

Superior Court of the State of Washington  
for Snohomish County

GUARDIAN AD LITEM PROGRAM  
SNOHOMISH COUNTY COURTHOUSE  
3000 Rockefeller Avenue M/S 502  
Everett, WA 98201-4060

RE: **MINOR SETTLEMENT GAL REGISTRY APPLICATION**

Dear Applicant:

To be considered for our Registry, originals of the following must be submitted by mail or hand-delivered to the address below:

1. Application Form (attached – pages 1-6).
2. Oath of Guardian ad Litem (attached – pages 7-9).
3. Confidential Application and Release Form (attached – page 10).
4. Your résumé/CV.
5. Proof of any Settlement Guardian ad Litem training for new applicants.

If you are also applying to our county pay Title 4 GAL Registry via this application and wish to be included on our County Pay Registry, the following is also required:

6. Form W-9 (available at [www.irs.gov](http://www.irs.gov)).

Additionally, please make sure to download and read the following:

7. [Snohomish County Guardian ad Litem Administrative Policies.](#)
8. [Washington State GALRs and Snohomish County LCGALRs.](#)

Please mail the completed applications **with all attachments** and original signatures to:

Christine Liebsack  
Programs Administrator  
Snohomish County Superior Court  
3000 Rockefeller Avenue, M/S 502  
Everett, Washington 98201

Thank you for your interest in serving as a Minor Settlement Guardian Ad Litem for Snohomish County Superior Court.

Enclosures

**SNOHOMISH COUNTY SUPERIOR COURT  
MINOR SETTLEMENT GAL APPLICATION**

***The following information provided by you will be made available to the public for review:***

Name: \_\_\_\_\_

Business Name or Firm: \_\_\_\_\_

Business Address: \_\_\_\_\_

City and State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Business Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Alternate Phone: (\_\_\_\_) \_\_\_\_\_ *(This will not be kept confidential.)*

Email address: \_\_\_\_\_

WSBA or Washington State Certificate #: \_\_\_\_\_

1. I hereby apply to serve as a Minor Settlement Guardian ad Litem.
2. I have never been convicted of a felony or a crime involving moral turpitude.  
**Must initial:** \_\_\_\_\_
3. My formal education is as follows:

4.  I attended the following Minor Settlement GAL training(s):  
Date: \_\_\_\_\_ County/Sponsor: \_\_\_\_\_  
Date: \_\_\_\_\_ County/Sponsor: \_\_\_\_\_  
Date: \_\_\_\_\_ County/Sponsor: \_\_\_\_\_

5.  I was not able to attend training for good cause as described below:

6. Number of years of experience as a Minor Settlement GAL: \_\_\_\_\_
7. Number of appointments as a Minor Settlement GAL and the county or counties of appointment:
8. The following is a statement of my criminal history, if any, as defined by RCW 9.94A.030:
9. Your knowledge, training, and experience in personal injury matters. Attach additional pages as necessary; please do not refer to résumé/CV as part of your response.
10. The following is a statement of the extent of liability coverage in force covering any errors, omissions and acts of professional negligence (provide name of company and policy limits):
11. I agree to advise the Court immediately in the event of any complaint, investigation or action being commenced, which could lead to professional discipline or suspension; removal or suspension from any county's GAL Registry; the suspension or revocation of my professional license; and/or to the filing of criminal charges for a felony or crime involving allegations of theft, dishonesty or moral turpitude. **Must initial:** \_\_\_\_\_
12. My private pay Guardian ad Litem fees are as follows: \$\_\_\_\_\_ Retainer; and \$\_\_\_\_\_ per hour. Other: (if applicable):

13. The following **must** be included with this application (**check the item below to acknowledge inclusion with your application**):

- If you are a new applicant**, copy of the certificate from the training provider evidencing successful completion of any Minor Settlement GAL training.
- Résumé/curriculum vitae, showing work and professional or personal experience in or related to the Minor Settlement GAL Registry that would assist in the performance and completion of Guardian ad Litem duties.
- Completed and signed statements regarding professional complaints, investigations, or disciplinary actions and claims or litigation (pages 4 and 5 of this application).
- FOR COUNTY PAY TITLE 4 GAL REGISTRY APPLICANTS ONLY:** Signed acknowledgment and agreement to be bound by the Court's policies in which compensation is sought at county expense (page 6 of this application).
- Signed Oath of Guardian ad Litem (page 7 of this application).
- Signed release of information directed to all professional regulatory bodies, which have licensed or supervised the applicant within the last ten (10) years (page 10 of this application).

14. If you desire that your application also be considered for your admission to our county pay Title 4 GAL Registry, you **must** check here  **and** you **must** complete page 6 of this application.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at

\_\_\_\_\_  
(City and State)

\_\_\_\_\_  
Signature of Applicant

**PROFESSIONAL COMPLAINTS, INVESTIGATIONS OR DISCIPLINARY ACTIONS**

(Please check mark one box below.)

- Description of the nature, status and outcome of any professional complaints, investigations or disciplinary actions, lawsuits or professional liability claims, and any order for removal as Guardian ad Litem prior to completion of Guardian ad Litem duties. Please provide summary and outcome only and attach additional pages if needed.

- I affirm that there have been no professional complaints, investigations or disciplinary actions, lawsuits or professional liability claims and any order for removal as Guardian ad Litem prior to completion of Guardian ad Litem duties.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**CLAIMS OR LITIGATION**

(Please check mark one box below.)

- Description of any claims, or litigation that has been commenced, involving allegations of improper fee charges, charges of fraud, theft or other forms of dishonesty or professional malpractice or misconduct. Please provide summary and outcome only and attach additional pages if needed.

- I affirm that there have been no claims or litigation involving allegations of improper fee charges, charges of fraud, theft or other forms of dishonesty or professional malpractice or misconduct.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**ACKNOWLEDGMENT AND AGREEMENT**  
**FOR TITLE 4 COUNTY PAY GAL REGISTRY APPLICANTS ONLY**

If you wish to be considered for inclusion on Snohomish County's county pay Title 4 Registry, you must select the checkbox in paragraph 14 of the application and complete this form.

Appointed Guardians ad Litem are responsible to manage their assigned cases within the scope and fee scales set by the bench. All bills must be timely and itemized with a copy of the Order Appointing the Guardian ad Litem submitted at the time of billing.

All excess fees beyond the set fee schedule must be pre-approved through written or email request to the Programs Administrator for Superior Court. Generally, pre-approval of excess or additional fees will be limited to no more than six to ten (6-10) hours of service.

I certify that I have read and agree to be bound by the Court's policies in cases in which compensation is sought at public expense. Currently, the rate for County cases is set at: \$50/hour up to 12 hours maximum, including costs.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

**OATH OF GUARDIAN AD LITEM**

I am on the Guardian ad Litem Registry for Snohomish County. Whenever appointed to act as Guardian ad Litem, I will perform all duties required of me by law. By my signature below and my initials on the attached, I acknowledge I have read the attached Snohomish County Superior Court Guardian Ad Litem Code of Conduct and agree to be bound and will abide by the same.

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

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Business Address

\_\_\_\_\_  
City and State

\_\_\_\_\_  
Zip Code

(\_\_\_\_\_) \_\_\_\_\_  
Business Telephone Number



**SNOHOMISH COUNTY GUARDIAN AD LITEM REGISTRY  
CODE OF CONDUCT**

1. The Guardian ad Litem shall represent the best interests of the persons for whom he or she is appointed.
2. The Guardian ad Litem shall make a reasonable inquiry as to the facts and issues in dispute and shall decline the appointment if the Guardian ad Litem is not qualified, competent or able to complete the matter in a timely manner. The Guardian ad Litem shall locate professional resources as necessary to assist in the Guardian ad Litem's evaluation and recommendations.
3. The Guardian ad Litem shall maintain the ethical principles of the Guardian ad Litem's own profession.
4. The Guardian ad Litem shall remain qualified for the registry to which the Guardian ad Litem is appointed and shall promptly advise the court of any grounds for disqualification or unavailability to serve.
5. The Guardian ad Litem shall maintain independence and objectivity in the Guardian ad Litem investigation.
6. The Guardian ad Litem shall avoid any actual or apparent conflict of interest or impropriety in the conduct of Guardian ad Litem duties. The Guardian ad Litem shall avoid self-dealing or association from which the Guardian ad Litem might directly or indirectly benefit, other than for compensation as Guardian ad Litem. The Guardian ad Litem shall take action immediately to resolve any potential conflict or impropriety. The Guardian ad Litem shall advise the court and the parties of action taken, or resign from the matter, as may be necessary to resolve the conflict or impropriety.
7. The Guardian ad Litem shall treat the parties with respect, courtesy, fairness and good faith, regardless of race, color, creed, religion, national origin, cultural heritage, gender, age, education, economic status, marital status, sexual orientation or disability.
8. The Guardian ad Litem shall inform the court concerning all relevant information disclosed or made available to the Guardian ad Litem.
9. The Guardian ad Litem shall not guarantee or create the impression that any portion of the investigation will remain confidential.
10. The Guardian ad Litem shall maintain the privacy of the parties, and shall make no disclosures about the case or investigation except in reports to the court or as necessary to perform the duties of the Guardian ad Litem.

**SNOHOMISH COUNTY GUARDIAN AD LITEM REGISTRY  
CODE OF CONDUCT**

11. The Guardian ad Litem shall perform duties in a prompt and timely manner. The Guardian ad Litem shall maintain adequate documentation to substantiate recommendations and conclusions. The Guardian ad Litem shall keep complete and contemporaneous records of actions taken and the time and expense incurred.
  
12. The Guardian ad Litem shall report to law enforcement and/or Child Protective Services any child abuse or neglect as defined in RCW 26.44 or adult abuse as defined in RCW 74.34 as found by him or her.

**SNOHOMISH COUNTY GUARDIAN AD LITEM  
CONFIDENTIAL APPLICATION AND RELEASE**

***The information provided by you on this page will be kept in a separate file due to confidentiality. For criminal history check purposes, please provide:***

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(including middle name)

Maiden Name: \_\_\_\_\_ All Aliases: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(***mandatory***)

Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
\_\_\_\_\_  
Zip Code Fax #: \_\_\_\_\_

---

**RELEASE**  
(To be enclosed with your application)

TO:

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Washington State Patrol          | <input checked="" type="checkbox"/> Washington State Courts   |
| <input checked="" type="checkbox"/> Washington State Bar Association | <input type="checkbox"/> Washington State Medical Association |
| <input type="checkbox"/> Washington State Nursing Commission         | <input type="checkbox"/> Washington Board of Psychology       |
| <input type="checkbox"/> Washington State Department of Licensing    |   |

I, \_\_\_\_\_, (Professional License No.: \_\_\_\_\_),  
hereby authorize you for the purpose of my application and/or work as a Snohomish County  
Guardian ad Litem, to release information to and discuss such information with:

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

This RELEASE includes, but is not limited to, all records and information concerning any  
official disciplinary action or any pending active investigation you have with regard to me.

\_\_\_\_\_  
Signature/Date