

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: _____