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

dispose of the individual's personal property.

litigation or settle litigation. (SPR 98.16W).

[] 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

[] Litigation and Settlement: Whether the court should authorize the conservator to begin

| [|] | 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 | | | | |
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| [|] | 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: () electroconvulsive 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 ster the Individual, which requires a special court procedure and protections for the Individual (<i>In re Guardianship of Hayes</i> , 93 Wn.2d 228 (1980), <i>In re Guardianship of K.M.</i> , 62 Wa App. 811 (1991)). | | | | |
| [| Other: | | | | | |
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| D | e | claration in Support of the Motion: | | | | |
| | | ase explain the circumstances of your request here. You can attach documents to port your declaration. (You may attach more pages, if needed.) | | | | |
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| I declare under penalty of perjury under the true and correct. | laws of the State of | Washington that the | foregoing is | |
| Signed at (City) | , (<i>State</i>) on (<i>Date</i>) | | | |
| | | | | |
| Signature | Print name | []WS | []WSBA[]CPG# | |
| The following is my contact information: | | | | |
| Email: | Phone (Optional |): | | |
| I agree to accept legal papers for this case a | at (check one): | | | |
| [] my lawyer's address, listed below: | | | | |
| | | | | |
| Street Address or PO Box | City | State | Zip | |
| [] the following address (this does not hav | e to be your home a | iddress): | | |
| | | | | |
| Street Address or PO Box | | | | |