(Copy Receipt)

(Clerk's Date Stamp)



SUPERIOR COURT OF WASHINGTON

Guardian/Conservator's Plan				
Respondent	Guardian/Conservator's Plan & Motion to Approve (RPT)			
In the Guardianship / Conservatorship of:	NOTICE OF FILING:			
COUNTY OF SPOKANE				

I ask to court to approve the Guardian and/or Conservator's Plan.

Individual Subject to Guardianship/ Conservatorship's (Individual) Current Living Arrangement:				
Guardian's plan for Individual's living arrangement (If different)				
Individual's current services and supports received:				
Guardian's plan for services and supports (If different)				

Individual's close personal relation	nships:	
Name/Relationship to Individual	Address	Phone/Fax Nu
Plan to facilitate Individual's relati	ionships and visits	with people above:
Guardian's Plan for visits and con	illiumcation with i	nuiviuuai
The guardian's goals for the Indiv goal related to the restoration of the		y'll be achieved (include a
goal related to the restoration of the		y'll be achieved (include a
	Individual's rights).	
goal related to the restoration of the Individual's plan Does the Individual have an existing	Individual's rights).	e IEP, PCSP, Rehabilitatio
goal related to the restoration of the Individual's plan Does the Individual have an existing financial plan)	Individual's rights).	e IEP, PCSP, Rehabilitatio
Individual's plan Does the Individual have an existing financial plan) [] Yes. Describe the Individual's	Individual's rights). plan? (For example Plan:	EIEP, PCSP, Rehabilitation

Conservator budget: The conservator budget: The conservator budget: The conservator budget: The conservator budget:		ests approval of the following budge
		ests approval of the following budge
	/// /// /// //////////////////////////	fill in only those that apply):
ncome:	,	
Interests/Dividends		\$
Social Security		\$
Pension (Including Veteran's or Otherwise)		\$
Other		\$
Total Manthly Income		l &
Total Monthly Income		\$
A Trust that does not report to Expenses:	the court:	the Trustee's name, address:
Expenses:	_	the Trustee's name, address:
	\$	the Trustee's name, address:
Expenses: Room and Board	_	the Trustee's name, address:
Expenses: Room and Board Medical	\$	the Trustee's name, address:
Expenses: Room and Board Medical Rent/Mortgage Personal and Incidental	\$ \$ \$	the Trustee's name, address:
Expenses: Room and Board Medical Rent/Mortgage Personal and Incidental Expenses	\$ \$ \$ \$	the Trustee's name, address:
Expenses: Room and Board Medical Rent/Mortgage Personal and Incidental Expenses Food and Household Expenses	\$ \$ \$ \$	the Trustee's name, address:
Expenses: Room and Board Medical Rent/Mortgage Personal and Incidental Expenses Food and Household Expenses Utilities	\$ \$ \$ \$ \$ \$	the Trustee's name, address:
Expenses: Room and Board Medical Rent/Mortgage Personal and Incidental Expenses Food and Household Expenses Utilities Conservator's Fees Attorney Fees and Costs Other	\$ \$ \$ \$ \$ \$ \$ \$	the Trustee's name, address:
Expenses: Room and Board Medical Rent/Mortgage Personal and Incidental Expenses Food and Household Expenses Utilities Conservator's Fees Attorney Fees and Costs Other Other	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	the Trustee's name, address:
Expenses: Room and Board Medical Rent/Mortgage Personal and Incidental Expenses Food and Household Expenses Utilities Conservator's Fees Attorney Fees and Costs Other	\$ \$ \$ \$ \$ \$ \$ \$	the Trustee's name, address:

12.	How the conservator plans to help the Individual manage their estate independently Estimate of the duration of the conservatorship						
13.							
I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form are true.							
•	ed at (city and state):		Date:				
	on asking for this order signs here ollowing is my contact information:	Print name here					
Email	l:	Phone (Optional)):				
•	ee to accept legal papers for this case any lawyer's address, listed below.	at <i>(check one):</i>					
	e following address (this does not hav	ve to be your home addre	ess):				
Si	treet Address or PO Box	City	State	Zip			

RCW 11.130.340 (3) - Person subject to guardianship and any Notice Parties has the right to object to the Guardianship Plan. Objections filed later than the 30-day period may not be considered by the Court.

RCW 11.130.510 (3) - Person subject to conservatorship and any Notice Parties has the right to object to the Conservator's Inventory and Plan. Objections filed later than the 30-day period may not be considered by the Court.

An objection to the guardian's or conservator's plan must be filed with the Spokane County Clerk's Office no later than 30 days after the guardian's or conservator's plan was filed with the Court. A copy of the objection must be delivered to the Guardianship Monitoring Program by leaving it in the guardianship dropbox in the Superior Court Administrator's Office, which is located on the 3rd floor of the courthouse annex.