

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 &amp; 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:

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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 13.26.465 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 13.26.465 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: \_\_\_\_\_