

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Protective Proceeding of)
)
)
)
)
)
_____)
Respondent (person who needs a guardian))
_____)

CASE NO. _____

**PETITION FOR APPOINTMENT OF A
FULL GUARDIAN FOR AN ADULT**

[Full guardianship is a legal arrangement where the court appoints a person or institution to make all decisions on issues such as housing, medical care, legal issues, finances, and services. If you only wish for limited guardianship, use form [PG-103](#). For a conservatorship (financial management only), use form [PG-104](#).]

1. Petitioner asks the court to appoint a full guardian for the above-named respondent because the respondent is incapacitated as defined in Alaska Statute 13.26.005(5). [Someone is incapacitated if his or her ability to receive and evaluate information or to communicate decisions is so impaired that the person cannot provide for their physical health or safety without court-ordered help (including health care, food, shelter, clothing, personal hygiene, and protection).]

How long will this appointment need to last? _____

2. Petitioner's Name _____ Age _____
Mailing Address _____
(box or street number) (city) (state) (ZIP)
E-mail Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Relationship to the 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 anyone filed a petition for appointment of a guardian for the respondent in any other state? No. Yes, in (court name & location) _____, by _____, case number (if known): _____ (AS 13.27.170)

5. Has anyone filed a petition to protect the respondent from financial abuse?
 No Yes. Case Number: _____

6. The respondent's "home state" as defined in AS 13.27.180 is:

Alaska because the respondent was physically present in Alaska for the six consecutive months before the filing date of this petition (except for temporary absences).

_____ because the 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 the respondent's "home state." The respondent was in the following states during the year before I filed this petition:

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

7. a. The respondent lives alone with _____

b. Who takes care of the respondent?
Name of person or facility _____
Address _____ Phone _____

c. Does the respondent currently have a guardian? No Yes
If yes, guardian's name, address and phone _____

d. Does the respondent currently have a conservator? No Yes
If yes, conservator's name, address and phone _____

e. Has the respondent given a power of attorney to anyone? No Yes
If yes, name, address and phone _____

f. Does respondent have a "representative payee" for social security or other benefits?
 No Yes If yes, name, address and phone _____

g. **Are there any other restrictions on the respondent's legal capacity to act on his or her own behalf?** No Yes If yes, describe the restrictions:

h. Does the 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 the 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

8. 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 the respondent has none of the above relatives, list the name and address of the respondent's nearest relative: _____			

9. List names, addresses and telephone numbers of **the respondent's** close friends who may have current information about the respondent:

10. Respondent's Financial Information

a. <u>Monthly Income</u>		b. <u>Monthly Expenses</u>	
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 (PFD) 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

Cash on hand or in savings
or checking account _____
Stocks, bonds, CDs,
mutual funds _____
Home _____
Other land or buildings _____
Vehicles _____
Businesses _____
Insurance _____
Other Property _____
TOTAL ASSETS _____

e. Debts

Mortgages _____
Loans _____
Credit card balance _____
Other: _____
TOTAL DEBTS _____

f. Additional Financial Information

Does the respondent have a trust?

- No
- Yes. Name of Financial Institution and trustee: _____

Does the respondent belong to a Native Corporation?

- No
- Yes. Name of Native Corporation: _____

Please list the institutions where the respondent has savings, checking or investment accounts:

g. Petitioner has no knowledge of the respondent's financial situation.

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

12. Describe the **respondent's mental or physical state which causes you to think he** or she cannot take care of all of his or her living responsibilities:

13. List examples that show how the respondent's limitations have, or may, lead to physical injury or illness and the need for a guardian:

14. List people you know who have knowledge that might help the court determine the capacity and needs of the respondent including the respondent's ability to manage his or her property and affairs.

Name Phone Address

a. Doctors:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Counselors and Social Workers:

_____	_____	_____
_____	_____	_____

c. Case Managers and Care Coordinators:

_____	_____	_____
_____	_____	_____

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

_____	_____	_____
_____	_____	_____

15. Letters or Evaluations:

Attached to this petition are letters or evaluations from a doctor, ANP, neuropsychologist, psychologist, or psychiatrist **indicating the respondent's diagnoses and how the diagnoses impacts the respondent's ability to make considered decisions regarding his or her affairs.**

I do not have any letters or evaluations to attach.

16. Who do you think the court should appoint guardian?

Name _____

Address _____ Phone _____

This person's relationship to the respondent is: _____

This person has priority to be appointed under AS 13.26.210 because he or she is:

- (1) nominated by the respondent.
- (2) **the respondent's spouse.**
- (3) **the respondent's adult child.**
- (4) **the respondent's parent.**
- (5) **the respondent's relative whom the respondent lived with for at least six months during the year before filing this petition.**
- (6) **the respondent's relative or friend who has shown a sincere and longstanding interest in the respondent's welfare.**
- (7) a private professional conservator.
- (8) the public guardian.

If there are unchecked boxes above the one you checked, list the names and addresses of persons who could check those boxes. (For example, if you checked number (3), you would fill in the name of the respondent's spouse and the person nominated by the respondent, if any.)

Names and Addresses: _____

17. Who do you think the court should appoint conservator? (Can be same as guardian.)

Name: _____

Address: _____ Phone _____

This person's relationship to the respondent is: _____

This person has priority to be appointed under AS 13.26.210 because he or she is:

- (1) nominated by the respondent.
- (2) **the respondent's spouse.**
- (3) **the respondent's adult child.**
- (4) **the respondent's parent.**
- (5) **the respondent's relative whom the respondent lived with for at least six months during the year before filing this petition.**
- (6) **the respondent's relative or friend who has shown a sincere and longstanding interest in the respondent's welfare.**
- (7) a private professional conservator.
- (8) the public guardian.

If there are unchecked boxes above the one you checked, list the names and addresses of persons who could check those boxes. (For example, if you checked number (3), you would fill in the name of the respondent's spouse and the person nominated by the respondent, if any.)

Names and Addresses: _____

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: _____