

- c. Does respondent currently have a guardian? No Yes Guardian's name, address and phone _____
- d. Does respondent currently have a conservator? No Yes Conservator's name, address and phone _____
- e. Has respondent given a power of attorney to anyone? No Yes Name, address and phone _____
- f. Does respondent have a "representative payee" for social security or other benefits?
 No Yes Name, address and phone _____
- g. Are there any other restrictions on the legal capacity of the respondent to act in respondent's own behalf? No Yes If yes, describe the restrictions: _____
- h. Does respondent have a living will or a durable power of attorney for health care or any other document directing how health care decisions should be made if respondent is unable to make them? No I do not know Yes
Describe (include name of any agent authorized to make health care decisions for the respondent): _____
- i. Is a no-code (Do Not Resuscitate) provision in place for the respondent?
 No I do not know Yes

5. List the names, addresses and telephone numbers of the following relatives of the respondent: *(If respondent has no such relative, write "none" on that line. Attach additional pages if necessary. Do not write on the back of any page.)*

	<u>Name</u>	<u>Phone</u>	<u>Address</u>
a. Spouse:	_____	_____	_____
b. Children:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
c. Parents:	_____	_____	_____
	_____	_____	_____
d. Brothers and Sisters:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

e. If respondent has none of the above relatives, list the name and address of respondent's nearest relative: _____

6. List names, addresses and telephone numbers of close friends of respondent who may have current information about respondent: _____

7. Respondent's Financial Information

a. Monthly Income

Wages, Pension, Retirement _____
Social Security _____
S.S.I. _____
Public Assistance _____
Longevity Bonus _____
Interest and Dividends _____
Veteran's Benefits _____
Other monthly income: _____

TOTAL _____

b. Monthly Expenses

Food _____
Rent or Mortgage _____
Utilities _____
Car Payment _____
Credit Card Payment _____
Insurance _____
Medical (not covered
by insurance) _____
Other: _____

TOTAL _____

c. Other Income Received During Last 12 Months

Permanent Fund Dividends received in last 12 months _____
Native/Other Corporation Dividends not listed above _____
Value of gifts or inheritances received in last 12 months _____
Other: _____

d. Assets

Cash on hand or in savings
or checking account _____
Stocks, bonds, CDs,
mutual funds _____
Home _____
Other land or buildings _____
Vehicles _____
Businesses _____
Insurance _____
Other Property _____
TOTAL ASSETS _____

e. Debts

Mortgages _____
Loans _____
Credit card balance _____
Other Debts _____

TOTAL DEBTS _____

f. Petitioner has no knowledge of respondent's financial situation.

8. Is respondent a veteran entitled to the payment of money from the U.S. Department of Veterans Affairs? Yes No

Guardianship

(If you are requesting appointment of a Guardian, fill out paragraphs 9 - 13 below.)

9. Describe the nature and degree of respondent's incapacity (the limitations on his/her ability to understand or communicate that endanger his/her physical health or safety): _____

10. List the facts that support your allegations of incapacity and the need for appointment of a guardian (examples that show how the respondent's limitations have, or may, lead to physical injury or illness). _____

11. a. Type of appointment sought:

Full guardianship with all the powers described in AS 13.26.150(c), including the powers of a conservator to manage and control respondent's financial affairs (almost all the powers and duties a parent has with respect to a minor child).

Partial guardianship with the following specific powers and duties: *(List any powers and duties you want the court to grant. Examples: to have custody and decide where respondent will live; to arrange for medical care and consent to medical treatment; to apply for benefits for respondent; to receive money due to respondent and apply it to provide support, care or education for respondent.)*

b. How long will this appointment need to last? _____

12. List people you know who have knowledge that might help the court determine the capacity and needs of the respondent.

	<u>Name</u>	<u>Phone</u>	<u>Address</u>
a. Doctors:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
b. Counselors and Social Workers:	_____	_____	_____
	_____	_____	_____
c. Case Managers and Care Coordinators:	_____	_____	_____
	_____	_____	_____
d. Others (Teachers, Clergy, etc.):	_____	_____	_____
	_____	_____	_____

13. Who do you think should be appointed guardian? Name _____
Address _____ Phone _____
This person's relationship to the respondent is _____
This person's priority for appointment under AS 13.26.145 is _____
Names and addresses of persons with higher priority are: _____

Conservatorship

(If you are requesting appointment of a Conservator, fill out paragraphs 14-17 below.)

14. State petitioner's interest in this matter: _____

15. Explain why a conservator should be appointed: _____

16. Who do you think should be appointed conservator? Name: _____
Address: _____ Phone _____
This person's priority for appointment under AS 13.26.210 is _____

Names and addresses of persons with higher priority are: _____

17. List people you know who have knowledge that might help the court determine the respondent's ability to manage his/her property and affairs.

	<u>Name</u>	<u>Phone</u>	<u>Address</u>
a. Doctors:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
b. Counselors and Social Workers:	_____	_____	_____
	_____	_____	_____
c. Case Managers and Care Coordinators:	_____	_____	_____
	_____	_____	_____
d. Others (Landlords, Clergy, etc.):	_____	_____	_____
	_____	_____	_____

_____	_____
Date	Signature of Petitioner or Petitioner's Attorney If attorney, print name and bar number: _____

Verification

I state on oath or affirm that I have read this petition and that all statements made in it are true to the best of my knowledge and belief.

_____	_____
Date	Petitioner's Signature

Subscribed and sworn to or affirmed before me at _____, Alaska
on _____
(date)

(SEAL)	_____
	Clerk of Court, Notary Public, or other person authorized to administer oaths. My commission expires: _____