

C. LIFE HISTORY

1. Respondent was born in _____.
Respondent grew up in _____.
Respondent has lived in Alaska for ____ year(s) months.

2. Respondent is: Never Married Currently Married Divorced Widowed

3. Does respondent have children, parents, or siblings locally, or do other relatives live nearby?

4. Is respondent a veteran? No Yes *[Notify the VA by letter and hearing notice if so.]*

5. What is respondent's current employment (if any) and employment history?

6. I was unable to learn (or verify) details about the respondent's life history because:

7. Why did the petitioner decide to file for guardianship?

D. MEDICAL RECORDS, TESTS, AND EXAMINATIONS

1. Have you reviewed all relevant records discussing respondent’s mental and emotional status, physical condition, adaptive abilities, education/vocational, recreational and social skills?

Yes No

2. List all reviewed medical records that were reviewed:

Type of Record	Source	Date Created	Copy Attached?

unable to review medical records because:

3. **Medical Status.** Describe respondent’s medical diagnoses, needs, and overall medical condition:

4. **Mental and Emotional Status.** Describe respondent’s mental health diagnoses, needs, and overall emotional status:

5. **Physical Condition.** Describe respondent's physical condition and needs, (including therapy, medication, or assistance with daily activities):

6. **Adaptive Abilities.** Describe respondent's ability to adapt to change or conflict and any associated behaviors:

7. **Educational, Vocational, Recreational, and Social Skills.** Describe respondent's current abilities and activities. State whether respondent would benefit from specific assistance and if known, whether that assistance is available:

E. RESPONDENT'S DAY-TO-DAY NEEDS

1. **Housing.** Describe the current housing arrangements and any potential changes:

2. **Services.** Describe the types and extent of current services respondent receives or could receive to maintain their health, safety, and well-being:

F. FINANCIAL INFORMATION

1. **Protected Person’s Current Monthly Income.** *[List only respondent’s current income.]*

Income Source	Amount	Income Source	Amount
Social Security Benefits:		Wages:	_____
a. SSA/SSDI:	_____	Dividends/Interest:	_____
b. SSI:	_____	Rental Income:	_____
Adult Public Assistance:	_____	Pension:	_____
Veterans Financial Benefits:	_____	Annuities:	_____
Senior Care Benefit:	_____	Other <i>(describe)</i> :	_____
Permanent Fund Dividend:	_____		_____
Native Corporation Dividend:	_____		_____
Total Current Monthly Income:			_____

unable to determine or verify current income because:

If they receive native corporation dividends, what corporation(s) are they from?

no native corporation dividends

2. **Protected Person's Future Monthly Income.** *[List any income respondent will be eligible for if a protective order is issued.]*

Income Source:	Amount	Income Source	Amount
_____	_____	_____	_____
<input type="checkbox"/> unable to determine future income because: _____ _____ _____ _____ _____ _____			

3. **Assets.** *[List all assets the respondent owns individually or jointly. Attach extra pages if necessary.]*

a. **Real Estate** (land and buildings)

(1) Does respondent own a home? No Yes Estimated Value: \$ _____

Address: _____

Description: _____

Is there a joint owner? No Yes

(2) Other Real Estate. Estimated Value: \$ _____

Address: _____

Description: _____

Is there a joint owner? No Yes

b. **Significant Cash on Hand** (not in an account) \$ _____ (amount) _____ (where located)

c. **All Bank Accounts, Certificates of Deposit, Trusts, ABLE, Burial, Retirement, Etc.**

Did the Court Visitor Review bank records and are there any concerns?

I reviewed the bank records and there were no concerns.

I reviewed the bank records and I have concerns about:

unable to review bank records because: _____

d. **Other Assets** *[Other valuables that you learn about, e.g. household items, coin collections, art.]*

Description	Location

e. **TOTAL ASSETS AT THE TIME OF REPORT** \$ _____

4. **Financial Narrative.** Is there any additional information on the respondent's financial situation that would be helpful to the court?

G. CONFLICT MITIGATION

Are there special provisions or recommendations for the order? Will the guardian or conservator serve in a dual role and also act as the respondent's creditor, business partner, personal care assistant (PCA) or similar?

H. SUMMARY AND JUSTIFICATION FOR RECOMMENDATION

1. **Prognosis.** Describe whether and how respondent's condition may improve in the future:

2. **Alternatives to Guardianship.**

a. Check the alternatives that you recommend:

- Representative payee and other community services;
- Power of attorney;
- Supported decision-making agreement;
- Limited guardianship or conservatorship order; or
- Other: _____

b. If you are not recommending alternatives, briefly explain why not:

c. Describe less-restrictive means that have been tried, have failed, or are not feasible:

d. Does the Visitor recommend a review or reevaluation because respondent's condition may improve and permit less-restrictive alternatives or removal of a guardianship?

No Yes, after _____ year(s) months.

3. **Public Guardian Recommendation:**

a. If you recommend an OPA Public Guardian—the appointment of last resort—please describe alternatives you decided are infeasible:

I am not recommending appointment of an OPA Public Guardian.

b. If this is a public guardian or private professional appointment, please attempt to obtain the following about the respondent during the investigation:

(1) Date of Birth: _____

(2) Mother's Maiden Name: _____

(3) Please also obtain the respondent's social security number, but do not record it here. Instead, bring the information to the guardianship hearing.

I. BACKGROUND OF GUARDIAN OR CONSERVATOR

1. Briefly describe the proposed guardian/conservator and their relationship to the respondent:

2. Is the proposed guardian or conservator employed?

No Not applicable—OPA or professional guardian proposed
 Yes, and he or she works as: _____.

3. Does the proposed guardian or conservator report felony or other criminal convictions, barrier crimes, small claims cases, theft, fraud, assault, or bankruptcy?

No Not applicable—OPA or professional guardian proposed
 Yes. They have reported _____.

4. Did you check Courtview for court cases involving the proposed guardian or conservator?

No Not applicable—OPA or professional guardian proposed
 Yes. I found _____.

5. Do you recommend any limitations or special provisions in the order due to a criminal or civil matter?

No Not applicable—OPA or professional guardian proposed
 Yes. The order should provide that _____.

6. If you recommend a professional guardian, does he or she have a current license?

No Yes Not applicable—non-professional recommended

7. Does the private guardian have liability insurance? No Yes
(Please attach the fee schedule to this report, if applicable.)

