

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

In the Matter of the Protective Proceedings of: )  
 )  
Name of Ward: \_\_\_\_\_ )  
 )  
Date of Birth: \_\_\_\_\_ )  
 )  
Residential location of ward: \_\_\_\_\_ )  
\_\_\_\_\_ )  
 )  
Ward's Telephone #: \_\_\_\_\_ )  
 )  
\_\_\_\_\_ )

CASE NO. \_\_\_\_\_

GUARDIANSHIP  
IMPLEMENTATION REPORT  
AND INVENTORY

**Instructions**

Please type or print clearly using black ink. In preparing the report, you must consult with the ward as much as possible. The court will treat the information in this report as confidential.

If you are unable to complete this form without help, you may find assistance on the website of the Office of Public Advocacy (OPA): [www.state.ak.us/guardianship](http://www.state.ak.us/guardianship). Your local library and court may also have a binder of helpful information entitled "*Family Guardian Education Materials*," prepared by the Alaska State Association for Guardianship and Advocacy. You may also call OPA at 269-3500 (in Anchorage), 451-5933 (in Fairbanks) or 1-877-957-3500.

After completing this report, you must sign it under oath (or affirmation) in the presence of a notary public or court clerk. See last page.

If you are a **full guardian** with the powers of a conservator, you must fill out the entire form. If you are a **partial guardian** and do not have the powers of a conservator (or if a separate conservator has been appointed), you do not need to fill out the financial information in paragraphs 10 through 15. The purpose of this report is to give the court as complete a picture as possible of the ward's current situation and what you are going to do to implement the guardianship plan.

**Information About Guardian**

Guardian's Name \_\_\_\_\_ Daytime Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_  
(box or street number) (city) (state) (ZIP)

Check here if this mailing address is new. If you change your address, please notify the court.

Residence Address \_\_\_\_\_  
(street address) (city) (state)

Do you live with the ward?  Yes  No

Relationship to ward: \_\_\_\_\_

In what areas do you have the authority to make decisions for the ward?  housing  
 medical care  school & job training  employment  social & recreational activities  
 financial management (you control ward's finances because you have conservator powers)

Has a separate conservator been appointed for the ward?  No  Yes Name: \_\_\_\_\_

If you are a private guardian charging fees, is there a court order authorizing payment of fees and establishing an hourly rate and maximum monthly amount as required by Probate Rule 16 and AS 08.26.110?  Yes  No  I do not charge fees.

### **Information About Ward**

#### 1. **Housing.**

- a. On the date you were appointed guardian, where did the ward live?  
Name of facility or place: \_\_\_\_\_  
Address: \_\_\_\_\_  
(street address) (city) (state) (ZIP)  
Type of Residence:  nursing home  assisted living home  \_\_\_\_\_
- b. Where does the ward live now?  
 In the same place described above.  
 In a different place. Describe: \_\_\_\_\_  
\_\_\_\_\_
- c. If the ward lives in your home, do you charge the ward rent?  Yes  No  
If you live in the ward's home, are you paying rent?  Yes  No
- d. Have you discussed the ward's housing arrangement with the ward?  
 Yes. Explain what the ward wants: \_\_\_\_\_  
\_\_\_\_\_  
 No, because \_\_\_\_\_  
\_\_\_\_\_
- e. Do you plan to change the place where the ward lives?  No  Yes, to  
\_\_\_\_\_  
Explain why: \_\_\_\_\_  
\_\_\_\_\_
- f. If ward lives in a nursing home, assisted living home, group home or other facility,  
(1) Is this the least restrictive setting in which services can be provided to the ward?  Yes  No  
(2) Have you participated in developing the facility's care plan for the ward?  Yes  No.  
(3) Do you believe the facility's care plan is a good one for the ward (in the ward's best interests)?  Yes  No Explain: \_\_\_\_\_  
\_\_\_\_\_

g. Are there any problems with providing meals, clothing, house cleaning or transportation for the ward? \_\_\_\_\_  
\_\_\_\_\_

2. **Medical Care for the Ward.**

a. Ward's last physical exam. Date: \_\_\_\_\_ Doctor: \_\_\_\_\_  
Recommended treatment: \_\_\_\_\_  
\_\_\_\_\_

- I do not know when the ward last had a physical examination.  
 I believe a physical exam is not necessary at this time.  
 I will schedule a physical exam as follows (state when and where):  
\_\_\_\_\_

b. Does the ward require: If yes, state when and where planned:  
Dental evaluation?  Yes  No \_\_\_\_\_  
Eye examination?  Yes  No \_\_\_\_\_  
Hearing evaluation?  Yes  No \_\_\_\_\_

c. Describe any other medical problems (physical or mental) the ward has, and describe what is being done or will be done about them: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

d. Describe any plans you have to change the care currently being provided for the ward's medical problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e. Have you discussed these medical issues with the ward?  
 Yes. Explain what the ward wants: \_\_\_\_\_  
\_\_\_\_\_  
 No. Explain why not: \_\_\_\_\_  
\_\_\_\_\_

f. Are there any problems providing medical care or treatment for the ward? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- g. Is a no-code (Do Not Resuscitate) provision in place for the ward?  Yes  No
- h. Did the ward, while the ward still had the capacity to do so, execute a durable power of attorney for health care or some other advance health care directive under AS 13.52.010 - .395 or another law?  Yes  No. If yes, who is the agent authorized to make health care decisions for the ward? \_\_\_\_\_

3. **School and Job Training.**

- a. Does the ward attend school or any type of job training?  
 Yes. Describe studies (include name and location of school): \_\_\_\_\_  
 \_\_\_\_\_  
 No, because: \_\_\_\_\_  
 \_\_\_\_\_
- b. Is there any type of education or training that would benefit the ward? \_\_\_\_\_  
 \_\_\_\_\_
- c. Have you discussed this with the ward?  
 Yes. Explain what the ward wants: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 No. Explain why not: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. **Work.**

- a. Is the ward employed?  
 No, because: \_\_\_\_\_  
 Yes. Describe (include type of work, name of employer, address, phone, and how long employed): \_\_\_\_\_  
 \_\_\_\_\_
- b. If not employed, would it be in the ward's best interests to obtain employment?  
 \_\_\_\_\_
- c. Have you discussed this with the ward?  
 Yes. Explain what the ward wants: \_\_\_\_\_  
 \_\_\_\_\_  
 No. Explain why not: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

5. **Social and Recreational Activities.**

- a. Describe activities the ward enjoys: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Have you been able to help make these activities available to the ward? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Do you have any plans concerning additional social and recreational activities for the ward? \_\_\_\_\_  
\_\_\_\_\_

6. **Dependents.** (List anyone the ward is legally required to support.)

<u>Name</u>	<u>Relationship to Ward</u>	<u>Date of Birth (if under 18)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

7. **Contacts.**

a. How often have you visited the ward since you were appointed guardian?  
\_\_\_\_\_

b. Have there been any other contacts?  No  Yes, as follows:

<u>Type of Contact</u>	<u>How Often</u>
<input type="checkbox"/> by telephone	_____
<input type="checkbox"/> by mail or e-mail	_____
<input type="checkbox"/> through 3rd person: _____	_____
<input type="checkbox"/> other: _____	_____

8. **Decision Making.**

When a decision has to be made about something for the ward (housing, medical care, education, employment, recreation, purchases, etc.), how are the decisions made?

a. Describe decisions made by ward alone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Describe decisions made by guardian alone: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. Describe decisions made by guardian and ward together: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. **Community Resources** (service providers, churches, government programs, charitable organizations, etc.).

a. List the community organizations that are currently involved with the ward.

<u>Name of Organization</u>	<u>Services Received</u>	<u>Agency Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. List other organizations you have contacted that might be able to help the ward.

<u>Name of Organization</u>	<u>Potential Services</u>	<u>Agency Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

You only have to fill out paragraphs 10 - 15 if you are a full guardian with authority to manage the ward's finances. If you do not have financial management authority, skip to paragraph 16.

10. **Ward's Current Monthly Income.** (List only the income of the ward. Do not list any of your own income. Divide any yearly amounts by 12. Divide quarterly amounts by 3.)

<u>Income Source</u>	<u>Monthly Amount</u>
Social Security Benefits:	
a. SSA	_____
b. SSI	_____
Adult Public Assistance:	_____
Veterans Financial Benefits:	_____
Alaska Longevity Bonus:	_____
Permanent Fund Dividend:	_____
Native Corporation Dividend:	_____
_____	_____
_____	_____
Wages:	_____
Dividends/Interest	_____
Rental Income:	_____
Pension:	_____
Annuities:	_____
Other: (describe)	_____
_____	_____
_____	_____
_____	_____
<b>Total Monthly Income:</b>	_____

11. **Ward's Monthly Expenses.** (Money paid to anyone on behalf of the ward or the ward's legal dependents. Divide yearly amounts by 12. Attach extra pages if necessary.)

<u>Expense</u>	<u>Description</u>	<u>Monthly Amount</u>
Nursing/Assisted Living Home:	_____	_____
Rent Payment:	_____	_____
Mortgage Payment:	_____	_____
Utilities:	_____	_____
Transportation:	_____	_____
Medical Treatment Costs:	_____	_____
Medications:	_____	_____
Credit Card Payments:	_____	_____
Food:	_____	_____
Clothing:	_____	_____
Recreation or Entertainment:	_____	_____
Personal Expenses (include allowance):	_____	_____
Income Tax & Property Tax:	_____	_____
Home/Property Maintenance Costs:	_____	_____
Insurance:		
Home Insurance	_____	_____
Auto Insurance	_____	_____
Medical Insurance	_____	_____
Life Insurance	_____	_____
Gifts:	_____	_____
Child/Spousal Support:	_____	_____
Fees/Costs Paid to Guardian:	_____	_____
Other (list all other payments made):	_____	_____
	_____	_____
	_____	_____

**Total Monthly Expenses:** \_\_\_\_\_

12. **Ward's Assets on** \_\_\_\_\_ **(date)**.

(List all assets the ward owns individually or jointly. Attach extra pages if necessary.)

a. **Cash on hand (not in an account)** \$ \_\_\_\_\_ (amount) \_\_\_\_\_ (where located)

b. **Burial Account**

Name of Bank or Institution	Type of Account	Account Number	Balance

c. **Alaska Native Corporation Dividend Account**

Name of Bank or Institution	Type of Account	Account Number	Balance

d. **List all other bank accounts, certificates of deposit, etc.** Attach the most recent bank statement. Attach additional pages if necessary.

Name of Bank or Institution	Name(s) on Account	Account Number	Balance

e. **List all Brokerage Accounts, Stocks, Bonds, and Other Securities.** Attach the most recent account statement. Attach additional pages if necessary.

Name of Company	Name(s) on Account	Account Value on _____ (date)

f. **Retirement Accounts.**

Name of Company	Beneficiary	Current Value

g. **Ward's Life Insurance Policies (policies the ward owns).**

Name of Company	Beneficiary of Life Insurance	Face Value of Life Insurance	Cash Value of Life Ins.

h. **Real Estate that Ward Owns (land and buildings).** Attach tax assessment, if available.

(1) Does ward own a home?  No  Yes. Estimated Value: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

Is there a joint owner?  No  Yes

(2) Other Real Estate. Estimated Value: \$ \_\_\_\_\_

Address: \_\_\_\_\_

Description: \_\_\_\_\_

Is there a joint owner?  No  Yes

i. **Vehicles.** (List any cars, boats, snow machines, off-road vehicles, airplanes, etc.)

<u>Type of Vehicle</u>	<u>Year, Make &amp; Model</u>	<u>Value</u>	<u>Co-Owner</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

j. **Furniture, Appliances and Electronic Equipment exceeding \$400 in value.**

Attach additional pages if necessary.

<u>Description of Item</u>	<u>Approximate Age</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- k. **Jewelry, Gems, Precious Metals, Coin or Stamp Collections, Other Collections, Artwork, Raw or Decorated Ivory.** Attach additional pages if necessary.

<u>Description of Item</u>	<u>Location</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- l. **Other Personal Property.** (List any item that has a value over \$400. Please include any collectibles and any other items that are particularly susceptible to theft. Give details sufficient to allow a third party to identify the item. Attach extra pages, if necessary.)

<u>Description of Item</u>	<u>Location</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

- m. **Commercial Fisheries Interests (IFQs or limited entry permits).** Value
- |       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |

**TOTAL ASSETS (Total value of all items in #12 a through m)**      \$ \_\_\_\_\_

13. **Ward's Liabilities.** (List all debts the ward owes, including mortgages, loans, credit card debt, etc. Attach extra pages if necessary.)

a. **Real Estate Debts.**

(1) Home described in #12(h)(1). Loan balance: \$ \_\_\_\_\_

(2) Property described in #12(h)(2). Description: \_\_\_\_\_  
 Loan balance: \$ \_\_\_\_\_

b. **Other Loans.**

<u>Lender (Name &amp; Address)</u>	<u>Purpose (loan type)</u>	<u>Loan Number</u>	<u>Balance Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

c. **Credit Cards.**

<u>Company (Name &amp; Address)</u>	<u>Card</u>	<u>Card Number</u>	<u>Balance Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<u>Judgments/liens.</u>	<u>Description</u>	<u>Balance Due</u>
_____	_____	_____
_____	_____	_____

e. **Amounts Owed For Services.**

	<u>To Whom Owed</u>	<u>Balance Due</u>
(1) Medical Services	_____	_____
(2) Attorney Services	_____	_____
(3) Guardian Services	_____	_____
(4) Other	_____	_____
	_____	_____

**TOTAL LIABILITIES (Total all items in #13 a through e):** \$ \_\_\_\_\_

14. **NET ASSETS** (Subtract Total Liabilities from Total Assets):

Total Assets from 12 a - m.		\$ _____
Total Liabilities from 13 a - e		\$ _____
<b>Net Estate Value</b>		<b>\$ _____</b>

15. **Trusts.** The ward is a beneficiary of the following trust(s) (meaning the ward has the right to receive benefits of some kind from the trust):

Name of Trust: \_\_\_\_\_

Name and Address of Trustee: \_\_\_\_\_

If registered with the court, list trust registration no. \_\_\_\_\_ State \_\_\_\_\_

Do you know what benefits the ward is supposed to receive from the trust?

Yes     No

Is the ward receiving the benefits from the trust that he/she is supposed to receive?

Yes     No     I do not know.

16. Did the ward help you prepare (provide information for) this report?     Yes     No

Oath

I do solemnly swear (or affirm) that the information given in this report is true and correct to the best of my knowledge and belief.

Date	Guardian's Signature
------	----------------------

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public or other person  
authorized to administer oaths.

My commission expires: \_\_\_\_\_

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

I gave a copy of this report and its  
attachments to:

- ward
- ward's attorney or guardian ad litem (if currently representing ward): \_\_\_\_\_
- parent or guardian with whom ward resides (if any): \_\_\_\_\_
- ward's conservator (if a separate conservator has been appointed): \_\_\_\_\_
- the following person(s) designated by court order: \_\_\_\_\_

\_\_\_\_\_  
Guardian's Signature