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SUPERIOR COURT OF WASHINGTON FOR KITSAP COUNTY

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
An incapacitated person.

NO. \_\_\_\_\_

GUARDIAN'S REPORT AND  
ACCOUNTING

**1. DATE OF APPOINTMENT AND REPORTING PERIOD:**

\_\_\_\_\_ was appointed Guardian on \_\_\_\_\_,  
20\_\_\_\_. On \_\_\_\_\_, 20\_\_\_\_, the Court entered an order  
approving the accounting and activities of the Guardian through  
\_\_\_\_\_, 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.

1 3. SCOPE OF GUARDIANSHIP:

2 This is a full guardianship of the person and estate.

3  
4 4. CONTACT INFORMATION FOR INCAPACITATED PERSON, GUARDIAN, AND  
5 STANDBY GUARDIAN:

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

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10 5. INTERESTED PARTIES:

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

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15 6. PERSONAL CARE PLAN:

16 A. Status:

17 \_\_\_\_\_ was born \_\_\_\_\_, 19\_\_\_\_ and is \_\_\_\_\_ years  
18 of age. (He)(She) resides at \_\_\_\_\_, \_\_\_\_\_,  
19 Washington. (He)(She) has been in assisted living since \_\_\_\_\_,  
20 20\_\_\_\_. (His)(Her) current apartment number is \_\_\_\_\_.

21  
22 B. Change in Residence:

23 \_\_\_\_\_

24 \_\_\_\_\_

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**C. Medical Condition:**

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**D. Mental Condition:**

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**E. Changes in Functional Ability:**

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**F. Activities of the Guardian Taken on Behalf of \_\_\_\_\_:**

The Guardian visits \_\_\_\_\_ approximately \_\_\_\_\_ times per month, phones her \_\_\_\_\_ times per week, and receives calls from

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**G. Description of Recommended Changes in Scope of Authority of Guardian:**

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**H. Names of Professionals Who Have Aided \_\_\_\_\_:**

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**I. Guardian's Plan for Future Care:**

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**7. ESTATE INFORMATION:**

**A. Interested Parties:**

\_\_\_\_\_ is currently a private pay resident at \_\_\_\_\_,  
and no individuals, organizations or agencies are considered to be interested parties at this time.

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**B. Benefits Received:**

\_\_\_\_\_ receives the following governmental benefits:

\_\_\_\_\_.

(He)(She) also receives a monthly pension from \_\_\_\_\_.

**C. Inventory:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Bond/Blocked Accounts:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**E. Budget:**

\_\_\_\_\_ has monthly income of \$\_\_\_\_\_: \$\_\_\_\_\_ from \_\_\_\_\_ and \$\_\_\_\_\_ from \_\_\_\_\_. I anticipate the following monthly expenses for \_\_\_\_\_ and request Court approval of the following budget.

Room and Board	\$	_____
Guardian Fees	\$	_____
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  
26 1. Running account balance guardianship checking. Exhibit A  
27 2. Itemized Category report guardianship checking. Exhibit B  
28 3. Bank Statement verifying ending balance. Exhibit C  
29  
30

1 10. SALE OR DONATION OF PERSONAL PROPERTY:

2  
3 \_\_\_\_\_  
4 \_\_\_\_\_  
5 \_\_\_\_\_  
6 \_\_\_\_\_  
7 \_\_\_\_\_

8 11. RELEASE OF BLOCKED FUNDS:

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10 \_\_\_\_\_  
11 \_\_\_\_\_  
12 \_\_\_\_\_  
13 \_\_\_\_\_  
14 \_\_\_\_\_

15 12. GUARDIAN FEES:

16 I am authorized to advance Guardian fees of \$\_\_\_\_\_ per month for \_\_\_\_\_  
17 hours work. I have worked a total of \_\_\_\_\_ hours and have been paid for  
18 \_\_\_\_\_ hours work. I request approval for payment of \$\_\_\_\_\_ in  
19 extraordinary guardian fees for \_\_\_\_\_ of the \_\_\_\_\_ hours worked for  
20 which I have not been paid.  
21

22 Explanation of fees over and above authorized fees: \_\_\_\_\_  
23 \_\_\_\_\_  
24 \_\_\_\_\_  
25 \_\_\_\_\_  
26 \_\_\_\_\_  
27 \_\_\_\_\_

28 I am also requesting approval of expenses incurred in the amount of \$\_\_\_\_\_  
29 for mileage, postage, telephone, fax and copies. My total request for  
30 extraordinary fees and expenses is \$\_\_\_\_\_. Attached to this report as

1 Exhibit D is my justification of hours and expenses documenting the work done  
2 and expenses incurred on behalf of \_\_\_\_\_.

3  
4 **13. ATTORNEY FEES:**

5 I request approval of attorney fees to \_\_\_\_\_ in the amount of  
6 \$\_\_\_\_\_. I have reviewed (his)(her) accounting of time and believe the  
7 requested fees to be reasonable.  
8

9 **DECLARATION**

10 I declare under penalty of perjury under the laws of the State of Washington that  
11 the statements in this report are true and correct, that I hereby petition the Court for  
12 approval of the same and request that the Court direct the clerk to reissue letters of  
13 guardianship consistent with the designation made herein.  
14

15 DATED this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Washington.  
16

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18 \_\_\_\_\_  
19 PRINT NAME: \_\_\_\_\_

20 GUARDIAN FOR: \_\_\_\_\_  
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