

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Protective Proceedings of:)
)
Name of Ward: _____)
)
Date of Birth: _____)
)
Residential location of ward: _____)
_____)
)
Ward's Telephone #: _____)
)
_____)

CASE NO. _____

GUARDIANSHIP
IMPLEMENTATION REPORT
AND INVENTORY

Instructions

Please type or print clearly using black ink. In preparing the report, you must consult with the ward as much as possible. The court will treat the information in this report as confidential.

If you are unable to complete this form without help, you may find assistance on the website of the Office of Public Advocacy (OPA): www.state.ak.us/guardianship. Your local library and court may also have a binder of helpful information entitled "Family Guardian Education Materials," prepared by the Alaska State Association for Guardianship and Advocacy. You may also call OPA at 269-3500 (in Anchorage), 451-5933 (in Fairbanks) or 1-877-957-3500.

After completing this report, you must sign it under oath (or affirmation) in the presence of a notary public or court clerk. See last page.

If you are a **full guardian** with the powers of a conservator, you must fill out the entire form. If you are a **partial guardian** and do not have the powers of a conservator (or if a separate conservator has been appointed), you do not need to fill out the financial information in paragraphs 10 through 15. The purpose of this report is to give the court as complete a picture as possible of the ward's current situation and what you are going to do to implement the guardianship plan.

Information About Guardian

Guardian's Name _____ Daytime Phone _____

Mailing Address _____
(box or street number) (city) (state) (ZIP)

Check here if this mailing address is new. If you change your address, please notify the court.

Residence Address _____
(street address) (city) (state)

Do you live with the ward? Yes No

Relationship to ward: _____

In what areas do you have the authority to make decisions for the ward? housing
 medical care school & job training employment social & recreational activities
 financial management (you control ward's finances because you have conservator powers)

Has a separate conservator been appointed for the ward? No Yes Name: _____

If you are a private guardian charging fees, is there a court order authorizing payment of fees and establishing an hourly rate and maximum monthly amount as required by Probate Rule 16 and AS 08.26.110? Yes No I do not charge fees.

Information About Ward

1. **Housing.**

- a. On the date you were appointed guardian, where did the ward live?
Name of facility or place: _____
Address: _____
(street address) (city) (state) (ZIP)
Type of Residence: nursing home assisted living home _____
- b. Where does the ward live now?
 In the same place described above.
 In a different place. Describe: _____

- c. If the ward lives in your home, do you charge the ward rent? Yes No
If you live in the ward's home, are you paying rent? Yes No
- d. Have you discussed the ward's housing arrangement with the ward?
 Yes. Explain what the ward wants: _____

 No, because _____

- e. Do you plan to change the place where the ward lives? No Yes, to

Explain why: _____

- f. If ward lives in a nursing home, assisted living home, group home or other facility,
(1) Is this the least restrictive setting in which services can be provided to the ward? Yes No
(2) Have you participated in developing the facility's care plan for the ward? Yes No.
(3) Do you believe the facility's care plan is a good one for the ward (in the ward's best interests)? Yes No Explain: _____

g. Are there any problems with providing meals, clothing, house cleaning or transportation for the ward? _____

2. **Medical Care for the Ward.**

a. Ward's last physical exam. Date: _____ Doctor: _____
Recommended treatment: _____

- I do not know when the ward last had a physical examination.
 I believe a physical exam is not necessary at this time.
 I will schedule a physical exam as follows (state when and where):

b. Does the ward require: If yes, state when and where planned:
Dental evaluation? Yes No _____
Eye examination? Yes No _____
Hearing evaluation? Yes No _____

c. Describe any other medical problems (physical or mental) the ward has, and describe what is being done or will be done about them: _____

d. Describe any plans you have to change the care currently being provided for the ward's medical problems: _____

e. Have you discussed these medical issues with the ward?
 Yes. Explain what the ward wants: _____

 No. Explain why not: _____

f. Are there any problems providing medical care or treatment for the ward? _____

- g. Is a no-code (Do Not Resuscitate) provision in place for the ward? Yes No
- h. Did the ward, while the ward still had the capacity to do so, execute a durable power of attorney for health care or some other advance health care directive under AS 13.52.010 - .395 or another law? Yes No. If yes, who is the agent authorized to make health care decisions for the ward? _____

3. **School and Job Training.**

- a. Does the ward attend school or any type of job training?
 Yes. Describe studies (include name and location of school): _____

 No, because: _____

- b. Is there any type of education or training that would benefit the ward? _____

- c. Have you discussed this with the ward?
 Yes. Explain what the ward wants: _____

 No. Explain why not: _____

4. **Work.**

- a. Is the ward employed?
 No, because: _____
 Yes. Describe (include type of work, name of employer, address, phone, and how long employed): _____

- b. If not employed, would it be in the ward's best interests to obtain employment?

- c. Have you discussed this with the ward?
 Yes. Explain what the ward wants: _____

 No. Explain why not: _____

5. **Social and Recreational Activities.**

- a. Describe activities the ward enjoys: _____

b. Have you been able to help make these activities available to the ward? _____

c. Do you have any plans concerning additional social and recreational activities for the ward? _____

6. **Dependents.** (List anyone the ward is legally required to support.)

<u>Name</u>	<u>Relationship to Ward</u>	<u>Date of Birth (if under 18)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. **Contacts.**

a. How often have you visited the ward since you were appointed guardian?

b. Have there been any other contacts? No Yes, as follows:

<u>Type of Contact</u>	<u>How Often</u>
<input type="checkbox"/> by telephone	_____
<input type="checkbox"/> by mail or e-mail	_____
<input type="checkbox"/> through 3rd person: _____	_____
<input type="checkbox"/> other: _____	_____

8. **Decision Making.**

When a decision has to be made about something for the ward (housing, medical care, education, employment, recreation, purchases, etc.), how are the decisions made?

a. Describe decisions made by ward alone: _____

b. Describe decisions made by guardian alone: _____

c. Describe decisions made by guardian and ward together: _____

