

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Protective Proceedings of:)

)

)

)

Case No: _____

)

Protected Person. _____

)

)

**COURT VISITOR'S
THREE-YEAR REPORT**

I, _____, was appointed as the court visitor for the guardianship or conservatorship case listed above. I hereby submit this report under AS 13.26.276 and/or AS 13.26.515(b) and (d).

☐ I request a judge review the recommendations in the final section of this *Report*.

☐ No changes to the current order recommended.

Last visitor report filed: _____ This *Report's* due date: _____

Dates reviewed in this *Report*: _____

A. Background Information

1. Did you review the current order? ☐ Yes, I reviewed the order dated: _____
☐ No, state why not: _____

2. What does the order specify about the guardian's or conservator's duties?

☐ Full guardian and conservator ☐ Full conservator only

☐ Partial guardian (☐ with ☐ without conservator powers)

If less than full guardian or full conservator, please list areas of authority and discuss the relevant areas in body of report.

3. Are there any special provisions in the order (e.g., payment to guardian for room and board, authorization for guardian to be Personal Care Assistant (PCA), or other orders)?

☐ No ☐ Yes, please describe the special provisions:

If yes, is the guardian or conservator following the special provisions correctly?

☐ N/A ☐ Yes ☐ No, please describe:

4. Did you review the last Court Visitor Report?

☐ Yes, I reviewed the report dated: _____. ☐ No, because:

5. List persons you contacted or attempted to contact during your review, including the protected person and the guardian or conservator.

Role	Name	Address	Phone/Email	Contact? (Include how contact was made)
Protected Person				
Guardian/ Conservator				
Case Coordinator/ Manager				
Assisted Living Admin or Staff				
PCA/ Waiver Provider				
Other:				

Other:				
Other:				

B. Details of Guardianship or Conservatorship

Provide a brief description for each of the following that are applicable. Include in each section whether the protected person continues to need a guardian and/or conservator in that area of the protected person's life.

1. **Medical and mental health diagnoses:** Describe current diagnoses, major health events or changes, emotional status (i.e. behaviors), and activities of daily living:

Change in diagnoses? ☐ No ☐ Yes; please describe the change:

2. **Housing situation:**

3. **School or work situation:**

4. **Recreational activities:**

5. **Services for the protected person:**

a. Please describe services being provided to the protected person.

Medical:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	Funding Programs:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes
Mental Health:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	Assisted Living:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes
Case Management:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	Care Coordination:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes
Recreational Programs:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	School or Work Programs:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes
Counseling or Therapy:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	Religious Programs:	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes
Other Services or Programs: <input type="checkbox"/> N/A <input type="checkbox"/> Yes; describe the other services:					

b. Is the guardian or conservator providing any of these services to the protected person?

☐ No ☐ Yes; which services?

c. Are there any issues with the guardian or conservator arranging these services for the protected person? ☐ No ☐ Yes; which services?

d. What is the protected person's opinion of these services?

e. Did you contact any providers to give their opinions about the guardianship or conservatorship? ☐ No ☐ Yes; what was their opinion?

6. What is protected person's opinion regarding the guardianship or conservatorship?

7. Has the guardian or conservator taken any significant actions since the last Court Visitor Report (for example, changes in residence or work, major medical issues, familial issues)?

8. Does the protected person still need a guardian or conservator? Why or why not? Is a less-restrictive alternative (for example, power of attorney or Supported Decision-Making Agreement) more appropriate now?

9. Describe the contacts the guardian or conservator has had with the protected person, including in-person, telephone, written, or third-party contacts. Are there any complaints about contact?

10. Are there any changes with the guardian's or conservator's qualifications to serve? *[Please check Courtview for recent court cases of concern. Note: If this is a professional guardian or conservator, indicate whether that person's professional license is in good standing and whether fees are being charged appropriately.]*

C. Financial Information

1. Please record information regarding any of the following assets:
[Note: in the PDF version of this form, values in this chart will round to the nearest dollar.]

Asset	Value at Last 3-Year Report	Value in 20____	Value in 20____	Value in 20____
Burial Account				
Native Dividend Account				
Regular Bank Account				
Asset Trust				
Pooled Trust				
Qualified Income Trust				
Miller Trust				
PFD				
Property				
Total Assets				
Liabilities Listed				
Net Assets				

2. Please show the accounting for the protected person's estate while under the guardian's or conservator's control, as shown in the three most recent Annual Reports:

[Note: in the PDF version of this form, values in this chart will round to the nearest dollar.]

	Value in 20____	Value in 20____	Value in 20____
Income			
Expenses			
Income Minus Expenses			
Change from Prev. Year			
Assets			
Debts/Liabilities			
Assets Minus Liabilities			
Change from Prev. Year			
Fees			

3. Describe how the protected person's bank account is maintained and finances are managed.
- a. What are the main income and expenses for the protected person?

- b. How does the guardian or conservator keep track of income and expenses?

- c. Are financial records and bank statements available for review?

d. Are there any discrepancies in the accounting **or** noted in the file?

e. Do the income and expenses in the annual reports reconcile?

f. Were there any major changes in the protected person's financial status?

g. What documents did you review to ensure appropriate accounting?

h. Do any providers describe any financial concerns? Does the protected person receive spending money or allowance?

D. Other Information

1. Is this an OPA public guardian appointment?
☐ No. ☐ Yes. If yes, are there any alternative guardians or conservators available?

2. Is there any other information the guardian/conservator, the protected person, or you (the court visitor) think the court should know ?

E. Recommendations

1. Does the protected person still require a guardian or conservator?
☐ Yes ☐ No, because:

2. Does the current guardianship or conservatorship arrangement appear appropriate?
☐ Yes ☐ No, because:

3. Do financial transactions appear to be in order? ☐ Yes ☐ No, because:

4. Did you suggest areas to improve for the guardian or conservator, including a review of any educational information? ☐ No ☐ Yes, I suggested:

5. Do you recommend changes to the guardianship or conservatorship order? Are there any issues that need be addressed?
☐ No ☐ Yes, these are my areas of concern and suggested changes to address them:

6. Do you request judicial review? ☐ No ☐ Yes, the court should review and address:

7. Did you discuss this report with the protected person? ☐ Yes ☐ No
Please describe the details of the discussion, or if you did not have one, why not:

8. Other recommendations:

This image shows a full page of white paper with horizontal blue ruling lines. The lines are evenly spaced and run across the width of the page, providing a template for handwriting practice or general writing. There are no margins, text, or other markings on the page.

Respectfully submitted,

Date _____

Signature of Court Visitor

Phone Number

Print or Type Name of Court Visitor

Email Address

Mailing Address of Court Visitor

I certify that on _____, a copy of this *Report* was sent to:

☐ Guardian ☐ Conservator

The Protected Person:

☐ was served by ☐ mail ☐ in person ☐ other method: _____

☐ was NOT served, because the protected person cannot maintain confidentiality.

☐ Other: _____

Signature of Court Visitor:_____