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**

) **REPORT ON REVIEW**

I,       , was appointed as the Court Visitor for this guardianship or conservatorship case. I submit this report under AS 13.26.286 and/or AS 13.26.515(c) and (d).

Last visitor report filed:       *[date]*

Review hearing scheduled for:       *[If none scheduled, write “n/a.”]*

Did you use an interpreter to communicate with the protected person?

No  Yes, someone interpreted to and from the following language:       .

*[If yes, please inform the court of the need for an interpreter.]*

**A. NOTICE**

1. Did you explain the reason for review and tell the protected person the date, time, and place of the hearing (if one is scheduled)?  Yes  No

2. Did you give the protected person a copy of any written request for review, as well as the court order for review?  Yes  No

3. Did you explain the protected person’s rights, including the right to an attorney and to have an attorney present during your interview, and provide the protected person with the *Notice of Respondent’s Rights before Visitor’s Interview*, [PG-290](https://public.courts.alaska.gov/web/forms/docs/pg-290.pdf)?  Yes  No

4. I was unable to provide the notices marked “No” above, because:

**B. REASON FOR REVIEW**

1. Type of Order:  Full guardian & conservator  Partial guardian  Conservator only

Name(s) of guardian/conservator:

2. Did you review the current court order?  Yes  No

3. Describe your understanding of why this review was ordered by the court:

**C. CONTACTS**

1. Did you interview the protected person about this review and/or in preparation for this report?

Yes *[Describe below how the contact was made (in person, phone, etc.) and the protected person’s opinion about the need for change.]*

No *[Explain below why not.]*

2. List all contacts or attempted contacts made (including any interview with the guardian/conservator) and the method of contact. *[Attach extra pages if necessary.]*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship to Respondent | Address | Phone/Email | How was contact made? |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
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|  |  |  |  |  |

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

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

**D. RECORDS REVIEWED**

1. Have you reviewed all relevant records discussing the protected person’s medical, mental, emotional, physical, and financial status for this review?  Yes  No

2. List all records that you reviewed, including any court reports: *[Attach extra pages if necessary.]*

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Record | Source | Date Created | Copy Attached? |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

I wasunable to review the following records, because:

1. Please give a brief summary of the following and describe any relation to the review.
2. **Medical Status & Physical condition**. Describe the protected person’s medical diagnoses, needs, overall medical condition, and physical condition and needs (including therapy, medication, or assistance with daily activities). Include any changes since the last visitor report and how these changes are relevant to the need (or not) for a change in the court order:

1. **Mental and Emotional Status**. Describe the protected person’s mental health diagnoses, needs, and overall emotional status. Include any changes since the last visitor report and how these changes are relevant to the need (or not) for a change in the court order:

C. **Educational, Vocational, Recreational, and Social Skills**. Describe the protected person’s current abilities and activities. State whether the protected person would benefit from any change(s) in specific assistance and, if known, whether that assistance is available:

**E. DAY-TO-DAY NEEDS**

1. **Housing**. Describe where the protected person is currently living and if there are any major issues with housing:

2. **Services**.Describe the type and extent of current services the protected person receives or could receive to maintain the protected person’s health, safety, and well-being:

1. **Financial Narrative**. Describe current income sources and amounts, and current major expenses, assets, and liabilities. List accounts, banks used, and whether there is a trust:

1. **Brief Accounting.** Please fill in numbers for the past twelve months:

I do not have records for a full year. This accounting is from       to      .

Total Income:       Total Value of Assets:

Total Expenses:       Total Amount of Liabilities:

1. Did you find any discrepancies or areas of concern in the accounts you reviewed?

No  Yes; describe:

**F. SUMMARY OF REVIEW**

Describe the areas that you’ve investigated, issues or concerns of the parties, and a general basis for your recommendation(s):

**G. RECOMMENDATIONS**

1. **Alternatives to Guardianship or Conservatorship**. As a part of this review, were you able to identify any alternatives to the current order?

**No, I did not identify any feasible alternatives.**

**Yes, I identified the following alternatives:**

Representative payee and other community services

Power of attorney

Supported decision-making agreement

Limited guardianship or conservatorship order

2. Do you recommend a change in guardian/conservator appointment?

No  Yes *[If yes, attach* [*PG-271*](https://public.courts.alaska.gov/web/forms/docs/pg-271.dotx)*, “Supplement to Court Visitor’s Report on Review.”]*

3. Is there anything else you would like the court to know?

1. **The visitor recommends:**

No changes to the current order.

Termination of the guardianship or conservatorship.

Change in authority (for example: partial guardian to full guardian, or adjustment of areas of partial guardian authority) as follows:

Appointment of a different guardian or conservator:

Appointment of a co-guardian or co-conservator:

Date Signature of Court Visitor

Phone Number Print or Type Name of Court Visitor

Email Address Address

I certify that on       at *[date/time]*, I  mailed  hand-delivered  emailed

a copy of this report ( with PG-271 supplement) to:

Protected Person  Protected Person’s Attorney (if appointed)  Expert (if appointed)

Guardian  Conservator  Other:

Signature of Court Visitor: