

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT _____

In the Matter of the Protective Proceedings of: _____

Case No: _____

SUPPLEMENT TO COURT VISITOR'S REPORT ON REVIEW

1. If you recommend an OPA Public Guardian—the appointment of last resort—please describe alternatives you decided are not available or feasible:

☐ I am not recommending appointment of an OPA Public Guardian.

2. If you are recommending a new public guardian or private professional appointment, please attempt to provide the following about the protected person:

(1) Date and Place of Birth: _____

(2) Mother's Maiden Name: _____

(3) Please also provide the protected person's social security number, but do not record it here. Instead, bring the information to the review hearing.

3. If this is a new family or other non-professional appointment, did you provide the proposed guardian or conservator with form [PG-291](#)? ☐ Yes ☐ No

4. Briefly describe the new proposed guardian/conservator and that person's relationship to the protected person: _____

5. Is the new proposed guardian/conservator employed?

☐ No ☐ Not applicable—OPA or professional guardian proposed

☐ Yes, and the person works as _____

6. Does the new proposed guardian/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. The person reported _____

7. Did you check Courtview for court cases involving the new proposed guardian/conservator?

☐ No ☐ Not applicable—OPA or professional guardian proposed

☐ Yes. I found _____

8. 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 _____

9. If you recommend a professional guardian/conservator, does the professional have a current license? ☐ No ☐ Yes ☐ Not applicable—non-professional recommended

10. Does the private guardian/conservator have liability insurance?

☐ No ☐ Yes *[Please attach the fee schedule to this report, if applicable.]*

☐ Not applicable—non-professional recommended

Visitor Signature: _____ Print or Type Name: _____