

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 & 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>
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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: _____