

Superior Court of the State of Washington
for Snohomish County

GUARDIAN AD LITEM PROGRAM
SNOHOMISH COUNTY COURTHOUSE
3000 Rockefeller Avenue M/S 502
Everett, WA 98201-4060

RE: **TITLE 11 GAL REGISTRY APPLICATION**

Dear Applicant:

To be considered for our Registry, originals of the following must be submitted by mail or hand-delivered to the address below:

1. Application Form (attached – pages 1-6).
2. Oath of Guardian ad Litem (attached – pages 7-9).
3. Confidential Application and Release Form (attached – page 10).
4. Your résumé/CV.
5. Proof of Title 11 GAL approved mandatory annual recertification training for renewal applications or mandatory initial training for new applications.

If you are applying to our Title 11 GAL Registry for the first time and wish to be included on our County Pay Registry, the following is also required:

6. Form W-9 (available at www.irs.gov).

Additionally, please make sure to download and read the following:

7. [Snohomish County Guardian ad Litem Administrative Policies.](#)
8. [Washington State GALRs and Snohomish County LCGALRs.](#)

Please mail the completed applications **with all attachments** and original signatures to:

Christine Liebsack
Programs Administrator
Snohomish County Superior Court
3000 Rockefeller Avenue, M/S 502
Everett, Washington 98201

Thank you for your interest in serving as a Title 11 Guardian Ad Litem for Snohomish County Superior Court.

Enclosures

**SNOHOMISH COUNTY SUPERIOR COURT
TITLE 11 GAL APPLICATION**

The following information provided by you will be made available to the public for review:

Name: _____

Business Name or Firm: _____

Business Address: _____

City and State: _____ Zip Code: _____

Business Phone: (_____) _____ Fax: (_____) _____

Alternate Phone: (_____) _____ *(This will not be kept confidential.)*

Email address: _____

WSBA or Washington State Certificate #: _____

1. I hereby apply to serve as a Title 11 Guardian ad Litem.
2. I have never been convicted of a felony or a crime involving moral turpitude.
Must initial: _____
3. My formal education is as follows:

4. Please indicate the date, county and sponsor where you completed the initial mandatory two-day training, and if you are renewing your application, the date, county and sponsor where you completed the mandatory one-day recertification training:

Initial Training:

Date: _____ County/Sponsor: _____

Recertification Training (for renewal applicants only):

Date: _____ County/Sponsor: _____

5. I attended the following additional Title 11 GAL training(s):

Date: _____ County/Sponsor: _____

Date: _____ County/Sponsor: _____

6. Number of years of experience as a Title 11 GAL: _____
7. Number of appointments as a Title 11 GAL and the county or counties of appointment:
8. The following is a statement of my criminal history, if any, as defined by RCW 9.94A.030:
9. Your knowledge, training, and experience in each of the following areas: Needs of impaired elderly people, physical disabilities, mental illness, developmental disabilities, and other areas relevant to the needs of incapacitated persons, legal procedure, and the requirements of RCW 11.88 and 11.92. Attach additional pages as necessary; please do not refer to résumé/CV as part of your response.
10. The following is a statement of the extent of liability coverage in force covering any errors, omissions and acts of professional negligence (provide name of company and policy limits):
11. I agree to advise the Court immediately in the event of any complaint, investigation or action being commenced, which could lead to professional discipline or suspension; removal or suspension from any county's GAL Registry; the suspension or revocation of my professional license; and/or to the filing of criminal charges for a felony or crime involving allegations of theft, dishonesty or moral turpitude. **Must initial:** _____
12. My private pay Guardian ad Litem fees are as follows: \$_____ Retainer; and \$_____ per hour. Other: (if applicable):

13. The following **must** be included with this application (**check the item below to acknowledge inclusion with your application**):

- Copy of the certificate from the training provider evidencing successful completion of the mandatory Title 11 GAL initial training for new applicants or annual recertification training for renewal applicants.
- Résumé/curriculum vitae, showing work and professional or personal experience in or related to the Title 11 GAL Registry that would assist in the performance and completion of Guardian ad Litem duties.
- Completed and signed statements regarding professional complaints, investigations, or disciplinary actions and claims or litigation (pages 4 and 5 of this application).
- FOR COUNTY PAY GAL REGISTRY APPLICANTS ONLY: Signed acknowledgment and agreement to be bound by the Court's policies in which compensation is sought at county expense (page 6 of this application).
- Signed Oath of Guardian ad Litem (page 7 of this application).
- Signed release of information directed to all professional regulatory bodies, which have licensed or supervised the applicant within the last ten (10) years (page 10 of this application).

14. If you are an attorney and desire that your application be considered for your admission to our county pay Title 4 GAL Registry, you **must** check here **and** you **must** select either the second or third checkbox on page 6 of this application, as appropriate, and sign and date the same.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Signed this _____ day of _____, 20_____, at

(City and State)

Signature of Applicant

PROFESSIONAL COMPLAINTS, INVESTIGATIONS OR DISCIPLINARY ACTIONS

(Please check mark one box below.)

- Description of the nature, status and outcome of any professional complaints, investigations or disciplinary actions, lawsuits or professional liability claims, and any order for removal as Guardian ad Litem prior to completion of Guardian ad Litem duties. Please provide summary and outcome only and attach additional pages if needed.

- I affirm that there have been no professional complaints, investigations or disciplinary actions, lawsuits or professional liability claims and any order for removal as Guardian ad Litem prior to completion of Guardian ad Litem duties.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date: _____

Signature

Print Name

CLAIMS OR LITIGATION

(Please check mark one box below.)

- 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. Please provide summary and outcome only and attach additional pages if needed.

- I affirm that there have been no claims or litigation involving allegations of improper fee charges, charges of fraud, theft or other forms of dishonesty or professional malpractice or misconduct.

I certify under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

Date: _____

Signature

Print Name

ACKNOWLEDGMENT AND AGREEMENT
FOR COUNTY PAY GAL REGISTRY APPLICANTS ONLY

PLEASE NOTE

If this Acknowledgment and Agreement is completed and returned and the applicant is accepted to the Title 11 GAL Registry:

- The non-attorney applicant will also be included on the county pay Title 11 GAL Registry.
- Attorney applicants: If you wish to be included on a county pay Registry, you must select one of the following:
 - The attorney applicant desires to be included on the Title 11 GAL Registry for county pay matters.
 - The attorney applicant desires to be included on ONLY the Title 4 GAL Registry for county pay matters **and** has selected the checkbox in paragraph 14 of the application (NOTE: failure to complete paragraph 14 will exclude you from Title 4).
 - The attorney applicant desires to be included on BOTH Title 4 and Title 11 GAL Registries for county pay matters **and** has selected the checkbox in paragraph 14 of the application (NOTE: failure to complete paragraph 14 will exclude you from Title 4).

DO NOT COMPLETE THIS PAGE IF YOU DO NOT INTEND TO BE INCLUDED ON A COUNTY PAY REGISTRY

Appointed Guardians ad Litem are responsible to manage their assigned cases within the scope and fee scales set by the bench. All bills must be timely and itemized with a copy of the Order Appointing the Guardian ad Litem submitted at the time of billing.

All excess fees beyond the set fee schedule must be pre-approved through written or email request to the Programs Administrator for Superior Court. Generally, pre-approval of excess or additional fees will be limited to no more than six to ten (6-10) hours of service.

I certify that I have read and agree to be bound by the Court's policies in cases in which compensation is sought at public expense. Currently, the rate for County cases is set at: \$50/hour up to 12 hours maximum, including costs.

Date: _____

Signature

Print Name

**SNOHOMISH COUNTY GUARDIAN AD LITEM REGISTRY
CODE OF CONDUCT**

1. The Guardian ad Litem shall represent the best interests of the persons for whom he or she is appointed.
2. The Guardian ad Litem shall make a reasonable inquiry as to the facts and issues in dispute and shall decline the appointment if the Guardian ad Litem is not qualified, competent or able to complete the matter in a timely manner. The Guardian ad Litem shall locate professional resources as necessary to assist in the Guardian ad Litem's evaluation and recommendations.
3. The Guardian ad Litem shall maintain the ethical principles of the Guardian ad Litem's own profession.
4. The Guardian ad Litem shall remain qualified for the registry to which the Guardian ad Litem is appointed and shall promptly advise the court of any grounds for disqualification or unavailability to serve.
5. The Guardian ad Litem shall maintain independence and objectivity in the Guardian ad Litem investigation.
6. The Guardian ad Litem shall avoid any actual or apparent conflict of interest or impropriety in the conduct of Guardian ad Litem duties. The Guardian ad Litem shall avoid self-dealing or association from which the Guardian ad Litem might directly or indirectly benefit, other than for compensation as Guardian ad Litem. The Guardian ad Litem shall take action immediately to resolve any potential conflict or impropriety. The Guardian ad Litem shall advise the court and the parties of action taken, or resign from the matter, as may be necessary to resolve the conflict or impropriety.
7. The Guardian ad Litem shall treat the parties with respect, courtesy, fairness and good faith, regardless of race, color, creed, religion, national origin, cultural heritage, gender, age, education, economic status, marital status, sexual orientation or disability.
8. The Guardian ad Litem shall inform the court concerning all relevant information disclosed or made available to the Guardian ad Litem.
9. The Guardian ad Litem shall not guarantee or create the impression that any portion of the investigation will remain confidential.
10. The Guardian ad Litem shall maintain the privacy of the parties, and shall make no disclosures about the case or investigation except in reports to the court or as necessary to perform the duties of the Guardian ad Litem.

**SNOHOMISH COUNTY GUARDIAN AD LITEM REGISTRY
CODE OF CONDUCT**

11. The Guardian ad Litem shall perform duties in a prompt and timely manner. The Guardian ad Litem shall maintain adequate documentation to substantiate recommendations and conclusions. The Guardian ad Litem shall keep complete and contemporaneous records of actions taken and the time and expense incurred.

12. The Guardian ad Litem shall report to law enforcement and/or Child Protective Services any child abuse or neglect as defined in RCW 26.44 or adult abuse as defined in RCW 74.34 as found by him or her.

**SNOHOMISH COUNTY GUARDIAN AD LITEM
CONFIDENTIAL APPLICATION AND RELEASE**

The information provided by you on this page will be kept in a separate file due to confidentiality. For criminal history check purposes, please provide:

Full Name: _____ Date of Birth: _____
(including middle name)

Maiden Name: _____ All Aliases: _____

Driver's License #: _____ Email Address: _____
(***mandatory***)

Address: _____ Telephone #: _____
_____ Fax #: _____
Zip Code

RELEASE
(To be enclosed with your application)

TO:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Washington State Patrol | <input checked="" type="checkbox"/> Washington State Courts |
| <input checked="" type="checkbox"/> Washington State Bar Association | <input type="checkbox"/> Washington State Medical Association |
| <input type="checkbox"/> Washington State Nursing Commission | <input type="checkbox"/> Washington Board of Psychology |
| <input type="checkbox"/> Washington State Department of Licensing | |

I, _____, (Professional License No.: _____),
hereby authorize you for the purpose of my application and/or work as a Snohomish County
Guardian ad Litem, to release information to and discuss such information with:

Programs Administrator
Snohomish County Superior Court
3000 Rockefeller Avenue, M/S 502
Everett, WA 98201

This RELEASE includes, but is not limited to, all records and information concerning any
official disciplinary action or any pending active investigation you have with regard to me.

Signature/Date