

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Protective Proceeding of _____)
_____)
_____)
_____)
_____)
_____)

CASE NO. _____

Respondent (person who needs a conservator) _____)
_____)

**PETITION FOR APPOINTMENT OF A
CONSERVATOR FOR AN ADULT**

[A conservatorship should be used if the respondent: (1) is unable to manage his or her property and affairs effectively, and (2) has property that will be wasted or used up unless properly managed. For a full guardianship, use court form [PG-100](#). For a partial guardianship, use court form [PG-103](#).]

- The petitioner asks the court to appoint a conservator for the respondent named above because the respondent:
(1) is unable to manage his or her property and affairs effectively, and
(2) has property that will be wasted or used up unless properly managed.
- Petitioner's Name _____ Age _____
Mailing Address _____
(box or street number) (city) (state) (ZIP)
E-mail Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Relationship to Respondent _____
- 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. _____
- Has a petition for appointment of a guardian or a conservator for the respondent been filed in any other state? No Yes
If yes, name and location of court _____
Person who filed _____
Case number (if known) _____ [AS 13.27.170]
- Has a petition to protect the respondent from financial abuse been filed?
 No Yes. Case Number: _____

6. 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, guardian's name, address and phone _____
- d. Does the respondent currently have a conservator? No Yes, conservator's name, address and phone _____
- e. Has the respondent given a power of attorney to anyone? No Yes, name, address and phone _____
- f. Does the 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, describe the restrictions:

- h. Does the respondent have a living will, 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
 If yes, describe (include the 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: *[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. Respondent's Spouse: | _____ | _____ | _____ |
| b. Respondent's Children: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| c. Respondent's Parents: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| d. Respondent's 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

| <u>Monthly Income</u> | <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 the 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

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. Other 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, investment accounts:

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

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

12. Why are you interested in this matter?

13. Explain why a conservator should be appointed (list examples that show how the respondent cannot manage his or her own property and affairs):

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

| | <u>Name</u> | <u>Phone</u> | <u>Address</u> |
|---|-------------|--------------|----------------|
| a. Doctors: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| b. Counselors and Social Workers: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| c. Case Managers and Care Coordinators: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| d. Others (Landlords, Clergy, etc.): | _____ | _____ | _____ |
| | _____ | _____ | _____ |

15. Who do you think should be appointed conservator?

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: _____