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| (Copy Receipt) | (Clerk’s Date Stamp) |
|  | SUPERIOR COURT OF WASHINGTON**COUNTY OF SPOKANE** |  |
| In the Guardianship/Conservatorship of:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Respondent / Individual | CASE NO. **Motion and Declaration for Instructions** **(MTAF)**  |

**Motion and Declaration for Instructions**

I am the guardian and/or conservator for the individual subject to guardianship and/or conservatorship (Individual). I ask the court to issue an order of instruction that explains my authority over the following issue(s) as set forth in my declaration:

[ ] **Bond:** Whether the court will:

[ ] establish or increase the bond to $ .

[ ] exonerate bond number

[ ] **Blocked Accounts:** Whether the court will:

[ ] establish blocked accounts.

[ ] withdraw funds from blocked accounts in the amount of $

[ ] **Use of conservatorship funds:** Whether the court will allow particular uses of conservatorship funds, such as gifts, donations, vacation expenses, and other uses that the court has not already authorized during a regular hearing.

[ ] **Access to money and other assets:** Whether the conservator should have access to the following bank account, safety deposit box, or other assets. *Describe the account or assets:*

[ ] **Personal property:** Whether the guardian and/or conservator has authority to sell, gift or dispose of the individual’s personal property.

[ ] **Litigation and Settlement:** Whether the court should authorize the conservator to begin litigation or settle litigation. (SPR 98.16W).

[ ] **Make Repairs:** Whether the conservator should make ordinary or extraordinary repairs in a building. The building [ ] is [ ] is not the individual’s home.

[ ] **Real Property:** Whether the court will authorize the conservator to \_\_\_\_\_\_\_\_ the real property located at for the purpose of

[ ] **Hiring an Attorney:** Whether the court will authorize hiring an attorney to represent the individual for the following purpose:

[ ] **Medical Treatment:** Whether the court will authorize the following medical or dental treatment or other procedure:

[ ] **Mental health medication or treatment.** Whether the court will authorize certain types of mental health treatments that require special court review, such as: (\_\_\_\_\_) electro-convulsive treatment, (\_\_\_\_\_) psycho-surgery, or (\_\_\_\_\_) other psychiatric or mental health procedures that restrict freedom of movement or the rights described in RCW 71.05.217. (RCW 11.130.335).

[ ] **Permanent Sterilization.** Whether the court will authorize a doctor to permanently sterilize the Individual, which requires a special court procedure and protections for the Individual.
(*In re Guardianship of Hayes*, 93 Wn.2d 228 (1980), *In re Guardianship of K.M.*, 62 Wash. App. 811 (1991)).

[ ] **Other:**

**Declaration in Support of the Motion:**

**Please explain the circumstances of your request here. You can attach documents to support your declaration.** (*You may attach more pages, if needed*.)

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

Signed at (*City*) , (*State*) on (*Date*)

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| --- | --- | --- |
|  |  |  |
| Signature  |  | Print name [ ] WSBA [ ]CPG # |

The following is my contact information:

Email: Phone *(Optional):*

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

[ ] my lawyer’s address, listed below:

Street Address or PO Box City State Zip

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

Street Address or PO Box City State Zip