

**Superior Court of Washington
County of**

In the Guardianship of:

Incapacitated Person

No.

**Guardian's Report, Accounting,
Proposed Budget**

- 12-Month Report** (ANR12)
- 24-Month Report** (ANR24)
- 36-Month Report** (ANR36)

Instructions:

This report has 4 sections.

All Guardians must complete sections A and D.

If you are a Guardian of the Person, you must also complete section B.

If you are a Guardian of the Estate, you must also complete section C.

(Some courts may allow you to submit a copy of the Social Security representative payee form instead of completing section C IF the incapacitated person's estate is no more than \$2000 and the only source of income is SSI, SSA [Social Security Retirement], and/or SSD [Social Security Disability].)

If you are both a Guardian of the Person and a Guardian of the Estate, you must complete sections A, B, C & D of this document.

If you need more room to complete any section, attach additional pages.

Scope of Guardianship

- Full OR Limited – Guardianship of the Person
- Full OR Limited – Guardianship of the Estate

General Information

Section A – Completed by all Guardians

1. Identity of Guardian, Incapacitated Person, and Standby Guardian

	Incapacitated Person	Guardian	Standby Guardian
Full Name			
Mailing Address			
City & State			
Zip Code			
*Telephone			
*Fax Number			
Date of Birth			

2. Date of Appointment and Reporting Period

The Guardian was appointed on (date) _____. The last report of the guardian was approved by the court on (date) _____. This report covers the period from _____ through _____. The closing date for all reports is _____, and the Guardian is required to file reports within 90 days of that date. The Guardian is to file a report every 12, 24, 36 months.

3. Interested Parties

(List each person who has filed a Request for Special Notice of Proceedings and those whom the Court has designated to receive copies of reports.)

Name	Mailing Address	Relationship to Incapacitated Person

4. Interested Governmental Agencies (Check each box that is applicable.)

- The Incapacitated Person is a veteran who has served in the United States Military. Notice must be provided to: The Department of Veteran Affairs, Henry M. Jackson Federal Building, 915 Second Avenue, Seattle, WA 98174.
- The Incapacitated Person is a client of the Department of Social and Health Services.
- Other:

5. Benefits Received

The Guardian receives the following monthly benefits on behalf of the Incapacitated Person, in the following amounts:

- SSDI/SSA: \$_____;
- SSI: \$_____;
- GAU: \$_____;
- VA Pension: \$_____;
- L&I Benefits: \$_____;
- Other – Specify: _____
- Medicaid;
- Medicare;
- COPES;
- TANF;
- HUD;
- Food Stamps \$ _____;

Trust (reporting) the Trustee’s name, address, and court case number are:

Trust (non-reporting) the Trustee’s name, address:

6. Inventory

An inventory of all property of the Incapacitated Person’s estate at the commencement of the Guardianship is OR is not on file herein.

7. Bond and Blocked Accounts

There is OR is not currently a bond in place in the amount of \$_____ (Bond No.: _____).

The total balance of assets in blocked accounts is \$ _____.

The total balance of assets in unblocked accounts is \$ _____.

The bond should remain OR should be changed to \$ _____.

Assets in excess of the bond amount should be restricted (i.e. blocked) and should be subject to a Receipt of Funds into Blocked Financial Account, form WPF GDN 04.0600, on file with the court.

8. Guardian Fees

The Guardian is requesting fees and costs in the amount of \$ _____ for the period of _____ through _____. The Guardian has OR has not received payments in the amount of \$ _____ during this accounting period for their services. The Guardian has attached to this report (or has filed with this report) a separate itemized fee declaration that describes in detail: the services rendered, the time period that services were provided, the time required to provide the services, the requested rate of compensation, and the out of pocket costs incurred. The Guardian is requesting that the amount of \$ _____ be disbursed from the guardianship assets. During this accounting period the Guardian has performed the following duties:

9. Attorney Fees

The Guardian has retained the services of the Law Offices of _____, and is requesting that fees and costs in the amount of \$ _____ for the time period of _____ through _____ be paid from guardianship assets. Attached in this report (or filed herewith) is a separate itemized fee declaration that describes the legal services provided.

10. Court Approval

The guardian petitions the Court for approval of this report.

11. Guardian's Monthly Allowance

Pursuant to RCW 11.92.180, the Guardian is requesting a monthly allowance for ongoing: (a) guardian fees and costs and (b) attorney fees and costs for services already performed. The amount of guardian fees and costs and attorney fees and costs for services performed for the previous accounting period totaled \$ _____. This is a monthly average of \$ _____. The actual monthly allowance that the Guardian received during the previous accounting period was \$ _____. The Guardian now requests a monthly allowance of \$ _____. This allowance (paid monthly) would be considered an "advance" on the fees and costs billed by the Guardian, or its attorney, for services already performed. However, the total fees and costs billed (notwithstanding the allowance payments) should: (a) ultimately be subject to the review and approval of the court and (b) create no presumptions by the court or the Guardian regarding the reasonableness, or necessity, of those fees and costs. *Said monthly allowance should be made effective as of (date) _____.*

Guardian of the Person

Section B – to be completed by the Guardian of the Person.

12. Status Report

a. Status

The Incapacitated Person was born on (date) _____ and is now _____ years of age.
The Guardian believes that the Incapacitated Person is [] receiving satisfactory care
OR [] the Guardian has the following concerns for which a change is requested:

b. Change in Residence

The following changes in residence of the Incapacitated Person occurred during the reporting period: _____

c. Medical Condition

The medical condition of the Incapacitated Person is *(list all disabilities and changes that occurred during the report period)*:

d. Mental Condition

The mental condition of the Incapacitated Person *(list diagnosis, if any, and changes that occurred during the report period)*:

e. Changes in Incapacitated Person’s Functional Ability

A description of changes, if any, in the functional abilities of the Incapacitated Person:

f. Activities of the Guardian Taken on Behalf of the Incapacitated Person

The following is a description of the activities in which the Guardian has engaged for the benefit of the Incapacitated Person:

g. Description of Recommended Changes in Scope of Authority of Guardian

The scope of authority of the Guardian [] should remain the same, OR [] should be changed as follows:

h. Names of Professionals Who Have Aided the Incapacitated Person

The following professionals have assisted the Incapacitated Person during the period covered by this report:

Name	Service Provided
<hr/>	<hr/>
<hr/>	<hr/>
<hr/>	<hr/>

i. Guardian's Plan for Future Care

The Guardian's care plan [] remains the same, OR [] is changed as follows:

Guardian of the Estate

Section C – to be completed by the Guardian of the Estate.

13. Proposed Budget

The Guardian of the Estate seeks authority to make expenditures for the Incapacitated Person according to the following proposed budget:

a. Monthly Expenditures for the Incapacitated Person

	Current	Proposed	Comments
Room and Board – up to	\$ _____	\$ _____	
Personal and Incidental Allowance Up to	\$ _____	\$ _____	
Medical/Dental Insurance	\$ _____	\$ _____	
Other: _____	\$ _____	\$ _____	
Other: _____	\$ _____	\$ _____	
Other: _____	\$ _____	\$ _____	
Guardian’s Allowance	\$ _____	\$ _____	
Total Proposed Monthly Expenditures	\$ _____	\$ _____	X 12 = \$ _____ per year

b. Medical and Dental Expenses

The Guardian should be permitted to incur and pay reasonable and necessary medical and dental expenses that the Guardian determines to be in the best interest of the Incapacitated Person.

c. Income Tax Payments

The Guardian may be required to file federal income tax returns and pay income tax due on Guardianship income and should be permitted to pay any tax owed and fees incurred for accounting services required in connection with the preparation of income tax returns.

d. Supplemental Annual Allowance

The Guardian should be permitted to provide a supplemental allowance one time per calendar year of up to \$ _____, to the Incapacitated Person (e.g. at holiday time) provided adequate funds are available.

e. Clothing Allowance

The Guardian should be permitted to provide a clothing allowance of up to \$ _____ per calendar year (\$500.00 per year if not filled in), provided adequate funds are available;

f. Miscellaneous Expenses

The Guardian should be permitted to make disbursements in an amount not to exceed \$ _____ (\$500.00 if not filled in) on any one expenditure, from guardianship assets for miscellaneous and necessary items that appear to be reasonable and in the best interest of the Incapacitated Person, without prior approval, to a maximum of \$ _____ (\$1,500.00 if not filled in) per year without further order of the Court;

g. Other

The Guardian should be permitted to disburse \$ _____ for

_____.

14. Balance Sheet

(This section can be an attachment if more convenient. The purpose of this section is to provide a listing of the assets and liabilities at the start and the end of the accounting period.)

**Market Value at
Start of Accounting**

**Market Value at End of
Accounting**

Date: _____

Date: _____

Assets

a. Real Property

1. _____	\$	\$
2. _____	\$	\$
3. _____	\$	\$

b. Receivables *(Mortgages, Liens, Notes payable to the Incapacitated Person, the Estate, or Trust.)*

1. _____	\$	\$
2. _____	\$	\$
3. _____	\$	\$

c. Unblocked Liquid Assets (*Investment Accounts, Stocks, Bonds, Securities, IRA, Cash.*)

1. Financial Institution

Address

Address

City, WA Zip

a. Interest Checking Account

Account No.: last 4 digits _____ \$ _____ \$ _____

(Balance as of _____)

b. Savings Account

Account No.: last 4 digits _____ \$ _____ \$ _____

(Balance as of _____)

2. Financial Institution

Address

Address

City, WA Zip

a. Certificate of Deposit

Account No.: last 4 digits _____

Interest Rate: _____%

Maturity Date: _____ \$ _____ \$ _____

(Balance as of _____)

Total Unblocked \$ _____ \$ _____

d. Blocked Liquid Assets (*Investment Accounts, Stocks, Bonds, Securities, IRA, Cash in accounts where access to that account is already restricted by a restrictive agreement on file with the Court, and access to that account requires receipt by the institution of a court order authorizing access.*)

1. Financial Institution

Address

Address

City, WA Zip

a. Certificate of Deposit

Account No.: last 4 digits _____

Interest Rate: _____%

Maturity Date: _____ \$ _____ \$ _____

(Balance as of _____)

b. Certificate of Deposit

Account No.: last 4 digits _____

Interest Rate: _____%

Maturity Date: _____ \$ _____ \$ _____

(Balance as of _____)

2. Financial Institution

Address

Address

City, WA Zip

a. Certificate of Deposit

Account No.: last 4 digits _____

Interest Rate: _____%

Maturity Date: _____ \$ _____ \$ _____

(Balance as of _____)

Total Blocked \$ _____ \$ _____

e. Personal and Other Property (*Household Goods, Vehicles, Burial Plots, Funeral Plans, Life Insurance.*)

1. _____	\$ _____	\$ _____
2. _____	\$ _____	\$ _____

Total Assets	\$ _____	\$ _____
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Liabilities

Mortgages and Liens

_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
Loan # _____	\$ _____	\$ _____
Total Liabilities	\$ _____	\$ _____

Total Estate

\$ _____

\$ _____

Market Value at
Start of Accounting
(See 14. above)

Market Value at
End of Accounting
(See 14. above)

Note: You should file with this report (*using the **Sealed Confidential Guardianship Document Cover Sheet, WPF GDN 03.0200***) the statements (*such as monthly financial institution statements*) that verify the balance of the accounts that are listed above. For the assets that are listed above as “blocked liquid assets” you should include copies of the blocking agreement, restrictive agreement or receipts that you received from the institutions holding those assets, which establish that your access to them is restricted.

15. Estate Information

(The purpose of this section is to compare the value of the estate at the beginning of the accounting period with the receipts, disbursements and adjustments (if any) made during the accounting period.) The ending value of the estate should equal:

- a. the Total Market Value of the estate at the beginning of the account period, (plus)
- b. the Total Receipts during the accounting period, (minus)
- c. the Total Disbursement during the accounting period, (plus or minus),
- d. any Adjustments to the Market Value of the Estate.
(a. +b. -c. +/- d. = e.)

a. Total Market Value

\$ _____

(As of the beginning of review period (date) _____)

b. Total Receipts

\$ _____

(Filed under a Sealed Financial Source Documents cover-page as Exhibit “___” is a list of all of the receipts that the guardian has received during this accounting period – e.g. check register.)

c. Total Disbursements

-\$ _____

(Filed under a Sealed Financial Source Document cover-page as Exhibit “___” is a list of all of the disbursements that the guardian has made during this accounting period.)

d. Adjustments to Market Value of Estate

+/- \$ _____

(Attached to this report as Exhibit “___” is a listing of all of the adjustments to the market value of the estate, such as: new assets that have not yet been reported, assets that have decreased in value over the course of this accounting period (e.g. an automobile), gifts made from the estate, unrealized gains or losses on investments, or increases in the value of real property.)

e. Ending Market Value as of (date) _____

\$ _____

Verification

Section D – (to be completed by All Guardians.)

Dated _____.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that to the statements in this report are true and correct, that I (we) hereby petition the court for approval of same, and request that the court direct the clerk of the court to reissue letters of guardianship consistent with the designation made herein.

Signed at (city) _____, (state) _____ on (date) _____.

Signature of Guardian

Print Name of Guardian []WSBA []CPG#