

# LAW OFFICE OF RACHEL A. BROOKS

## GUARDIANSHIP PETITION REFERRAL FORM

### Welcome!

This optional referral form is for facilities or health care providers who have a patient or resident who may need a guardianship. This form is for *your* convenience. If you prefer, you may call us directly.

If you are a parent or other family member who is interested in guardianship, please skip this form and call us directly.

If you have questions, please call Rachel or Emily at 360-699-5801.

Completion of this form does not, in itself, create an attorney-client relationship.

Thank you!

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### Your Information

YOUR NAME

YOUR FACILITY OR ORGANIZATION

YOUR TITLE

EMAIL

PHONE NUMBER

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### Alleged Incapacitated Person ("AIP")

FULL NAME

DATE OF BIRTH

SOCIAL SECURITY OR MEDICAL RECORD NUMBER

IS AIP A MEDICAID LONG-TERM CARE CLIENT?

Yes

No

IF MEDICAID, IS THIS A COPEs CLIENT?

Yes

No

IS AIP A VETERAN?

Yes

No

IS THERE A BALANCE DUE TO THE FACILITY (if applicable?)

Yes

No

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## Family & Friends

SPOUSE OR DOMESTIC PARTNER

ADDRESS

PHONE NUMBER

CHILD #1

ADDRESS

PHONE NUMBER

CHILD #2

ADDRESS

PHONE NUMBER

CHILD #3

ADDRESS

PHONE NUMBER

Please call if there are additional family members or friends.

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## Power of Attorney

HAS ANY PERSON *CLAIMED* TO HAVE POWER OF ATTORNEY FOR THE ALLEGED INCAPACITATED PERSON? IF SO, WHO?

HAVE YOU ACTUALLY *RECEIVED* A COPY OF A POWER OF ATTORNEY DOCUMENT?

Medical POA

Financial POA

No POA

*Please provide copies of any power of attorney document you have received.*

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## Medical Information

PRIMARY PHYSICIAN

PHONE NUMBER

PRIMARY DIAGNOSES (Check all which apply)

Dementia, Alzheimer's Type

Dementia, Other

Stroke

Heart Disease

Kidney / UT Disease

High Blood Pressure

Schizophrenia

Diabetes

Depression

Anxiety

OTHER DIAGNOSES

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## Areas of Assistance (Activities of Daily Living)

Please check each Activity of Daily Living ("ADL") for which the AIP needs assistance.

- Medication Management
- Making Medical Appointments
- Maintaining Nutrition
- Preparing Meals
- Transfers or Mobility
- Transportation
- Bathing or Showering
- Other Personal Hygiene
- Locating Housing
- Managing Money
- Applying for Benefits

OTHER INFORMATION ABOUT ADLs

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## Proposed Guardian

Are you recommending a specific guardian or Certified Professional Guardian? If so, who?

For information on Certified Professional Guardians, please visit [http://www.courts.wa.gov/programs\\_orgs/guardian/](http://www.courts.wa.gov/programs_orgs/guardian/)

For information on Family Members Serving as Guardians, please visit [http://www.courts.wa.gov/programs\\_orgs/guardian/?fa=guardian.layGuardianship&type=training](http://www.courts.wa.gov/programs_orgs/guardian/?fa=guardian.layGuardianship&type=training)

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## Other Protections

IS ADULT PROTECTIVE SERVICES INVOLVED?

- Yes
- No

IF YES, WHO IS THE INVESTIGATOR?

DOES THE AIP NEED A VULNERABLE ADULT PROTECTION ORDER?

Yes

No

IF YES, PLEASE CALL US DIRECTLY.

Thank you for the referral. Please send the following documents by fax (360-699-5802) or email ([rachel@rachelbrookslaw.com](mailto:rachel@rachelbrookslaw.com)):

- \* Facility Facesheet
- \* Power of Attorney Documents
- \* Relevant Case Notes