

**APPLICATION / REAPPLICATION FOR TITLE 11.130 ADULT GUARDIANSHIP /
COURT VISITOR REGISTRY
Guardianship / Conservatorship / Protective Arrangement**

Name: _____

Business Name or Firm: _____

Business Address: _____

City and State: _____ Zip Code: _____

Business Phone: (_____) _____ Fax: (_____) _____

Email Address: _____

Non-Attorney Attorney - WSBA or Washington State Certification No: _____

- I am hereby applying to serve as a:
- Court Visitor (RCW 11.130.280)
 - Attorney for Respondent/Person Subject to Guardianship (RCW 11.130.285)
 - Special Agent / Complex Case Appointments (RCW 11.130.635)
 - Emergency Guardian (RCW 11.130.320)

I am willing to serve as a Title 11.130 Court Visitor at public expense.

I have no pending investigations or action against me involving felony allegations, professional certification or license suspension and/or revocation.

I agree to advise the court immediately in the event of any complaint, investigation or action being commenced which could lead to professional discipline, or the suspension or revocation of my professional license, or to the filing of criminal charges for felony or crime involving allegations of theft, dishonesty or moral turpitude.

I have read and agree to be bound by the Kitsap County Superior Court Guardian ad Litem Registry Code of Conduct.

Summary of my experiences as a Guardian ad Litem/Court Visitor, including years of experience and number of appointments.

Number of times serving as a Guardian ad Litem/Court Visitor that I have been removed for failure to perform my duties as a Guardian ad Litem/Court Visitor: _____

I have completed the 2-day model training program required by RCW 11.130.155 (or prior 2-day training under RCW 11.88) and have provided proof of the same with this application. Yes No

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

DATED this _____ day of _____, 20____, at _____, Washington.

SIGNATURE OF APPLICANT

PRINT NAME: _____

Please mail, deliver or email the completed application, with all attachments, to:

**ATTN: Court Administrator
Kitsap County Superior Court
614 Division Street, MS-24
Port Orchard, WA 98366
fmaiocco@co.kitsap.wa.us**