Guardian ad Litem (GAL) should be appointed in this matter based upon the following:

# Order

# The court orders that:

1. (Name)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ is appointed as GAL for the incapacitated person.

2. The duties of the GAL shall be to investigate and report as follows:

whether the guardianship of the person and/or estate should be modified as follows:

whether the guardian has acted appropriately regarding:

whether a successor guardian of the person and/or estate should be appointed and who would be appropriate.

Other:

3. The GAL shall have the following authority:

4. The GAL’s Authority and Access to Information

Upon request of the GAL, all providers that are covered entities under Health Insurance Portability and Accountability Act (HIPAA) and their business associates, shall release copies of any medical, psychiatric, and psychological information or documents.

Upon the GAL’s request, financial institutions holding accounts in the name of the alleged incapacitated person, or in the name of the alleged incapacitated person and any other individual, shall provide the GAL with all records and financial information regarding those accounts. By this order, copies of financial information regarding the alleged incapacitated person shall be released to the GAL.

The GAL shall have access to the Adult Protective Service (APS) file and social report if any exists, provided that APS shall not be required to release the identities of persons making reports under RCW 74.34 et. seq., and shall have the right to reserve other privileged or confidential information as it deems appropriate to protect the incapacitated person. Any APS records released to the GAL are provided for the purpose of assisting the GAL in his/her investigation and report to the court. The records released to the GAL shall not be further disseminated without a court order and prior notice to the Attorney General’s Office.

Other:

5. The GAL shall file a report in this matter by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date) and shall provide copies of the same to the following:

6. Payment of the GAL shall:

be at **public expense**, to be paid by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County at a rate not to exceed $\_\_\_\_\_\_\_\_ per hour up to a maximum of $\_\_\_\_\_\_\_\_ / \_\_\_\_\_(hours) unless the GAL obtains prior approval from the court for a different amount. If evidence is submitted showing that there was not financial hardship or that financial hardship no longer exists, the court shall be reimbursed the filing fee and all other fees and costs.

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

not be allocated by this court because the GAL is a salaried employee of a public agency.

be determined at a future hearing.

7. A hearing:

shall be held on (date) at (hour) at

(court’s location and room or department).

shall be scheduled by the  petitioner  court or  GAL.

Dated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Judge/Court Commissioner

Presented by:

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

**\*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)**.