

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

In the Guardianship of:

_____ **an Incapacitated Person.**

CASE NO. _____

**PERIODIC STATUS REPORT
PER RCW 11.92.043(2)**

GR 5 7-03

I, _____

Guardian of the above reports for the period:

From: Date (mm/dd/yyyy): _____

To : Date (mm/dd/yyyy): _____ as follows:

NOTE: Please attach any further information or comments to this form if blanks provided are insufficient.

(a) Name of incapacitated person(IP): _____

Present address of IP: _____

Telephone: () _____

That location is: _____ Name
(Check one)

- licensed care facility** _____
- with guardian** _____
- with relative** _____
- alone** _____
- other** _____

Residential changes during reporting period:

(b) Services or programs IP received:

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(c) Medical status of IP:

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(d) Mental status of IP:

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(e) Changes in functional abilities of IP:

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(f) Activities of guardian for the period:

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(g) Any recommended changes in the scope of the authority of guardian:

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(h) Name(s) and designations of any professionals who have assisted the IP during the Period:

Name: _____

Designation: _____

Name: _____

Designation: _____

Name: _____

Designation: _____

(i) Present address of guardian:

Address: _____

City, State, Zip: _____

Phone: Work () _____

Phone: Home () _____

I hereby declare under penalty of perjury of the laws of the State of Washington that the foregoing is true and correct to the best of my knowledge and belief:

Signed at _____, Washington

Dated (mm/dd/yyyy): _____

GUARDIAN: _____
(Signature)