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IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF KING

In the Guardianship of: _____) Case No.: _____
_____)
_____) DECLARATION OF PROPOSED
_____) GUARDIAN (Non-Certified)
An Alleged Incapacitated Person.) (DCLR)

1. Personal Information.

Name of Proposed Guardian: _____
Mailing Address of Proposed Guardian: _____
Street Address (if different): _____
City/State/Zip: _____
Telephone Number: _____ Fax Number: _____
Email Address: _____

If proposed Guardian does not reside in Washington, provide name, address, phone and email address for resident agent: _____.

2. Non-Professional Status. I am not serving as a Guardian for three or more persons. I acknowledge that before I may serve as a Guardian for three or more persons, I am required to be certified in the State of Washington. I have viewed the "Instructions for Guardians" video.

1 **3. Business Form.** If appointed, I will serve as a Guardian as an individual person and not
2 serving as an entity or representative of a business entity, such as a trust company or non-
3 profit corporation.

4 **4. Background and Experience Helpful to Service as Guardian.** I have the following
5 background, education and experience, which may be helpful in my service as Guardian:

6 Education, training and experience: _____

7 Licenses held: _____

8 **5. Relationship to Alleged Incapacitated Person.** I have the following relationship to the
9 Alleged Incapacitated Person (*such as family member, friend, etc.*): _____.

10 **6. Prior History as Fiduciary or Guardian.**

11 (a) I have served in a fiduciary capacity (*such as an attorney-in-fact pursuant to*
12 *power of attorney, a trustee, an executor, an administrator, or a Guardian*).

13 [] Yes [] No

14 (b) I have been removed as a fiduciary.

15 [] Yes [] No

16 If the answer to 6(b) is "Yes," describe the circumstances leading to your removal as a
17 Guardian or as a fiduciary, whether for breach of fiduciary duty or for any other reason:

18 **7. Criminal History.** RCW 11.88.020(3) expressly provides that no person is qualified to
19 serve as a Guardian if he or she has been "convicted of a felony or of a misdemeanor
20 involving moral turpitude," (*a crime involving dishonesty, misappropriation of funds,*
breach of fiduciary duty, or mistreatment of any person).

21 I have been convicted of such a crime [] Yes [] No

22 If the answer to the question is "Yes," identify all such convictions and dates:

23 **8. Civil Proceedings.** Describe any civil proceedings in which there was a finding that you
24 had engaged in dishonesty, misappropriation of funds, breach of fiduciary duty, or
25 mistreatment of any person. Also identify any civil proceeding where there was a
26

1 settlement, even if such settlement was without specific findings by the Court:

2 _____
3 **9. Disciplinary Proceedings.** Describe any recorded disciplinary proceedings against you
4 by any applicable disciplinary body or licensing agency that resulted in a finding of
5 misconduct. This would include any proceedings by a professional organization such as a
6 state bar association, a medical disciplinary review board and the like:

7 _____
8 **10. Ability to Secure Bond.** In some cases, it is necessary for the Guardian to secure a
9 bond, which is insurance coverage providing protection to the Alleged Incapacitated Person
10 in the event of financial loss or personal harm caused by the negligent or intentional conduct
11 of the proposed Guardian. Is there any reason (*such as bankruptcy or poor credit record*)
12 why you would have difficulty obtaining a Guardian's bond. If yes, please explain:

13 _____
14 **11. Compensation and Reimbursement.** State whether you intend to request hourly
15 compensation for your services and describe expenses for which you expect to be
16 reimbursed. _____

17 I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE
18 STATE OF WASHINGTON THAT THE FOREGOING IS TRUE AND CORRECT.

19 Signed at _____, Washington, _____, ____200__.

20 _____
Signature

_____ Printed Name

21 _____
Address

_____ Telephone/Fax Number

22 _____
23 City, State, Zip Code

_____ Email Address