

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 _____ [AS 13.27.170]
5. Has anyone filed a petition to protect the respondent from financial abuse?
 No Yes. Case Number: _____
6. Respondent's "home state" as defined in AS 13.27.180 is:
 Alaska, because respondent was physically present here 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 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. 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 respondent's legal capacity to act on his or her 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

8. List the names, addresses and telephone numbers of the following relatives of the respondent: *(If the 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 received in last 12 months _____
 Native/Other Corporation Dividends not listed above _____
 Value of gifts or inheritances received in last 12 months _____
 Other: _____

| | | | |
|---|-------|---------------------|-------|
| d. <u>Assets</u> | | e. <u>Debts</u> | |
| 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: _____ | _____ |
| Vehicles _____ | _____ | _____ | _____ |
| Businesses _____ | _____ | _____ | _____ |
| Insurance | _____ | _____ | _____ |
| Other Property | _____ | _____ | _____ |
| TOTAL ASSETS | _____ | 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: _____
 List the institutions where 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 that makes 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. If you believe a conservator (someone to manage the respondent's money) should be appointed, explain why you think the respondent cannot manage his or her own money:

15. 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.):

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

16. 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.

17. Who do you think the court should appoint 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:

18. 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: _____