

**Superior Court of Washington  
County of**

In the Guardianship of:

\_\_\_\_\_  
Incapacitated Person

**No.**

**Order Approving Guardian's  
Report, Accounting, and  
Budget  
(ORAPRT)**

**Clerk's Action Required**

**Clerk's Information Summary**

Due Date for Next Report and Accounting: \_\_\_\_\_

Other (Date and Purpose): \_\_\_\_\_

Having reviewed the Guardian's Report, Accounting, and Proposed Budget the **court now orders:**

1. The Guardian's Report, Accounting, and Budget is approved.
2. The Guardian shall provide the next Report and Accounting for the  **12**,  **24** or  **36** **month period** from (the **ending date** of the last reporting period) \_\_\_\_\_; and the Report, Accounting, and Proposed Budget shall be presented to the Court for review and approval **within** 90 days following the conclusion of that reporting period.
3. The Guardian fees of \$\_\_\_\_\_, attorney fees of \$\_\_\_\_\_ and administrative costs (DSHS cases only) of \$\_\_\_\_\_ payable during the period covered in this report are hereby approved. The Guardian fees of \$\_\_\_\_\_ per month appear to be reasonable and necessary but are subject to court approval at the next hearing. Above fees are approved for payment from the  guardianship estate assets OR  as a monthly deduction from the incapacitated person's participation in the DSHS cost of care per WAC 388.71. The monthly deduction from the participation in cost of care is authorized for the next reporting period and ninety days thereafter from the date of this order, to (date) \_\_\_\_\_.
4. Bond  remains the same OR  is changed to \$\_\_\_\_\_.

5. Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Dated \_\_\_\_\_.

\_\_\_\_\_  
**Judge/Court Commissioner**

\_\_\_\_\_  
Signature of Guardian/Attorney

\_\_\_\_\_  
Print Name of Guardian/Attorney [ ]WSBA [ ] CPG#

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
\*Telephone/Fax Number

\_\_\_\_\_  
Email Address

**\*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.**