

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of the Protective Proceedings of: )  
 )  
 )  
 )  
 ) Case No: \_\_\_\_\_  
 )  
\_\_\_\_\_  
(Name of Protected Person) )  
\_\_\_\_\_ )

**COURT VISITOR'S REPORT ON  
INITIAL PETITION**

I, \_\_\_\_\_, was appointed as the Court Visitor in the matter of the petition for the respondent named above. I submit the following report under Alaska Probate Rule 16(e)(2) and AS 13.26.236, in anticipation of the hearing, which is currently scheduled for \_\_\_\_\_, \_\_\_\_\_:

Did you use an interpreter to communicate with the respondent?

No  Yes, I used someone to interpret to and from \_\_\_\_\_.  
*[If yes, please inform the court of the need for an interpreter.]*

**SUMMARY OF RECOMMENDATIONS**

The Court Visitor recommends the following, which are the least-restrictive arrangements that will protect the respondent from injury, illness, and disease, provide for treatment, and protect the respondent's financial interests:

1.  No guardianship or conservatorship is appropriate. Instead, the court should: \_\_\_\_\_  
 The court should appoint \_\_\_\_\_ to serve as:  guardian  conservator.  
The guardian or conservator should have:  full authority  authority only over decisions about: \_\_\_\_\_
2. The guardian or conservator must undergo complete their education requirement and submit their *Affirmation of Education*, [PG-120](#), not later than \_\_\_\_\_ (date).
3. An Implementation Report should be filed no later than \_\_\_\_\_ (date).
4. Annual Reports in this case should always cover the twelve-month period beginning the first day of \_\_\_\_\_ (month) and ending the last day of \_\_\_\_\_ (month).  
The annual report is due within 30 days after the end of the reporting period.
5. Other recommendations *[e.g., room & board charges, paid caregiver status, additional hearings]*:  
\_\_\_\_\_  
\_\_\_\_\_

**A. NOTICE**

1. Did you explain the petition and tell respondent the date, time, and place of the hearing?  
 Yes                       No
  
2. Did you explain the respondent's rights, including the right to their own attorney or to have an attorney present during your interview, and provide the respondent with the *Notice of Respondent's Rights Before Visitor's Interview*, [PG-105](#)?  
 Yes                       No
  
3. Did you provide any family members who are interested in serving as a guardian or conservator with *Important Information for Guardians and Conservators*, [PG-509](#)?  
 Yes                       No
  
4. The reason I was unable to provide the notices marked "No" above is because:  


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**B. CONTACTS**

1. List the individuals and entities working with the respondent that you contacted or attempted to contact while investigating the petition. Describe the contact's opinion about the need for court involvement:

Name	Relationship to Respondent	Contact Information Address/Phone/Email	Opinion Re: Need for Appointment

2. Do the opinions of the individuals contacted support the conclusions of this report?  


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**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?  


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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?

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

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

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**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:

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

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

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

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

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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:

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**E. RESPONDENT'S DAY-TO-DAY NEEDS**

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

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

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**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:	_____		_____
<b>Total Current Monthly Income:</b>			_____

unable to determine or verify current income because:

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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
_____	_____	_____	_____

unable to determine future income because:

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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?

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**H. SUMMARY AND JUSTIFICATION FOR RECOMMENDATION**

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

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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:

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

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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:

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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.)*

**J. Any Additional Observations or Recommendations:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Date	Signature of Court Visitor
Phone Number	Print or Type Name of Court Visitor
Email Address	Address

I certify that on \_\_\_\_\_, a copy of this *Report* was sent to:  
 Petitioner: \_\_\_\_\_     Respondent through attorney: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Signature of Court Visitor: \_\_\_\_\_