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IN THE TULALIP TRIBAL COURT  
TULALIP INDIAN RESERVATON  
TULALIP, WASHINGTON

**In Re Guardianship of:**

\_\_\_\_\_  
Name of child/or incapacitated Adult

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Petitioner(s)

\_\_\_\_\_  
Respondent(s)

**NO.**

**Annual Guardianship's Report  
Accounting & Care Plan**

COMES NOW guardian to present the annual guardianship's report accounting and care plan.

The moving party swears under penalty of perjury as follows:

1. I am the guardian of the above referenced minor(s) or incapacitated adult.
2. I have performed all of the required obligations as my trust as guardian.
3. I have attached hereto a statement which sets forth the names and addresses of education/healthcare/social service providers as well as an accounting of the guardianship estate.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Petitioner(s)/Guardian(s)

\_\_\_\_\_  
Address

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip code

\_\_\_\_\_  
Telephone

Tulalip Tribal Court  
6103 31<sup>st</sup> AVE NE  
Tulalip, WA 98271

IN THE TULALIP TRIBAL COURT  
TULALIP INDIAN RESRVATION  
MARYSVILLE, WASHINGTON

**In Re Guardianship of:**

\_\_\_\_\_  
Name of child/or incapacitated Adult

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Petitioner(s)

\_\_\_\_\_  
Respondent(s)

**NO.**

**Annual Guardianship's Report  
Accounting & Care Plan**

COMES NOW \_\_\_\_\_, [ ] Guardian [ ] attorney

for guardian, and presents the annual accounting and report pertaining to the above referenced ward.

The reporting party swears under penalty of perjury as follows:

1. Residential Location of Ward: (Include full postal and street address with appropriate contact phone numbers): \_\_\_\_\_

2. The care giver for the ward: (If different from above). \_\_\_\_\_

3. Guardianship Funds:

[ ] All funds are maintained in a blocked account pursuant to T.T.C., Title 4, Chapters 4.05, Section 4.05.260.

[ ] I maintain the following accounts for the ward. (List all bank accounts with current balances):

[ ] Attached as exhibit "A" is a register of account activity that represents beginning balances, expenditures and ending balances.

Tulip Tribal Court  
6103 31<sup>st</sup> AVE NE  
Tulalip, WA 98271

1 4. School location and contacts. (Provide school address and phone number and include name of ward's  
2 counselor. Attach IEP if applicable.) \_\_\_\_\_

3 \_\_\_\_\_

4 5. Medical and Dental information: (List medical and dental providers.): \_\_\_\_\_

5 \_\_\_\_\_

6  
7 6. Designation of Standby Guardian: (List name, address and phone information for person who will act  
8 in your absence for a period of 30 days pending appointment of new guardian, should something happen  
9 to you.) \_\_\_\_\_

10 \_\_\_\_\_

11  
12 7. Service of Process (Please be sure to serve all necessary parties by regular United States Mail at least  
13 10 day prior to the scheduled hearing to review and approve this report.)

14  I served every party to this proceeding and I have attached a declaration of service that shows  
15 the addresses of the parties who have been served.

16  No party requires service.

17 8. I have contacted the clerk and she has scheduled a hearing for my next annual report for  
18 \_\_\_\_\_, at \_\_\_\_\_ (a.m. /p.m.)

19  
20 DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

21  
22  
23 \_\_\_\_\_  
24 Guardian(s)