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## THIS IS A SAMPLE - FOR EDUCATIONAL PURPOSES ONLY

Superior Court of Washington, County of King

In the Guardianship/Conservatorship of:  
Name of the person with disability  
Respondent

No. Court's clerk will assign the case number

**Petition for Guardianship,  
Conservatorship, or Protective  
Arrangement of an Adult  
(PTAPGC)**

### **Petition for Guardianship, Conservatorship, or Protective Arrangement of an Adult**

*Use this form to petition for guardianship of an adult, conservatorship for an adult, or a protective arrangement instead of guardianship or conservatorship for an adult. This form should not be used to petition for a guardianship of a minor.*

*You must file this Petition with a: Notice of Guardianship, Conservatorship, or Protective Arrangement and present an Order Appointing a Court Visitor.*

I ask the court to appoint a guardian, conservator, or make other protective arrangements for  
(Respondent's name) Name of the person with disability.

The court should consider the following information.

**1. Information about the Respondent: (complete as much as possible)** [Information about the person with IDD](#)

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

Age: \_\_\_\_\_

Phone number: \_\_\_\_\_

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

Principal residence: \_\_\_\_\_

\_\_\_\_\_

Street address (if different): \_\_\_\_\_

\_\_\_\_\_

[Check if applicable](#) [ ] Proposed address where the Respondent may move to if the petition is granted:

\_\_\_\_\_

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Check if applicable [ ] The Respondent has the following needs for an interpreter, translator, or other form of support to communicate with the court or understand court proceedings:

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2. **Information about the Petitioner.** I am a person who is interested in the Respondent's welfare. Usually the petitioner is the same as the proposed guardian/conservator (mother, father or both)

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

Telephone Number: \_\_\_\_\_

Principal Residence: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_

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

Relationship to Respondent \_\_\_\_\_

The Petitioner/s:

do **not** have a lawyer.

[ ] are represented by (lawyer's name): \_\_\_\_\_

Lawyer's address: \_\_\_\_\_

The Petitioner's interest in this case is: (for example: the well-being and safety of the respondent)

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3. **Jurisdiction** Select the one that applies

[ ] **Home State Jurisdiction** – The Respondent has lived in Washington for at least 6 months prior to this case being filed.

[ ] **Home State Jurisdiction** – The Respondent does not live in Washington right now but Washington was the Respondent's home state sometime in the 6 months prior to this case being filed.

[ ] **Significant Connection Jurisdiction** – Washington is not the Respondent's home state but the Respondent has a significant connection to the state other than physical presence. Describe the Respondent's significant connection: \_\_\_\_\_

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**Special Emergency Jurisdiction** – Washington is not the Respondent’s home state but a court order is needed to protect the Respondent’s health, safety, or welfare from substantial harm and no other person has authority and is willing to act.

**4. Venue** [Select the one that applies and complete](#)

The Respondent resides in \_\_\_\_\_ County.

The Respondent has been admitted by court order to an institution in this County.

The Respondent owns property in \_\_\_\_\_ County.

The Respondent owns property in \_\_\_\_\_ County but does not reside in Washington.

**5. Names and addresses of people important to the Respondent**

I have included the names and addresses of people important to the Respondent in *Appendix A*. *Appendix A* is made part of this *Petition* (incorporated by reference).

**6. Why does the Respondent need a guardian or other protective arrangement?**

Does not apply.

Describe why the Respondent needs a guardianship or other protective arrangement (*what help does the Respondent need and what is the extent of their need*):

[\(for example: the respondant's diagnosis makes him/her unable to make safe choices and decisions about his/her health\)](#)

Describe what is currently in place to meet Respondent’s needs (*for example, supported decision-making, technological assistance, durable power of attorney for health care or for finances, or representative payee to manage government benefits.*): [if the respondent was a minor \(under 18\) until the moment of the petition complete with NONE or N/A](#)

If no alternative has been considered or tried, state why not. [Up until now, the respondent was a minor and his/her parents were managing his decisions](#)

Even though the Respondent made protective arrangements, I believe the court needs to sign an order to confirm or modify the protective arrangements in the following way: [complete only if applies](#)

The Respondent needs a guardian because:

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- (1) The Respondent lacks the ability to meet essential requirements for physical health, safety, or self-care because the Respondent is unable to receive and evaluate information or make or communicate decisions, even with appropriate supportive services, technological assistance, or supported decision making;
- (2) Appointment is necessary to prevent significant risk of harm to the adult Respondent's physical health, safety, or self-care; and
- (3) The Respondent's identified needs cannot be met by a protective arrangement instead of guardianship or other less restrictive alternative.

The Respondent needs an order for other protective arrangement. Describe the protection that would benefit the Respondent: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 7. Reasons a conservatorship or other protective arrangement is necessary

- Does not apply. *Only select and complete if the petitioner(s) also want to be appointed as conservator(s)*
- Describe why the Respondent needs a conservatorship or other protective arrangement (*what help does the Respondent need and what is the extent of their need*): *(for example: the respondent's diagnosis makes him/her unable to make safe decisions and manage his/her assets and financial affairs)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe what is currently in place to meet Respondent's needs (*for example, supported decision-making, technological assistance, Durable Power of Attorney for finances, or representative payee to manage government benefits.*): \_\_\_\_\_

*if the respondent was a minor (under 18) until the moment of the petition complete with NONE or N/A*

\_\_\_\_\_  
If no alternative has been considered or tried, state why not. *Up until now, the respondent was a minor and his/her parents were managing his decisions OR any other reason why is has not been considered or tried.*

\_\_\_\_\_  
Even though the Respondent made protective arrangements, I believe the court needs to sign an order to confirm or modify the protective arrangements in the following way: *complete only if applies*

\_\_\_\_\_  
\_\_\_\_\_

- The Respondent needs a conservator because:

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(1) the adult is unable to manage property and financial affairs because of a limitation in the ability to receive and evaluate information or make or communicate decisions even with the use of supportive services, technological assistance, and supported decision-making, or the adult is missing, detained, or unable to return to the United States, **and**

(2) appointment is necessary to avoid harm to the adult or significant dissipation of the property of the adult, or to obtain or provide funds or other property needed for the support, care, education, health, or welfare of the adult, or of an individual who is entitled to the adult's support, and protection is necessary or desirable to provide funds or other property for that purpose.

The Respondent needs an order for a protective arrangement as explained below: *(describe the protection that would benefit the Respondent.)*

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## 8. Scope of Guardianship/Conservatorship

**Important!** A less restrictive alternative or other protective arrangement is preferred to guardianship or conservatorship. A limited guardianship or conservatorship is preferred to a full guardianship or conservatorship.

I request a/n: [Select and complete those that applies](#)

other protective arrangement.

limited guardianship. The guardian should have these powers: \_\_\_\_\_

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limited conservatorship. The conservator should have these powers: \_\_\_\_\_

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full guardianship. A full guardianship is needed instead of a more limited guardianship because: \_\_\_\_\_

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full conservatorship. A full conservatorship is needed instead of a more limited conservatorship because: \_\_\_\_\_

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## 9. Proposed Guardian or Conservator

I ask the court to appoint (*name/s*): [Name\(s\) of the proposed guardian/conservator](#)

[Select the one that applies](#)

both guardian and conservator or  guardian or  conservator of the Respondent because: [\(for example: the petitioner\(s\) loves the respondent and wants to protect him/her\)](#)

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Proposed guardian/conservator/s' address: Complete with the petitioner(s) information

Phone Number: \_\_\_\_\_

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

The proposed guardian and/or conservator is a lay person requiring *Lay Guardian Training*.

The Respondent [ ] did [ ] did not nominate a guardian or conservator in a power of attorney or other document. The nominated guardian or conservator, if any, is (name) \_\_\_\_\_

## 10. Respondent's Financial Information Financial information of the Person with IDD ONLY

The approximate value and the description of the property owned by the Respondent:

### Assets:

1. Real property: \$ \_\_\_\_\_
2. Stocks, mutual funds, and bonds: \$ \_\_\_\_\_
3. Mortgages and notes: \$ \_\_\_\_\_
4. Bank accounts: \$ \_\_\_\_\_
5. Other property: \$ \_\_\_\_\_
6. Description of other property: \_\_\_\_\_

**The total approximate value of assets is:** \$ \_\_\_\_\_

The Respondent receives compensation, pension, insurance, and allowances as follows:

### Income:

1. Social Security Benefits: \$ \_\_\_\_\_ per month
2. Veterans' Benefits: \$ \_\_\_\_\_ per month
3. Retirement income: \$ \_\_\_\_\_ per month
4. \_\_\_\_\_: \$ \_\_\_\_\_ per month
5. \_\_\_\_\_: \$ \_\_\_\_\_ per month
6. \_\_\_\_\_: \$ \_\_\_\_\_ per month
7. \_\_\_\_\_: \$ \_\_\_\_\_ per month

**The total approximate income is:** \$ \_\_\_\_\_ per month

## 11. Waiver of Filing Fee

[ ] I do not ask the court to waive the filing fee. If the person with IDD assets are les than \$3,000 the petitioner can ask the Court to waive the filing fee

[ ] I ask the court to waive the filing fee because:

[ ] The petitioner is the Washington State Attorney General.

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- The Respondent has total assets of less than \$3,000.
- Payment of the filing fee would impose a hardship upon the Respondent because: \_\_\_\_\_

## 12. Existing or Pending Guardianships, Conservatorships, or Other Court Cases

Select the one that applies (usually is the first option)

- There **is no** guardianship or conservatorship action existing or pending in this state or any other for the Respondent.
- There **is** a guardianship or conservatorship action existing or pending in this state or any other for the Respondent:

Where is the case filed? (*state and county*) \_\_\_\_\_

Case number if known: \_\_\_\_\_

Was a guardian or conservator appointed?  Yes  No

If yes:

Name of guardian or conservator: \_\_\_\_\_

Date of appointment: \_\_\_\_\_

- There are other court cases, such as protection order cases, that limit contact between the Respondent and other persons (*describe*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 13. Limits on the Respondent's Rights Select all that applies

The court should consider the following limitations to the Respondent's rights:

- To vote or hold an elected office.
- To marry, divorce, or enter into or end a state-registered domestic partnership.
- To make or revoke a will.
- To make their own financial decisions about money.
- To enter into a contract.
- To appoint someone to act on their behalf.
- To sue and be sued, other than through a guardian.
- To possess a license to drive.
- To buy, sell, own, mortgage, or lease property.
- To consent to or refuse medical treatment.
- To decide who shall provide care and assistance.

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To make decisions regarding social aspects of life.

The court should grant the following other limitations and restrictions:

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## 14. Restrictions on Respondent’s Right to Communicate, Visit, Interact with Others

Contact with the following individuals should be restricted as specified:

Select and complete only if applies

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These facts support my requests. *(Please be as specific as possible. You can use more paper or attach documents if necessary.)*

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## 15. Nomination of Court Visitor

I am not proposing that a specific person act as court visitor (visitor). The person appointed should be the next person on the court’s list.

I am proposing that a specific person, (name) \_\_\_\_\_ act as visitor because of these extraordinary circumstances. *(Explain):* \_\_\_\_\_

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Select this if the respondent’s assets are less than \$3,000

The visitor should be paid by the county because the Respondent’s assets are less than \$3,000.

Authorize Adult Protective Services to provide verbal and/or written information to the visitor, the Petitioner (unless the petitioner is an alleged perpetrator), any attorney for the Respondent, and any subsequently-appointed guardian or conservator. Disclosures by Adult Protective Services should be subject to a protective order, and Adult Protective Services should have discretion to deny any request and/or to request a further court order.

### Petitioner fills out below:

I declare under penalty of perjury under the laws of the State of Washington that the facts I have provided on this form (including any attachments) are true.  I have attached (number): \_\_\_\_\_ pages.

Signed at (City and State): \_\_\_\_\_ Date: \_\_\_\_\_

▶ Petitioner(s)

Person asking for this order signs here

Print name here



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The following is my contact information: [petitioner\(s\) information](#)

Email: \_\_\_\_\_ Phone (Optional): \_\_\_\_\_

I agree to accept legal papers for this case at (check one):

my lawyer's address, listed below.

the following address (this does **not** have to be your home address):

\_\_\_\_\_  
Street Address or PO Box City State Zip

**Lawyer (if any) fills out below:**

▶ \_\_\_\_\_  
Lawyer signs here Print name and WSBA No. Date

\_\_\_\_\_  
Lawyer's Street Address or PO box City State Zip

Email (if applicable): \_\_\_\_\_

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Complete this ONLY if applies

## Appendix A: People Important to the Respondent

Below is the name, relationship, and current address of people important to the Respondent.

This list includes the Respondent's:

- spouse, domestic partner, or an adult with whom the Respondent has shared household responsibilities for more than 6 months in the last year;
- adult children. If there are no adult children, the Respondent's parents and adult siblings are listed. If the Respondent has none of the above, the adult nearest in kinship to the Respondent is listed;
- adult step children that the Respondent parented when they were minors and have continued to have a relationship with the Respondent in the last 2 years;
- adult caregiver;
- attorney;
- any representative payee;
- guardian or conservator;
- trustee or custodian of a trust or custodianship of which the Respondent is a beneficiary;
- fiduciary for the Respondent appointed by the Department of Veterans Affairs;
- agent designated in the Respondent's Power of Attorney;
- nomination of a person to serve as guardian or conservator;
- parent or spouse or domestic partner's nomination as a guardian or conservator in a will or other signed record; and
- assisted decision maker, meaning a person known to have routinely assisted the Respondent with decision making during the 6 months immediately before the filing of the petition.

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

Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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

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

Relationship: \_\_\_\_\_

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