***Contact information in re the guardianship/conservatorship of [Respondent]***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PERSON** | AGENCY/ROLE | **ADDRESS** | **TELEPHONE**  | **FAX NO.** |
|  | Agent under DPOA (if any) |  |  |  |
|  | APS investigator  | 1330 N. Washington, Ste. 3000Spokane, WA 99201 | 509.309.6402 |  |
| *apspublicrecords@dshs.wa.gov* | APS Public Records |  |  |  |
|  | Attorney for Petitioner  |  |  |  |
|  | Bank Branch Manager |  |  |  |
|  | Court Visitor/Guardian ad Litem  |  |  |  |
| *Dcyf.publicdisclosure@dcyf.wa.gov* | Department of Children, Youth and Families  |  |  |  |
| *DDAPublicRecords@dshs.wa.gov* | Developmental Disabilities Case Manager |  |  |  |
|  | Family member/interested person |  |  |  |
|  | HCS Case Manager |  |  |  |
| *hcspublicrecords@dshs.wa.gov*  | HCS Public Disclosure Coord |  | 360.725.2518 |  |
|  | Interpreter (if any) |  |  |  |
| [*https://odysseyportal.courts.wa.gov*](https://odysseyportal.courts.wa.gov) | Odyssey |  |  |  |
| *pacer.login.uscourts.gov*  | PACER – bankruptcy check |  |  |  |
|  | Petitioner |  |  |  |
|  | Proposed Certified Professional Guardian |  |  |  |
|  | Rep Payee |  |  |  |
|  | RESPONDENT |  |  |  |
|  | Respondent’s Adult Child |  |  |  |
| . | Respondent’s Primary Care Provider |  |  |  |
|  | Respondent’s Spouse (if any)  |  |  |  |

\*Also, is your subject a veteran? Does s/he have a funeral policy, pension/retirement/brokerage accounts?