|  |  |  |
| --- | --- | --- |
| (Copy Receipt) | | (Clerk’s Date Stamp) |
|  | SUPERIOR COURT OF WASHINGTON **COUNTY OF SPOKANE** |  |
| In the Guardianship/Conservatorship of:    Respondent / Individual | | CASE NO.  COURT VISITOR’S STATEMENT OF QUALIFICATIONS RCW 11.130.280 AND .380  (ST) |

# COURT VISITOR STATEMENT OF QUALIFICATIONS

This statement is presented as required by RCW 11.130.280 and .380:

1. Training related to duties as Court Visitor/Guardian ad Litem are detailed below:
   1. Hourly Rate charged $
   2. Criminal history (as defined in RCW 9.94.A.030, must include prior ten years):
2. I have had contact with a party in this proceeding prior to appointment:
   1. Yes

No

* 1. If yes, please explain each instance on a page attached hereto.

1. I have had an apparent conflict of interest involving a party in this case:
   1. Yes

No

* 1. If yes, please explain each instance on a page attached hereto.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that to the best of my knowledge the statements above are true and correct.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Signature of Court Visitor |  | Printed Name of Court Visitor |
|  |  |  |
| Address |  | City, State, Zip Code |
|  |  |  |
| Telephone/Fax Number |  | Email Address |