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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:

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

7 5. INTERESTED PARTIES:

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

12 6. PERSONAL CARE PLAN:

14 A. Status:

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

20 B. Change in Residence:

21 _____

22 _____

23 _____

24 _____

25 _____.

26 C. Medical Condition:

27 _____

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D. Mental Condition:

E. Changes in Functional Ability:

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

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

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H. Names of Professionals Who Have Aided _____:

I. Guardian's Plan for Future Care:

7. ESTATE INFORMATION.

A. Interested Governmental Agencies:

The Incapacitated Person is a veteran who has served in the United States Military. Notice must be provided to:

Department of Veteran Affairs
Henry M. Jackson Federal Building
915 Second Avenue
Seattle WA 98174

fifteen days prior to the hearing date where this Report will be presented to the Court for approval.

The Incapacitated Person is receiving Medicaid long-term funded care from the Department of Social and Health Services. Fees and costs of the Guardian or the Guardian's attorney are being sought as an adjustment to the Incapacitated

1 Person's amount of participation. Notice must be provided to the Department
2 of Social and Health Services regional administrator of the program that is
3 providing services to the Incapacitated Person ten days prior to the hearing
4 date where this Report will be presented to the Court for approval.
5

6 **B. Benefits Received:**

7 The Guardian receives the following benefits on behalf of the Incapacitated
8 Person:

9
10 SSDI/SSA _____ SSI _____ MEDICAID _____ MEDICARE _____
11 COPEs _____ TANF _____ HUD _____ FOOD STAMPS _____
12 GAU _____ Public Assistance _____ VA _____ CSA _____
13 OTHER: _____ Specify: _____

14 **C. Inventory:**

15 _____
16 _____
17 _____
18 _____
19 _____

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

21 _____
22 _____
23 _____
24 _____
25 _____
26 _____

27 **E. Budget:**

28 _____ has monthly income of \$_____: \$_____ from
29 _____ and \$_____ from _____ I
30

1 anticipate the following monthly expenses for _____ and
2 request Court approval of the following budget.

3
4 Room and Board \$ _____
5 Guardian Fees \$ _____
6 Personal Funds \$ _____
7 Total Proposed Monthly Expenditures \$ _____

8 **8. ACCOUNTING SUMMARY:**

9 Guardianship Checking: _____
10 Account No. _____
11 Balance as of _____, 20____ \$ _____

12 **INCOME**

13 _____, 20____, through _____, 20____

14 Social Security: \$ _____
15 State of Washington: \$ _____
16 Other: \$ _____
17 Total Income \$ _____

18 **EXPENDITURES**

19 Attorney Fees: \$ _____
20 Funeral: Burial Fund: \$ _____
21 Guardian Fee: \$ _____
22 Medical: \$ _____
23 Personal Care/Expenses: \$ _____
24 Rent/Care Costs: \$ _____
25 Other: \$ _____
26 Total Expenditures \$ _____

27 **BALANCE**

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

29 **9. SUPPORTING DOCUMENTS:**

30 Attached to the accounting are the following documents:

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

10. **GUARDIAN FEES:**

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

Explanation of fees over and above authorized fees: _____

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

11. **ATTORNEY FEES:**

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

12. **TRIENNIAL ACCOUNTINGS:**

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

