

**NOTE:** If this document opens in a browser window, you should save it to your computer and reopen it in the correct software program prior to entering data or you may lose it. If you are having technical problems using this questionnaire, please call (866) 946-0325.

*Do It Yourself Documents*

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# Guardianship Questionnaire

*Guardianship*

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[www.doityourselfdocuments.com](http://www.doityourselfdocuments.com)

## Returning the Questionnaire:

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**Microsoft Word & Adobe Acrobat:** To return this questionnaire using secure/encrypted email, please *save this file to your computer* then [click here](#) to upload it or copy and paste the following line into your browser's address bar and click enter: <https://www.hightail.com/u/Do-It-Yourself-Documents>

**Adobe Reader (free version):** Use the "Submit Form" button to email your data back to our office. You should open your email browser prior to selecting this option.

Alternatively, you may return this questionnaire by fax, mail or dropping it off at one of our offices, see [Office Locations](#).

## Process

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In order for us to process your paperwork, we will need you to complete this questionnaire. You should save this questionnaire to your desktop or somewhere on your computer that you can easily find. Once you complete the questionnaire, you can return it by seeing the section above, "Returning the Questionnaire". Upon receipt of the fully completed questionnaire and payment, your documents will be processed and sent to you within 24 hours with full instructions for signing. If you are using one of our offices to review, sign and receive your documents, we will contact you within a few business hours to schedule an appointment.

### *Fees:*

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The filing fee for all counties in Washington State is \$240. There Is No Fee On Cases With Assets Less Than \$3,000 When A Court Order So States).

### *Questions while completing this questionnaire:*

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If you have any questions while completing the questionnaire, please do not hesitate to contact us, either through the chat located on any page of the website or by calling us at (866) 946-0325.

**Throughout this questionnaire**, you will see sections as the one below this paragraph. They are for you to add any additional information you think we should know regarding the section of the questionnaire you are working on. Feel free to use them to add additional information or leave us comments to help us improve on our questionnaire.

Additional info add here:

### *Please select ONE of the following services:*

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1. (  ) Guardianship of Estate: responsible for financial and estate matters only; or
2. (  ) Guardianship of Person: responsible for non-financial decision making; or
3. (  ) Guardianship of Person and Estate: a full guardianship of person and estate.

### *Please select which county you will be filing in:*

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(  ) County, (must be the county the incapacitated person resides in):

## Guardianship

*How would you like us to return your documents?*

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- |   |
|---|
| <input type="checkbox"/> Return to you by Priority Mail   |
| <input type="checkbox"/> Return by secure/encrypted email   |
| <input type="checkbox"/> Come to our office to sign. <a href="#">View Offices Available</a> ; add office: |

The Petitioner(s) (also known as the Guardian or Nominee) are the person(s) requesting the court action and the incapacitated person will be known as the Alleged Incapacitated Person

### Petitioner(s) Information:

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#### Petitioner 1

|   |   |       |  |
|---|---|-------|--|
| First Name                                    |   |       |  |
| Middle Name                                   |   |       |  |
| Last Name                                     |   |       |  |
| Relationship to alleged incapacitated person: | <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: |       |  |
| Social Security Number                        |   |       |  |
| Driver's License Number                       |   | State |  |
| Telephone Number                              | ( )   |       |  |
| E-mail Address                                |   |       |  |
| Date of Birth mm/dd/yyyy                      |   |       |  |
| Additional info add here:                     |   |       |  |

#### Petitioner 1's Address:

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|         |  |          |  |
|---------|--|----------|--|
| Address |  | County   |  |
| City    |  | State    |  |
|         |  | Zip Code |  |

#### Petitioner 1's Mailing Address:

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|   |  |
|---|--|
| Is street address different from mailing address? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Address   |  |

## Guardianship

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

### Petitioner 2

|   |   |       |  |
|---|---|-------|--|
| First Name                                    |   |       |  |
| Middle Name                                   |   |       |  |
| Last Name                                     |   |       |  |
| Relationship to alleged incapacitated person: | ( <input type="checkbox"/> ) Mother ( <input type="checkbox"/> ) Father ( <input type="checkbox"/> ) Other: |       |  |
| Social Security Number                        |   |       |  |
| Driver's License Number                       |   | State |  |
| Telephone Number                              | (    )  |       |  |
| E-mail Address                                |   |       |  |
| Date of Birth mm/dd/yyyy                      |   |       |  |
| Additional info add here:                     |   |       |  |

### Petitioner 2's Address:

|         |        |          |
|---------|--------|----------|
| Address | County |          |
| City    | State  | Zip Code |

### Petitioner 2's Mailing Address:

|   |  |          |
|---|--|----------|
| Is street address different from mailing address? | ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No |          |
| Address   |  |          |
| City  | State  | Zip Code |

### Alleged Incapacitated Person's Information:

#### Alleged Incapacitated Person:

|             |  |  |  |
|-------------|--|--|--|
| First Name  |  |  |  |
| Middle Name |  |  |  |
| Last Name   |  |  |  |

## Guardianship

|                           |        |       |  |
|---------------------------|--------|-------|--|
| Social Security Number    |        |       |  |
| Driver's License Number   |        | State |  |
| Telephone Number          | (    ) |       |  |
| E-mail Address            |        |       |  |
| Date of Birth mm/dd/yyyy  |        |       |  |
| State of Birth            |        |       |  |
| Additional info add here: |        |       |  |

***Alleged Incapacitated Person's Address (also provide the name of current custodian and/or facility and length of time at current address):***

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|  |  |        |          |  |
|--|--|--------|----------|--|
| Current custodian or facility name:                          |  |        |          |  |
| Length of time at current custodian's residence or facility: |  |        |          |  |
| Address  |  | County |          |  |
| City   |  | State  | Zip Code |  |

***Alleged Incapacitated Person's Mailing Address:***

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|   |  |       |          |  |
|---|--|-------|----------|--|
| Is street address different from mailing address? | ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No |       |          |  |
| Address   |  |       |          |  |
| City  |  | State | Zip Code |  |

### Employment Information:

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***Petitioner 1's Employment:***

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|                  |        |       |          |  |
|------------------|--------|-------|----------|--|
| Name of Company  |        |       |          |  |
| Address          |        |       |          |  |
| City             |        | State | Zip Code |  |
| Telephone Number | (    ) |       |          |  |

***Petitioner 2's Employment:***

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|                 |  |  |  |
|-----------------|--|--|--|
| Name of Company |  |  |  |
|-----------------|--|--|--|

## Guardianship

|                  |        |       |  |          |  |
|------------------|--------|-------|--|----------|--|
| Address          |        |       |  |          |  |
| City             |        | State |  | Zip Code |  |
| Telephone Number | (    ) |       |  |          |  |

### Information Concerning A Guardianship for a Child Under 18 (only complete if seeking guardianship of a minor)

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|  |  |
|--|--|
| Mother's Name, Phone Number and Address              |  |
| Father's Name, Phone Number and Address              |  |
| Have they signed a Written Consent for Guardianship? |  |
| Additional info add here:                            |  |

### Other Adults in Petitioner(s) Household

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*Information regarding all other adults (other than petitioner(s)) who reside in the Petitioner(s) household must be named in the Petition (these individuals may be required to undergo a criminal and child protective services background check. They must also sign an authorization to release CPS records.)*

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#### Other Adult 1

|                          |  |  |
|--------------------------|--|--|
| First Name               |  |  |
| Middle Name              |  |  |
| Last Name                |  |  |
| Date of Birth mm/dd/yyyy |  |  |

#### Other Adult 2

|             |  |  |
|-------------|--|--|
| First Name  |  |  |
| Middle Name |  |  |
| Last Name   |  |  |

## Guardianship

|                          |  |
|--------------------------|--|
| Date of Birth mm/dd/yyyy |  |
|--------------------------|--|

### Other Adult 3

|                          |  |
|--------------------------|--|
| First Name               |  |
| Middle Name              |  |
| Last Name                |  |
| Date of Birth mm/dd/yyyy |  |

### Indian Child Welfare Act

|  |  |
|--|--|
| ( <input type="checkbox"/> ) Yes ( <input type="checkbox"/> ) No | Is the child a member of an Indian Tribe or the child of a member of an Indian Tribe |
| If so, Tribute's name:   |  |

***If the above-named child is or may be an Indian Child, check one of the below boxes:***

|                              |  |
|------------------------------|--|
| ( <input type="checkbox"/> ) | The child are Indian children as defined by the Indian Child Welfare Act, 25 USC § 1903 but are not domiciled or residing within the boundaries of an Indian reservation; and no Tribal Court has continuing jurisdiction over the children; this court has jurisdiction under 25 USC §1911. |
| ( <input type="checkbox"/> ) | The child are Indian children as defined by the Indian Child Welfare Act, 25 USC § 1903, and are domiciled or residing within the boundaries of an Indian reservation; or a Tribal Court has continuing jurisdiction over the children   |

## Jurisdiction

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***This section will determine if the court has jurisdiction over the parties and if the court has authority to approve the appointment of the Nominee. [check all that apply]:***

|                              |  |
|------------------------------|--|
| ( <input type="checkbox"/> ) | The alleged incapacitated person is a resident of the county where the Petition will be filed.   |
| ( <input type="checkbox"/> ) | The alleged incapacitated person is a resident of a facility supported in whole or in part by local, state, or federal funding sources in the county where the facility is located.                                |
| ( <input type="checkbox"/> ) | The alleged incapacitated person is a resident of a facility supported in whole or in part by local, state, or federal funding sources in the county of domicile prior to the residence in the supported facility. |

## Guardianship

|                              |  |
|------------------------------|--|
| ( <input type="checkbox"/> ) | The alleged incapacitated person is a resident of a facility supported in whole or in part by local, state, or federal funding sources in county where a parent or spouse or domestic partner of the alleged incapacitated person resides. |
| Additional info add here:    |  |

### Information regarding Alleged Incapacitated Person

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| Nature and Degree of Alleged Incapacity |        |
|---|--------|
| Nature of alleged incapacity            | Other: |
| Degree of alleged incapacity:           | Other: |
| Additional info add here:               |        |

| Assets of the Alleged Incapacitated Person |       |
|--|-------|
| Description                                | Value |
| Real Property                              | \$    |
| Stock, Mutual Funds and Bonds              | \$    |
| Mortgages and Notes                        | \$    |
| Bank Accounts                              | \$    |
| Furniture                                  | \$    |
| Other Personal Property:                   | \$    |
| Total Value of all Property                | \$    |
| Additional info add here:                  |       |

| Income of Alleged Incapacitated Person, if any (periodic compensation, pension, insurance and allowances) |           |
|---|-----------|
| Description   | Value     |
| Social Security   | \$ /month |
| Veterans Benefits   | \$ /month |
| Washington State Assistance   | \$ /month |



## Guardianship

|                           |           |
|---------------------------|-----------|
| Other                     | \$ /month |
| Monthly Income            | \$        |
| Additional info add here: |           |

### Existing or Pending Guardianships.

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|  |  |
|--|--|
| State of existing/pending guardianship:            |  |
| Name of Guardian in existing/pending guardianship: |  |
| Date of appointment:                               |  |
| Type of Guardianship:                              |  |
| Additional info add here:                          |  |

Relatives – list the names, addresses and the nature of the relationship of the persons most closely related by blood or marriage to the alleged incapacitated person

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|                           |  |
|---------------------------|--|
| Name:                     |  |
| Address:                  |  |
| Relationship:             |  |
| Name:                     |  |
| Address:                  |  |
| Relationship:             |  |
| Name:                     |  |
| Address:                  |  |
| Relationship:             |  |
| Additional info add here: |  |

### Reason for Guardianship

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|  |  |
|--|--|
| Reason for petitioning for Guardianship: |  |
|--|--|

## Guardianship

|  |  |
|--|--|
|  |  |
| Interest of the Petitioner in the appointment:   |  |
| Did the alleged incapacitated person have a trust or power of attorney. If yes, did either of them contain Guardianship nominations? |  |
| If yes to the above question, did either the trust or Power of Attorney contain Guardianship nominations?                            |  |
| If yes to the above question, why is a Guardianship nevertheless necessary?  |  |
| Additional info add here:  |  |

## Areas of Assistance

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|   |  |
|---|--|
| Specific protection and assistance needed:                                  |  |
| Duration of the Guardianship:   |  |
| If yes to the above question, why is a Guardianship nevertheless necessary? |  |
| Additional info add here:   |  |