

**IN THE SUPERIOR COURT OF THE STATE OF WASHINGTON
IN AND FOR THE COUNTY OF SNOHOMISH**

In Re: the Guardianship of:

Case No.:

**DECLARATION OF PROPOSED GUARDIAN
(Non-Certified)**

GR 11 8-08

an Incapacitated Person.

1. Personal Information

Name of Proposed Guardian: _____

Mailing Address of Proposed Guardian: _____

Street Address (if different): _____

City/State/Zip: _____

Telephone Number: _____ Fax Number _____

E-Mail Address: _____

2. Non-Resident Agent:

If proposed Guardian does not reside in Washington, provide the name, address, phone number and e-mail for a proposed resident agent: _____

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

4. **Relationship to Allegedly Incapacitated Person(s):** I have the following relationship to the Incapacitated Person(s) (such as family member, friend, etc.):

5. **Prior History as Fiduciary or Guardian:**

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

Yes **No**

If the answer to (a) is Yes, list any court and file # in which you have been appointed power of attorney, trustee, executor, administrator or guardian.

(b) I have been removed as a fiduciary:

Yes **No**

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

6. **Criminal History:** RCW 11.88.020(3) expressly provides that no person is qualified to serve as a Guardian if he or she has been “convicted of a felony or of a misdemeanor involving moral turpitude”.

I have been convicted of such a crime:

Yes **No**

If Yes, identify all such convictions and dates: _____

7. **Proceedings Regarding Children or Other Incapacitated Persons:** Describe any proceedings in Juvenile Court or any other court involving the alleged abuse, neglect or dependency of any child under 18 of which you are the natural or adoptive parent, or person having the full or partial care or custody thereof or of any other incapacitated or elderly person of which you are or were providing the care therefore: _____

8. **Civil Proceedings:** Describe any civil proceedings in which there was a finding that you had engaged in dishonesty, misappropriation of funds, breach of fiduciary duty, or mistreatment of any person. Also identify any civil proceeding where there was a settlement, even if such settlement was without specific findings by the court: _____

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

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

11. Compensation and Reimbursement: State whether you intend to request compensation for your services and, if so, on what basis, as well as describe expenses for which you expect to be reimbursed: _____

12. Willingness to Serve: I am willing to serve, if appointed, as Guardian of the

person estate both

of the above –named incapacitated person(s) to read and become familiar with the Court’s Manual for Guardians, and to comply with the requirements imposed by law on such office.

NOTE; WITH REGARD TO QUESTIONS 7,8,9 AND 10, I UNDERSTAND THAT A FAILURE TO ANSWER THE SAME IS A REPRESENTATION BY ME THAT NO SUCH PROCEEDINGS WERE OR HAVE BEEN IN EXISTANCE.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct and have signed the same in _____, Washington on the _____ day of _____, 20____.

Signature of Proposed Guardian

Printed Name of Proposed Guardian

Address

Telephone/Fax Number

City, State, Zip Code

E-Mail Address