

IN THE SUPERIOR COURT OF STATE OF WASHINGTON FOR KING COUNTY

In re the Guardianship of:

Cause No: _____ °

60 DAY HEARING CHECKLIST

In order to complete this form, you will need a copy of the documents that have been filed in your case. You may also need to look at the court file. You can look at the court file online at: <https://dja-prd-ecexap1.kingcounty.gov/?q=node/427> or in person at the clerk's office:

- Seattle Courthouse: 516 Third Avenue, Seattle WA 98104, Room E-609
- Kent Regional Justice Center: 401 Fourth Ave. N., Room 2C, Kent, WA 98032
- Children & Family Justice Center: 1211 East Alder, Room 3015, Seattle WA 98122

1. Parties' Information

Child's Name:		Child's Age:	
Mother's Name			
Father's Name			
Petitioner #1			
Petitioner #2 <i>(if applicable)</i>			
Proposed Guardian #1		Relation to child:	
Proposed Guardian #2 <i>(if applicable)</i>		Relation to child:	
Name of each person with custody of minor for 60 days or more in the past 2 years			
Name of each person with custody of minor for 730 days or more in the past 5 years			

2. **Petition:** *(To fill out this section you must look at the petition (GDN M 102) that was filed to start the case)*

	YES	NO*
Did you complete the <u>Minor Guardianship Petition</u> using Form GDN M 102?	<input type="checkbox"/>	<input type="checkbox"/>
Is all information in Form GDN M 102 complete and filled in?	<input type="checkbox"/>	<input type="checkbox"/>

***NOTE:** If the answer is 'No' to either of the above two questions, provide all information to complete Form GDN M 102 on an attached sheet.

3. **Supplemental Declaration:** *(To fill out this section you need to look at the supplemental declaration that was filed when you started the case)*

(CHECK YES OR NO FOR EACH ROW)	YES	NO
Has a separate supplemental declaration (Form GDN M 103) been filed and served?	<input type="checkbox"/>	<input type="checkbox"/>
Does the supplemental declaration include factual reasons why you are seeking the guardianship?	<input type="checkbox"/>	<input type="checkbox"/>
Does the supplemental declaration include factual reasons why the guardianship is in the minor's best interest?	<input type="checkbox"/>	<input type="checkbox"/>

4. **Notice of hearing:** *(To fill out this section you need to look at the Notice of Hearing (GDN M 101) that was filed when you started the case)*

	YES	NO*
Did you complete the <u>Notice of hearing</u> using Form GDN M 101?	<input type="checkbox"/>	<input type="checkbox"/>
Is all information in Form GDN M 101 complete and filled in?	<input type="checkbox"/>	<input type="checkbox"/>

***NOTE:** If the answer is 'No' to either of the above two questions, provide all missing information to complete Form GDN M 101 on an attached sheet.

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5. **Security/Background Checks:** *(To fill out this section you need to look at the Notice of Hearing (GDN M 101) that was filed when you started the case)*

<i>(CHECK YES OR NO FOR EACH ROW. IF THE DOCUMENT HAS BEEN FILED, LIST THE DATE IT WAS FILED)</i>	YES*	*If yes, Date Filed	NO
Have the Washington State Patrol criminal history reports been filed for the proposed Guardian?	<input type="checkbox"/>		<input type="checkbox"/>
Have the Washington State Patrol criminal history reports been filed for all residents of the guardian's household?	<input type="checkbox"/>		<input type="checkbox"/>
Have the Washington DCYF Child Protection Service reports been filed for the proposed guardian(s)?	<input type="checkbox"/>		<input type="checkbox"/>
Have the Washington DCYF Child Protection Service reports been filed all residents of the guardian's household?	<input type="checkbox"/>		<input type="checkbox"/>
Have all proposed guardians completed and filed with the Court the required Disclosure of Bankruptcy or Criminal History form (GDN ALL 002)?	<input type="checkbox"/>		<input type="checkbox"/>

6. **Service:** *(to fill out this section you will need to look at the Proof of Service(s) filed in your case)*

Have the parties below been served with the petition, summons supplemental declaration and Notice of Hearing? <i>(CHECK YES OR NO FOR EACH ROW. IF THE DOCUMENT HAS BEEN FILED, LIST THE DATE IT WAS FILED)</i>	YES*	*If yes, Date of Service	NO
Minor, if age 12 or older	<input type="checkbox"/>		<input type="checkbox"/>
Parent of Minor	<input type="checkbox"/>		<input type="checkbox"/>
Parent of Minor	<input type="checkbox"/>		<input type="checkbox"/>
Guardian/Custodian of minor	<input type="checkbox"/>		<input type="checkbox"/>

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7. **Notice:** *(to fill out this section you will need to look at the Proof of Mailing(s) filed in your case)*

Have the parties requiring notice been provided by mail or otherwise with the petition and Notice of Hearing? (CHECK YES OR NO FOR EACH ROW. IF THE DOCUMENT HAS BEEN FILED, LIST THE DATE IT WAS FILED)	YES* or N/A	*If yes, Date of mailing	NO
Adult non-parent with custody of child	<input type="checkbox"/>		<input type="checkbox"/>
Each person with custody of minor for 60 days or more in the past 2 years	<input type="checkbox"/>		<input type="checkbox"/>
Each person with custody of minor for 730 days or more in the past 5 years	<input type="checkbox"/>		<input type="checkbox"/>
Each person nominated by minor as guardian	<input type="checkbox"/>		<input type="checkbox"/>
Any nominee of a parent	<input type="checkbox"/>		<input type="checkbox"/>
Each grandparent of the minor	<input type="checkbox"/>		<input type="checkbox"/>
Each adult sibling of the minor	<input type="checkbox"/>		<input type="checkbox"/>
Any conservator of the minor in any jurisdiction	<input type="checkbox"/>		<input type="checkbox"/>

8. **Visitor/GAL/Attorney:**

(CHECK YES OR NO FOR EACH ROW)	YES	NO
Has a visitor been appointed?	<input type="checkbox"/>	<input type="checkbox"/>
Has a Guardian Ad Litem been appointed?	<input type="checkbox"/>	<input type="checkbox"/>

Has an attorney for the minor been appointed?	<input type="checkbox"/>	<input type="checkbox"/>
Has an attorney for a parent been appointed?	<input type="checkbox"/>	<input type="checkbox"/>

9. **Related Cases/Matters*:**

<i>(CHECK YES OR NO FOR EACH ROW)</i>	YES	NO
Cases in this or other jurisdictions regarding the child:	<input type="checkbox"/>	<input type="checkbox"/>
Any other cases in this court to be linked or aware of?	<input type="checkbox"/>	<input type="checkbox"/>

*List all related/other case information, including court and cause number here:

10. **Other:**

<i>(CHECK YES OR NO FOR EACH ROW)</i>	YES	NO
Does the Indian Child Welfare Act apply? <i>(See section 16 of the petition)</i>	<input type="checkbox"/>	<input type="checkbox"/>
Has a parent or any other party filed a response filed to petition?	<input type="checkbox"/>	<input type="checkbox"/>

Has the child turned 12 or will they turn 12 in the next six months?	<input type="checkbox"/>	<input type="checkbox"/>
Does the respondent child have any siblings?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, where do the siblings live?</i>		

Have you filed a separate petition for emergency guardianship?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes what is the case number?</i>		
Have all proposed guardians completed the on-line lay guardian training?	<input type="checkbox"/>	<input type="checkbox"/>
<i>If yes, is the certificate of completion in the case file?</i>	<input type="checkbox"/>	<input type="checkbox"/>

Petitioner fills out below:

I declare under penalty of perjury under the laws of the state of Washington that the facts I have provided on this form (including any attachments) are true. I have attached (#): _____ pages.

Signed at (*city and state*): _____ Date: _____



Petitioner signs here

Print name

Co-Petitioner (if any) fills out below:

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.

Signed at (*city and state*): _____ Date: _____



Other Petitioner signs here

Print name

Petitioner's lawyer (if any) fills out below:



Petitioner's lawyer signs here

Print name and WSBA No.

Date