

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of the Protective Proceeding of \_\_\_\_\_ )  
 )  
 )  
 )  
 )  
 )  
 Respondent \_\_\_\_\_ )  
 \_\_\_\_\_ )

CASE NO. \_\_\_\_\_

PETITION FOR APPOINTMENT OF A  
 GUARDIAN  CONSERVATOR  
(AS 13.26.105) (AS 13.26.180)  
FOR AN ADULT

*(Answer all questions on this form, including both the "Guardianship" and "Conservatorship" questions on pages 4 – 7.)*

1. Petitioner asks the court to appoint the following for the above-named respondent:

a guardian because the respondent is incapacitated as defined in Alaska Statute 13.26.005(4). [Respondent's ability to receive and evaluate information or to communicate decisions is impaired to the extent that he/she lacks the ability to provide the essential requirements for his/her physical health or safety without court-ordered assistance.]

a conservator because the respondent is  
(1) unable to manage his/her property and affairs effectively and  
(2) has property that will be wasted or dissipated unless proper management is provided (or needs the management of a conservator in order to receive proper financial support).

2. Petitioner's Name \_\_\_\_\_ Age \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(box or street number) (city) (state) (ZIP)

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship to Respondent \_\_\_\_\_

3. Respondent's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(box or street number) (city) (state) (ZIP)

Residence Address \_\_\_\_\_  
(street address) (city) (state)

Daytime Phone \_\_\_\_\_ Social Security No. \_\_\_\_\_

4. Has a petition for appointment of a guardian for respondent been filed in any other state?  
 No.  Yes, in (court name & location) \_\_\_\_\_,  
by \_\_\_\_\_, case number (if known): \_\_\_\_\_ (AS 13.27.170)

5. Respondent's "home state" as defined in AS 13.27.180 is:

- Alaska because respondent was physically present in Alaska for the six consecutive months before the filing date of this petition (except for temporary absences).
- \_\_\_\_\_ because respondent was physically present in that state for the six consecutive months before the filing date of this petition (except for temporary absences).
- I do not know which state is respondent's "home state." Respondent has been physically present in the following states at the following times during the year prior to my filing this petition:

<u>Dates During the Past Year</u>	<u>Place (State &amp; Address) Where Respondent Resided</u>
_____	_____
_____	_____
_____	_____

6. a. Respondent lives  alone  with \_\_\_\_\_
- b. Who takes care of respondent? Name of person or facility \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_
- c. Does respondent currently have a guardian?  No  Yes Guardian's name, address and phone \_\_\_\_\_
- d. Does respondent currently have a conservator?  No  Yes Conservator's name, address and phone \_\_\_\_\_
- e. Has respondent given a power of attorney to anyone?  No  Yes Name, address and phone \_\_\_\_\_
- f. Does respondent have a "representative payee" for social security or other benefits?  
 No  Yes Name, address and phone \_\_\_\_\_
- g. Are there any other restrictions on the legal capacity of the respondent to act in respondent's own behalf?  No  Yes If yes, describe the restrictions: \_\_\_\_\_
- h. Does respondent have a living will or a durable power of attorney for health care or any other document directing how health care decisions should be made if respondent is unable to make them?  No  I do not know  Yes  
Describe (include name of any agent authorized to make health care decisions for the respondent): \_\_\_\_\_
- i. Is a no-code (Do Not Resuscitate) provision in place for the respondent?  
 No  I do not know  Yes

7. List the names, addresses and telephone numbers of the following relatives of the respondent: *(If respondent has no such relative, write "none" on that line. Attach additional pages if necessary. Do not write on the back of any page.)*

	<u>Name</u>	<u>Phone</u>	<u>Address</u>
a. Spouse:	_____	_____	_____
b. Children:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
c. Parents:	_____	_____	_____
	_____	_____	_____
d. Brothers and Sisters:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
e. If respondent has none of the above relatives, list the name and address of respondent's nearest relative:	_____		
	_____		

8. List names, addresses and telephone numbers of close friends of respondent who may have current information about respondent: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

9. Respondent's Financial Information

a. Monthly Income		b. Monthly Expenses	
Wages, Pension, Retirement	_____	Food	_____
Social Security	_____	Rent or Mortgage	_____
S.S.I.	_____	Utilities	_____
Public Assistance	_____	Car Payment	_____
Longevity Bonus	_____	Credit Card Payment	_____
Interest and Dividends	_____	Insurance	_____
Veteran's Benefits	_____	Medical (not covered	_____
Other monthly income:	_____	by insurance)	_____
_____	_____	Other:	_____
_____	_____	_____	_____
TOTAL	_____	TOTAL	_____

- c. Other Income Received During Last 12 Months
- Permanent Fund Dividends received in last 12 months \_\_\_\_\_
- Native/Other Corporation Dividends not listed above \_\_\_\_\_
- Value of gifts or inheritances received in last 12 months \_\_\_\_\_

Other: \_\_\_\_\_

d. Assets		e. Debts	
Cash on hand or in savings or checking account	_____	Mortgages	_____
Stocks, bonds, CDs, mutual funds	_____	Loans	_____
Home	_____	Credit card balance	_____
Other land or buildings	_____	Other Debts	_____
Vehicles	_____		_____
Businesses	_____		_____
Insurance	_____		_____
Other Property	_____		_____
TOTAL ASSETS	_____	TOTAL DEBTS	_____

f.  Petitioner has no knowledge of respondent's financial situation.

10. Is respondent a veteran entitled to the payment of money from the U.S. Department of Veterans Affairs?  Yes  No

**Guardianship**

*(Answer all questions.)*

11. Describe the nature and degree of respondent's incapacity (the limitations on his/her ability to understand or communicate that endanger his/her physical health or safety): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. List the facts that support your allegations of incapacity and the need for appointment of a guardian (examples that show how the respondent's limitations have, or may, lead to physical injury or illness). \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. a. Type of appointment sought:

Full guardianship with all the powers described in AS 13.26.150(c), including the powers of a conservator to manage and control respondent’s financial affairs (almost all the powers and duties a parent has with respect to a minor child).  
[Answer all the questions on this form, including the “Conservatorship” questions on pages 6 -7.]

Partial guardianship with the following specific powers and duties: (List any powers and duties you want the court to grant. Examples: to have custody and decide where respondent will live; to arrange for medical care and consent to medical treatment; to apply for benefits for respondent; to receive money due to respondent and apply it to provide support, care or education for respondent.)  
[Answer all the questions on this form, including the “Conservatorship” questions on pages 6 -7.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. How long will this appointment need to last? \_\_\_\_\_

14. List people you know who have knowledge that might help the court determine the capacity and needs of the respondent.

Name            Phone            Address

a. Doctors:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Counselors and Social Workers:

\_\_\_\_\_  
\_\_\_\_\_

c. Case Managers and Care Coordinators:

\_\_\_\_\_  
\_\_\_\_\_

d. Others (Teachers, Clergy, etc.):

\_\_\_\_\_  
\_\_\_\_\_

15. Who do you think should be appointed guardian? Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

This person's relationship to the respondent is \_\_\_\_\_

This person's priority for appointment under AS 13.26.145 is \_\_\_\_\_

Names and addresses of persons with higher priority are: \_\_\_\_\_  
\_\_\_\_\_

Conservatorship  
(Answer all questions.)

16. State petitioner's interest in this matter: \_\_\_\_\_  
\_\_\_\_\_

17. Explain why a conservator should be appointed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. Who do you think should be appointed conservator? Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

This person's priority for appointment under AS 13.26.210 is \_\_\_\_\_

Names and addresses of persons with higher priority are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

19. List people you know who have knowledge that might help the court determine the respondent's ability to manage his/her property and affairs.

	<u>Name</u>	<u>Phone</u>	<u>Address</u>
--	-------------	--------------	----------------

a. Doctors:

_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Counselors and Social Workers:

_____	_____	_____
_____	_____	_____

c. Case Managers and Care Coordinators:

_____	_____	_____
_____	_____	_____

d. Others (Landlords, Clergy, etc.):

_____	_____	_____
_____	_____	_____

\_\_\_\_\_

Date

\_\_\_\_\_  
Signature of Petitioner or Petitioner's Attorney  
If attorney, print name and bar number: \_\_\_\_\_  
\_\_\_\_\_

Verification

I state on oath or affirm that I have read this petition and that all statements made in it are true to the best of my knowledge and belief.

\_\_\_\_\_

Date

\_\_\_\_\_

Petitioner's Signature

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_.  
(date)

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public, or other person  
authorized to administer oaths.  
My commission expires: \_\_\_\_\_