

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of the Protective Proceeding of \_\_\_\_\_ )  
 )  
 )  
 )  
 Respondent/Ward or Protected Person )  
 ) CASE NO. \_\_\_\_\_

**REQUEST FOR COURT-SPONSORED GUARDIANSHIP MEDIATION**

- I request a referral to the court-sponsored guardianship mediation program.
- I am the:  Respondent/Ward (or attorney)  Petitioner (or attorney)  
 Court Visitor  GAL  Guardian or Conservator  
 Other (family, domestic partner, etc.) and my relationship to the person is:  
\_\_\_\_\_
- I consulted with all other legal parties and we all agree to make this referral (not required).
- The participants are available to mediate on \_\_\_\_\_ (date) at \_\_\_\_\_ am pm  
or \_\_\_\_\_ (date) at \_\_\_\_\_ am pm.
- People who should participate in the mediation are:

Name	Relationship	Phone(s) and Email address

*NOTE: If you need to add more names, please attach an additional sheet.*

- Mediation should focus on the following areas or issues of concern:  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature

I certify that on \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name

a copy of this request was sent to:

\_\_\_\_\_  
Mailing Address

- Respondent's Atty.**  GAL  
 Petitioner or Atty.  Guardian  
 Court Visitor  Conservator  
 Family Case Services Coordinator  
 Other \_\_\_\_\_

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
Contact Telephone Number(s)

By: \_\_\_\_\_