## APPLICATION / REAPPLICATION FOR TITLE 11.130 ADULT GUARDIANSHIP / COURT VISITOR REGISTRY

## **Guardianship / Conservatorship / Protective Arrangement**

Name	:					
Busir	ess Name or Firm:					
Busir	ess Address:					
City and State: Zip Code:						
Busir	ess Phone: () Fax: ()					
Emai	Address:					
	Non-Attorney Attorney - WSBA or Washington State Certification No:					
	I am hereby applying to serve as a:  Court Visitor (RCW 11.130.280)  Attorney for Respondent/Person Subject to Guardianship (RCW 11.130.285)  Special Agent / Complex Case Appointments (RCW 11.130.635)  Emergency Guardian (RCW 11.130.320)					
	I am willing to serve as a Title 11.130 Court Visitor at public expense.					
	I have no pending investigations or action against me involving felony allegations professional certification or license suspension and/or revocation.					
	I agree to advise the court immediately in the event of any complaint, investigation o action being commenced which could lead to professional discipline, or the suspension o revocation of my professional license, or to the filing of criminal charges for felony o crime involving allegations of theft, dishonesty or moral turpitude.					
	I have read and agree to be bound by the Kitsap County Superior Court Guardian ad Litem Registry Code of Conduct.					
	nary of my experiences as a Guardian ad Litem/Court Visitor, including years of rience and number of appointments.					
	per of times serving as a Guardian ad Litem/Court Visitor that I have been removed for e to perform my duties as a Guardian ad Litem/Court Visitor:					
	I have completed the 2-day model training program required by RCW 11.130.155 (or prior 2-day training under RCW 11.88) and have provided proof of the same with this application.   Yes  No					

		NOT completed the model training program but will do so once the training es available. $\square$ Yes $\square$ No
impaire substar	ed elde nce use	ny knowledge, training and experience in each of the following areas: Needs of crly people, physical disabilities, mental disabilities, developmental disabilities, disorder; and other areas relevant to the needs of persons subject to guardianship rship, legal procedure, and the requirements of RCW 11.130.
I includ	de the f	following with my application (please check all applicable boxes):
		Curriculum vitae, showing work and professional or personal experience in or related to the field that would assist in the performance and completion of Guardian ad Litem/Court Visitor duties.
		Completed Washington State Patrol Conviction Criminal History.
		Signed release of information directed to all professional regulatory bodies which have licensed or supervised the applicant within the last ten years.
		Description of nature, status and outcome of any professional complaints, investigations or disciplinary actions, lawsuits or professional liability claims, and any order for removal of the Guardian ad Litem or Court Visitor prior to completion of the Guardian ad Litem/Court Visitor duties.
		Description of any claims or litigation that has been commenced, involving allegations of improper fee charges, charges of fraud, theft or other forms of dishonesty or professional malpractice or misconduct.
		Copy of fee schedule. [See KCLGALR $5(f)(3)$ re: private pay limits].
		Certificate of Qualification/Training for Guardian ad Litem/Court Visitor seeking appointment under RCW 11.130;
		OR
		I am currently on the Guardian ad Litem/Court Visitor Registry and have included a certificate of updated training taken within the last year.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.							
DATED this	day of	, 20, at	, Washington.				
	SIGNATURE OF APPLICANT						
	DDINE NAME.						
		PRINT NAME:					

Please mail, deliver or email the completed application, with  $\underline{all}$  attachments, to:

ATTN: Court Administrator Kitsap County Superior Court 614 Division Street, MS-24 Port Orchard, WA 98366 fmaiocco@co.kitsap.wa.us