

**Superior Court of Washington
County of Snohomish**

In the Guardianship of:

Incapacitated Person

No.: _____

Guardianship Complaint Cover Sheet
(RCW 11.88.120)
(GCCS)

**Guardianship Complaint Cover Sheet
(RCW 11.88.120)**

Attached is a Guardianship Complaint about the guardianship or guardian in this case.

Guardianship Complaint (GC)

Instructions

1. You can file a complaint about a guardianship or a guardian if you don't have a lawyer.
2. The Guardianship Complaint is an optional form. You may use the form or you may write a letter. Either way, the complaint goes to the court.
3. Complete the form or your letter with as much information as you can to explain your complaint to the court.
4. Give your complaint to the superior court where the guardianship is filed. Give your document to:

Jessica Gurley, Programs Administrator
Snohomish County Superior Court
3000 Rockefeller Avenue M/S 502
Everett, WA 98201

jessica.gurley@snoco.org
425-388-3834

5. The court must respond to the complaint within 15 days.
6. If you want more information about the law on complaints, see RCW 11.88.120.

Complaint

1. Person Making this Complaint

Name _____

Address (mailing address) _____

Email _____

Telephone: _____

Relationship to the person in guardianship: _____

2. Person in Guardianship/Incapacitated Person

Name: _____

Mailing Address: _____

County in which guardianship is filed: _____

Guardianship Case Number (upper right corner of court paperwork, if you know it): _____

3. Guardian

Name of Guardian _____

4. Describe your Complaint

Describe your concerns here. Please be as specific as possible. Include dates and places if you can. You can use more paper or attach documents if you want. Please do not attach confidential reports, personal health care records, or financial source documents. To ensure their privacy, attach them to the *Sealed Confidential Guardian Document Cover Sheet, form GDN 03.0200*, and give the court the cover sheet and documents with your complaint.

5. Other people with information:

Please list other people such as family members, friends, facility staff or other professionals who have information about incidents you described.

Name of person:

Relationship to person in guardianship:

<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

I declare under penalty of perjury under the laws of the State of Washington that the information above is true and correct.

Signed at _____ (City and State) on _____ (Date).

Signature

Printed Name

Address

*Telephone/Fax Number

City, State, Zip Code

Email Address

***Privacy notice:** If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.

**Superior Court of Washington
County of Snohomish**

In the Guardianship of:

Incapacitated Person

No. _____

Motion/Declaration to:

- Modify a Guardianship**
- Terminate a Guardianship;**
- Replace a Guardian; or**
- Modify a Guardian's Authority
under RCW 11.88.120**

(Optional Use)

(MTAF)

Clerk's Action Required.

My name is _____ My relationship to the incapacitated person is _____

I ask the court to:

- Modify a guardianship.
- Terminate a guardianship.
- Replace a guardian.
- Modify the guardian's authority.

If this is a motion to modify or terminate a guardianship, I have filed or will file proof that the incapacitated person was given reasonable notice of the hearing and of his or her right to be represented at the hearing by counsel of his or her own choosing.

I also ask the court to:

- Enter an order requiring (name) _____ to appear at a hearing to show cause why the court should not order the relief requested in this motion.
- Appoint a guardian ad litem to:
 - Investigate the issues raised by this motion.
 - Take emergency action as ordered by the court.

Take any emergency action the court deems necessary to protect the incapacitated person until the court can hold a hearing. Specifically, I ask for the following emergency action:

Other _____

These facts support my requests. Please be as specific as possible. You can use more paper or attach documents if you want:

(Attach more sheets of paper if you need more space to write.)

The court should find that emergency action is necessary because:

If you want the court to know about a guardian ad litem report, medical or psychological reports, social security representative payee report, or financial records, serve those records on the other party and file them with the court using form WPF GDN 03.0200, Sealed Confidential Guardianship Document Cover Sheet.

If filed separately using the cover sheet, the records will be sealed to protect your privacy (although they will be available to all parties in the case, their attorneys, court personnel and certain state agencies and boards.) See GR 22(C)(2).

Dated: _____

Signature of person making this motion/lawyer

Print Name

WSBA No.

I declare under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Signed at _____ (City and State) on _____ (Date).

Signature of person making this motion

Print name of person making this motion,

WSBA CPG#

Address

City State, Zip Code

*Telephone/Fax Number

Email Address

***Privacy notice:** If you do not want your personal phone number on this public form, you may list your telephone number on a separate form which may be available to parties and the court, as well as its staff and volunteers, but will not be made available to the public. Use Form WPF GDN 03.0100, Guardianship Confidential Information form (Telephone Numbers), for this purpose.