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SUPERIOR COURT OF WASHINGTON FOR KITSAP COUNTY

IN RE THE GUARDIANSHIP OF:

NO. _____

An incapacitated person.

GUARDIAN'S REPORT AND
ACCOUNTING

1. DATE OF APPOINTMENT AND REPORTING PERIOD:

_____ was appointed Guardian on _____,
20___. This is the _____ annual accounting. The accounting period is
_____, 20____, through _____, 20____. The
Guardian is to file a report every _____ months.

2. CONTINUED CERTIFICATION OF QUALIFICATIONS:

The Guardian hereby certifies under penalty of perjury that (he)(she) is over the
age of eighteen, of sound mind, and has never been convicted of a felony or a
misdemeanor involving moral turpitude, filed personal bankruptcy or been
removed as a fiduciary in any proceeding for cause.

3. SCOPE OF GUARDIANSHIP:

This is a full guardianship of the person and estate.

1 4. CONTACT INFORMATION FOR INCAPACITATED PERSON, GUARDIAN, AND
2 STANDBY GUARDIAN:

3

	INCAPACITATED PERSON	GUARDIAN	STANDBY GUARDIAN
Name:			
Address:			
Phone:			
Fax:			

4
5
6

7 5. INTERESTED PARTIES:

8

	PARTY ONE	PARTY TWO	PARTY THREE
Name:			
Address:			
Phone:			
Fax:			

9
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13 6. PERSONAL CARE PLAN:

14 An update on the personal status of the Incapacitated person is being filed
15 separately.

16 7. ESTATE INFORMATION:

17 A. Interested Governmental Agencies:

18 The Incapacitated Person is receiving _____
19 _____

20
21 from the Department of Social and Health Services. Fees and costs of the
22 Guardian or the Guardian's attorney are being sought as an adjustment to the
23 Incapacitated Person's amount of participation is available. Notice must be
24 provided to the Department of Social and Health Services regional administrator
25 of the program that is providing services to the Incapacitated Person ten days
26 prior to the hearing date where this Report will be presented to the Court for
27 approval.
28
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1 **B. Benefits Received:**

2 The Guardian receives the following benefits on behalf of the Incapacitated
3 Person:

4 SSDI/SSA _____ SSI _____ MEDICAID _____ MEDICARE _____
5 COPEs _____ TANF _____ HUD _____ FOOD STAMPS _____
6 GAU _____ Public Assistance _____ VA _____ CSA _____
7 OTHER: _____ Specify: _____
8

9 **C. Inventory:**

10 _____
11 _____
12 _____
13 _____
14 _____

15 **D. Bond/Blocked Accounts:**

16 _____
17 _____
18 _____
19 _____
20 _____

21 **E. Budget:**

22 _____ has monthly income of \$_____: \$_____ from
23 _____ and \$_____ from _____. I
24 anticipate the following monthly expenses for _____ and
25 request Court approval of the following budget.
26
27

28 Room and Board \$ _____
29 Guardian Fees \$ _____
30 Personal Funds \$ _____
Total Proposed Monthly Expenditures \$ _____

1 **8. ACCOUNTING SUMMARY:**

2 Guardianship Checking: _____
3 Account No. _____
4 Balance as of _____, 20____ \$ _____

5 **INCOME**

6 _____, 20____, through _____, 20____

7
8 Social Security: \$ _____
9 State of Washington: \$ _____
10 Other: \$ _____
11 Total Income \$ _____

12 **EXPENDITURES**

13 Attorney Fees: \$ _____
14 Funeral: Burial Fund: \$ _____
15 Guardian Fee: \$ _____
16 Medical: \$ _____
17 Personal Care/Expenses: \$ _____
18 Rent/Care Costs: \$ _____
19 Other: \$ _____
20 Total Expenditures \$ _____

21 **BALANCE**

22 Ending balance on _____, 20____: \$ _____

23 **9. SUPPORTING DOCUMENTS:**

24 Attached to the accounting are the following documents:

- 25 1. Running account balance guardianship checking. Exhibit A
26 2. Itemized Category report guardianship checking. Exhibit B
27 3. Bank Statement verifying ending balance. Exhibit C

28 **10. GUARDIAN FEES:**

29 I am authorized to advance Guardian fees of \$_____ per month for _____
30 hours work. I have worked a total of _____ hours and have been paid for

1 _____ hours work. I request approval for payment of \$_____ in
2 extraordinary guardian fees for _____ of the _____ hours worked for
3 which I have not been paid.
4

5 Explanation of fees over and above authorized fees: _____
6 _____
7 _____.

8 I am also requesting approval of expenses incurred in the amount of \$_____
9 for mileage, postage, telephone, fax and copies. My total request for
10 extraordinary fees and expenses is \$_____. Attached to this report as
11 Exhibit D is my justification of hours and expenses documenting the work done
12 and expenses incurred on behalf of _____.
13
14

15 **11. ATTORNEY FEES:**

16 I request approval of attorney fees to _____ in the amount of
17 \$_____. I have reviewed (his)(her) accounting of time and believe the
18 requested fees to be reasonable.
19

20 **12. TRIENNIAL ACCOUNTINGS:**

21 _____ situation is financially stable. The Guardian requests
22 authority for triennial accountings.
23

24 **DECLARATION**

25 I certify or declare under penalty of perjury under the laws of the State of
26 Washington that the statements in this report are true and correct, that I hereby
27 petition the Court for approval of the same, and request that the Court direct the Clerk
28 of the Court to reissue letters of guardianship consistent with the designation made
29 herein.
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DATED this ____ day of _____, 20____, at _____, Washington.

PRINT NAME: _____
GUARDIAN FOR: _____