

3. Does Respondent have a living will or advanced healthcare directive that explains how decisions about medical care must be made if Respondent is unable to make them?
 No. I don't know. Yes.

If yes, describe below. Include the name of any agent authorized to make decisions.

I attached a copy of the living will or healthcare directive to this form.

4. Does Respondent have a no-code (Do Not Resuscitate, or DNR) provision in place? *[A DNR is a legal and medical document that the person agrees to and signs, saying that the person does not want to be given CPR to restart their heart or breathing.]*

No. I don't know. Yes.

5. Does Respondent have a "representative payee" for social security or other benefits?

No. I don't know.

Yes, name and contact information of payee: _____

6. Does Respondent have a court-appointed conservator?

No. I don't know.

Yes, name and contact information of conservator: _____

7. Are there any other restrictions on Respondent's legal capacity to act on their own behalf that you know of?

No.

Yes: _____

A. Background Information

1. I ask the court to appoint a guardian for Respondent, because Respondent is incapacitated as defined in Alaska Statute 13.26.005(5).

["Incapacitated" means Respondent's ability to receive and evaluate information or to communicate decisions is so impaired that Respondent can't provide for their own physical health or safety without court-ordered help (including health care, food, shelter, clothing, personal hygiene, and protection).]

How long does this appointment need to last? _____

2. **Petitioner Information** (person asking the court to appoint a guardian).

Name: _____ Age: _____

Mailing Address: _____

E-mail Address: _____

I agree that the court and other parties can email me court documents in this case.

Home or Cell Phone: _____ Work Phone: _____

Relationship to Respondent: _____

3. **Respondent Information** (person who needs a guardian).

Name: _____ Date of Birth: _____

Mailing Address: _____

Residence Address: _____

Email: _____

Daytime Phone: _____ Social Security No.:¹ _____

4. Has anyone filed a petition for appointment of a guardian for Respondent in any other state that you know of? No. Yes.

If yes, in _____ [court name & location],
by _____ [name], case number: _____

I attached the petition that was filed in the other state to this form.

5. Has anyone filed a petition to protect Respondent from financial abuse that you know of?

No. Yes, case number: _____

6. Has anyone filed a petition for a single transaction authorization to benefit Respondent that you know of? No. Yes, case number: _____

7. **Jurisdiction** (authority of the court to hear this case).

Respondent's "home state" as defined in AS 13.27.180 is Alaska, another state: _____, because Respondent was physically present in this state for the six consecutive months before I am filing this petition (except for temporary absences).

I do not know Respondent's "home state." Respondent was in the following states during the year before I am filing this petition:

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

8. **Venue** (location of case). I am filing in the specific court location of _____, because: [Check all that apply.]

It is in the same judicial district where Respondent lives.

It is in the same judicial district where Respondent is currently located.

It is in the same judicial district as a court that ordered Respondent admitted to an institution.

[List of courts in each judicial district: ak-courts.info/dir]

B. Contacts

1. Respondent lives alone. with _____.

Who takes care of Respondent?

Name of person or facility: _____

Address: _____ Phone: _____

¹ Documents filed in guardianship cases are confidential. Access to the petition is limited to parties to the case, court staff for case processing, and others specifically authorized by the judge.

2. Contact information for Respondent's relatives. *[If Respondent has no such relative, write "none" on that line. Attach more pages if necessary. Write only on one side of the page.]*

| | <u>Name</u> | <u>Phone</u> | <u>Address</u> |
|--|-------------|--------------|----------------|
| a. Spouse: | _____ | _____ | _____ |
| b. Adult Children: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| c. Parents: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| d. Adult Siblings: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| e. If Respondent has none of the above relatives, list name, phone, address, and relationship of their nearest relative: | _____ | | |
| | _____ | | |

[After you file in court, you must notify at least Respondent's spouse, children, and parents that you filed this guardianship petition. See form [PG-115](#) for more information.]

3. List names, addresses, and phone numbers of Respondent's close friends who may have current information about Respondent:

| |
|-------|
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |
| _____ |

4. List people who have knowledge that might help the court determine the capacity and needs of Respondent, including Respondent's ability to manage their own money and property.

| | <u>Name</u> | <u>Phone</u> | <u>Address</u> |
|---|-------------|--------------|----------------|
| a. Doctors: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| b. Counselors and Social Workers: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| c. Case Managers and Care Coordinators: | _____ | _____ | _____ |
| | _____ | _____ | _____ |

| <u>Name</u> | <u>Phone</u> | <u>Address</u> |
|-------------------------------------|--------------|----------------|
| d. Others (teachers, clergy, etc.): | | |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

C. Respondent's Capacity

1. What are Respondent's medical diagnoses?

I do not know or have any information about medical diagnoses.

2. What are Respondent's mental or behavioral health diagnoses?

I do not know or have any information about mental or behavioral health diagnoses.

3. Letters or Evaluations:

I am attaching to this petition letters or evaluations from a doctor, advance nurse practitioner (ANP), neuropsychologist, psychologist, or psychiatrist indicating Respondent's diagnoses and how the diagnoses impact Respondent's ability to make considered decisions regarding Respondent's affairs.

I do not have any letters or evaluations to attach.

4. I ask that a guardian be appointed for Respondent in each area that I checked below.

*[For each box you check, you **must** provide examples or explain why Respondent is not able to make decisions about that area of their own life. You may also want to explain how you think having a guardian will improve that area of Respondent's life. Attach additional pages if necessary. Write only on one side of the page.]*

a. Medical care. *[Examples include but are not limited to: when and where to go to the doctor, whether to get certain procedures done.]*

b. Mental health care. *[Examples include but are not limited to: whether to take certain medications, when and where to get counseling, what type of treatment to get.]*

- c. Housing. *[Examples include but are not limited to: what community or type of facility to live in; handling daily needs for hygiene, food, and transportation.]*

- d. Personal care, education, and vocational services. *[Examples include but are not limited to: getting and maintaining employment, whether and where to go to school, managing healthy recreational and social activities.]*

- e. Applying for insurance or other benefits. *[Examples include but are not limited to: setting up disability payments, Medicare/Medicaid, and public assistance (welfare).]*

- f. Getting physical or mental examinations to determine Respondent's needs. *[For example, getting an evaluation by a doctor to recommend a treatment plan.]*

- g. Paying for the services in sections a-f above. *[Authority to pay for costs of daily living, treatment, and other assistance (similar to bookkeeping). This is more limited than a conservator, who has authority to make major financial and budgeting decisions.]*

D. Respondent's Finances

1. **Monthly Income and Expenses.** *[Divide yearly amounts by 12]*

| a. <u>Income</u> | | b. <u>Expenses</u> | |
|-----------------------|-------|---------------------------|-------|
| Wages/Salary: | _____ | Food: | _____ |
| Social Security: | _____ | Rent/Mortgage: | _____ |
| Dividends/Alaska PFD: | _____ | Utilities: | _____ |
| Public Assistance: | _____ | Transportation: | _____ |
| Senior Care Benefit: | _____ | Debt/Credit Card Payment: | _____ |
| Pension: | _____ | Insurance Premiums: | _____ |
| Veteran's Benefits: | _____ | Medications: | _____ |
| Annuities/Interest: | _____ | Child/Spousal Support: | _____ |
| Other: _____ | _____ | Other: _____ | _____ |
| Other: _____ | _____ | Other: _____ | _____ |
| Other: _____ | _____ | Other: _____ | _____ |
| TOTAL | _____ | TOTAL | _____ |

2. **Other Income and Expenses.** *[List below any unusual or one-time income or expenses Respondent had in the last 12 months. Examples of income: gambling winnings, large gifts, inheritances, or sale of valuable property. Examples of expenses: buying a vehicle or other expensive item, or paying off a large debt or fine.]*

3. **Assets.** *[If you believe Respondent has any of the following items, check the appropriate box and fill out as many details as you know. Attach extra pages if necessary. Write only on one side of the page.]*

a. Cash on Hand (not in an account): \$_____

b. Bank Accounts. *[Checking, Savings, ABLE/Medicaid Qualifying Trusts, etc.]*

| <u>Name of Bank or Institution</u> | <u>Type of Account</u> | <u>Estimated Balance</u> |
|------------------------------------|------------------------|--------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

I attached ___ pages of statements from one or more of the accounts above.

c. Brokerage Accounts, Stocks, Bonds, Certificates of Deposit, & Other Securities.

| <u>Name of Company</u> | <u>Estimated Balance or Value</u> |
|------------------------|-----------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

I attached ___ pages of documents about the financial instruments above.

d. Retirement Account through _____
[name of employer or company]. Current estimated value: \$_____

e. Life Insurance Policy (owned by Respondent).

Name of Company: _____
 Beneficiaries: _____
 Face Value: \$_____ Cash Value: \$_____

f. Real Estate (land and buildings).

Home. Estimated Value: \$_____

Other: _____. Estimated Value: \$_____

g. Other Valuable Personal Property. *[List items of significant value. Examples include but are not limited to: vehicles (cars, boats, snow machines, etc.), jewelry, art, guns.]*

| <u>Description of Item</u> | <u>Location</u> | <u>Estimated Value</u> |
|----------------------------|-----------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

h. **TOTAL ASSETS:** \$_____

4. **Debts.** *[List any debts or money Respondent owes that you know about. Include the type of debt (for example: mortgage, credit card, car loan, unpaid medical bills, court fine or judgment, etc.). Attach extra pages if necessary. Only write on one side of the page.]*

| <u>To Whom Owed</u> <i>[name of creditor, lender, mortgage holder, or credit card company]</i> | <u>Type of Debt</u> | <u>Estimated Balance Due</u> |
|--|---------------------|------------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

TOTAL DEBTS: \$ _____

5. Does Respondent have a trust? No. I don't know. Yes.
If yes, name of financial institution or trustee: _____
6. Does Respondent belong to a Native Corporation? No. I don't know. Yes.
If yes, name of corporation: _____
7. Is Respondent a veteran entitled to the payment of money from the U.S. Department of Veterans Affairs? No. I don't know. Yes.
If yes, what type of benefits? _____

I have no knowledge of Respondent's finances.

E. Guardian Appointment

1. Does the guardian also need to have conservator powers?
- No, Respondent can manage their own money and property.
 - No, Respondent already has a court-appointed conservator.
 - Yes, I am asking the court to also give the guardian conservator powers, because:
 - a. Respondent can't manage their own finances effectively. *[Explain and give examples.]*

 - b. Respondent has property that will be used up or wasted unless properly managed. *[Explain what property needs to be managed and how a conservator will help.]*

2. Who do you think the court should appoint to be the guardian?
- Me (Petitioner)
 - Another Person:
 - Name: _____ Relationship to Respondent: _____
 - Address: _____
 - Phone: _____ Email: _____

3. The person named in section 2 has priority to be appointed under AS 13.26.311, because this person is

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

If there are unchecked boxes higher than the one you checked, list below the names and addresses of persons who could check those boxes **and**, for numbers (1) – (5), list any others in the category of the box you checked. *[For example, if you checked number (3), you would fill in (1) the person nominated by Respondent, (2) Respondent's spouse, and (3) all other adult children and parents of Respondent.]*

Names and Addresses:

4. Who do you think the court should appoint to be the conservator?

- Not applicable. Respondent either doesn't need a conservator or already has one.
- Same person as the guardian.
- Another Person:

Name: _____ Relationship to Respondent: _____

Address: _____

Phone: _____ Email: _____

5. The person named in section 4 has priority to be appointed under AS 13.26.311, because this person is

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

If there are unchecked boxes higher than the one you checked, list below the names and addresses of persons who could check those boxes **and**, for numbers (1) – (5), list any others in the category of the box you checked.

Names and Addresses:

F. Other Information

Other information I want the court to know about Respondent or about this petition:

Date

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

Verification

[Sign in front of a notary public. A court clerk can provide this notary service for you for free when you bring the petition to court. Bring a photo ID for the notary. If you don't have access to notary or court clerk, you can instead fill out Self-Certification (No Notary Available) (form [TF-835](#)) and attach it to your petition.]

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 _____.

(SEAL)

Court clerk, notary public, or other person
authorized to administer oaths.
My commission expires: _____

MORE INFORMATION and NEXT STEPS

(This page is for your information only, it does not need to be filed with the court)

Once you file your petition in court, the court clerk will give or send you a notice of the court hearing date, time, and location. You must give notice of this hearing to certain relatives of Respondent and other interested persons using form [PG-115](#). If you do not give this notice, your petition may be delayed or your case dismissed (closed) by the court. Court forms are available online at <https://courts.alaska.gov/forms/index2.htm> or from your local court clerk.

Once you file the petition, the court will appoint:

- a court visitor to gather information about Respondent and provide a report to the court
- an expert (such as a doctor or psychologist) to provide information about Respondent's alleged incapacity
- a lawyer to represent Respondent (if Respondent has not already hired a lawyer)

The court provides resources to help you fill out this petition, learn about the court process, and prepare and serve as a guardian if you are appointed.

- **Website:** <https://courts.alaska.gov/shc/guardian-conservator/index.htm>
- **Videos:** The website above has links to 3 online videos to help you start the guardianship process. It is best to watch parts 1 and 2 before filing this petition. If you were not able to do this, you should still watch them before the court hearing. Also watch part 3 if you are asking to be the guardian. If you have limited or no internet connection, you can ask for a flashdrive of the video from your local court clerk or by calling the helpline (see below).
- **Written Instructions:** Read form [PG-505](#) for more information about filling out this form and about the court hearing and court process. You can read these instructions online, pick up a paper copy in person from the court clerk, or ask the helpline staff to mail you a copy.
- **Helpline:** Call (907) 264-0520 for help over the phone. Staff can answer questions and mail you copies of any forms or instructions you need. Helpline hours: 8 AM to 5 PM, Monday through Thursday; and 8 AM to 12 Noon on Fridays.