

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

\_\_\_\_\_  
)  
)  
Petitioner (Person Filing Petition)  
)  
on behalf of \_\_\_\_\_  
)  
(Protected Person)  
)  
v. \_\_\_\_\_  
)  
)  
Respondent (Restrained Person)  
)  
\_\_\_\_\_

Case No. \_\_\_\_\_PR

**PETITION FOR PROTECTION  
FROM FINANCIAL ABUSE**  
(AS 13.26.207-.208)

**A. TYPE OF PROTECTIVE ORDER REQUESTED**

Select the type of action you are requesting from the court. Check all that apply.

1.  I want a 20-day ex parte order of protection. (If you decide later on to ask for a long-term order too, use form PG-801 at that later time.)
2.  When the 20-day order is over, I want to convert the 20-day ex parte order to a long-term (6-month) order.
3.  I want a conservator appointed and have attached PG-104 to this petition.

**B. PROTECTED PERSON**

The protected person is the person you believe needs protection from financial abuse.

1. Describe the protected person

- a.  The protected person is an adult who cannot effectively manage his or her property and affairs because of (check all that apply):
  - advanced age
  - mental illness or deficiency
  - confinement
  - physical illness or disability
  - disappearance
  - chronic intoxication or use of drugs
  - fraud (financial abuse)
  - detention by a foreign power
  - other \_\_\_\_\_
- b.  The protected person is a child under the age of 18.

2. Other cases involving the protected person (check all that apply)

- a.  A conservator was appointed or requested for the protected person.  
Conservator name \_\_\_\_\_ Phone \_\_\_\_\_
- b.  A guardian was appointed or requested for the protected person.  
Guardian name \_\_\_\_\_ Phone \_\_\_\_\_
- c.  There is a representative payee for social security or other benefits.  
Payee name \_\_\_\_\_ Phone \_\_\_\_\_
- d.  There is a power of attorney for the protected person held by  
(name) \_\_\_\_\_ Phone \_\_\_\_\_
- e.  There is or was a domestic violence (DV) case involving the protected  
person. Court location of DV case \_\_\_\_\_
- f.  There is another case involving the protected person that is not the kind  
of case listed above. Location of other case \_\_\_\_\_

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3. Contact information for the protected person  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Gender  Male  Female Date of Birth \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Name and address of nearest relative \_\_\_\_\_

**C. PETITIONER (PERSON FILING PETITION)**

The petitioner is the person who is filing this petition.

1. Describe the petitioner
- a.  Petitioner is the protected person. (If you check this box, skip to part D.)
  - b.  Petitioner is not the protected person. Petitioner is the protected person's:
    - attorney  other legal representative
    - parent  DHSS representative
    - custodian  caregiver
    - guardian  other \_\_\_\_\_

2. How does the petitioner know the protected person?  
 \_\_\_\_\_  
 \_\_\_\_\_

3. Contact information for the petitioner  
 Fill this out only if the petitioner is not also the protected person.  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**D. RESPONDENT (RESTRAINED PERSON)**

The respondent is the person you want protection from, the person you want to restrain.

1. Describe the respondent
- a.  The respondent is a business or other organization.
    - Name of business/organization \_\_\_\_\_
    - Respondent is an unknown individual, business, or other organization.
  - b.  The respondent is a person (not a business or other organization).  
 First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_  
 Male  Female Date of Birth \_\_\_\_\_  Respondent is a child.

2. How does the respondent know the protected person?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Respondent is an unknown individual, business, or other organization.

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3. Contact information for the respondent

Respondent's address (if known) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone 1 \_\_\_\_\_ Phone 2 \_\_\_\_\_

Respondent is an unknown individual, business, or other organization.

**E. DID YOU NOTIFY THE RESPONDENT ABOUT YOUR PETITION?**

You do not have to notify the respondent about your petition for a 20-day ex parte protective order. However, you do have to tell the court about any efforts you made to notify the respondent.

Did you notify respondent before filing this petition?  Yes  No

Describe your efforts, if any, to notify respondent before filing this petition:

\_\_\_\_\_

**F. DID YOU NOTIFY THE PROTECTED PERSON ABOUT YOUR PETITION?**

If you are not the protected person, you must give a copy of this petition to the protected person or the person's attorney, unless giving it to the protected person would cause an immediate threat of harm to his or her best interests.

1.  I am the protected person. (If you check this box, skip to part G.)

2.  I am not the protected person and

a.  I gave the protected person or the protected person's attorney a copy of this petition by  email  fax  hand-delivery.

b.  I did not give the petition to the protected person or the person's attorney because it would cause an immediate threat of harm to the protected person's best interests. The immediate threat of harm is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. DESCRIBE THE FINANCIAL ABUSE**

Describe how you believe the respondent is financially abusing the protected person. Answer all three questions. Use additional sheets of paper if needed.

1. Describe the specific money, property, or business affairs at risk:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Estimated value at risk: \$ \_\_\_\_\_

**This is Not a Court Order**



**H. PROTECTIONS REQUESTED FROM THE COURT**

Check all boxes that apply to your request.

1. No CONTACT.

The court should order the respondent to have no direct or indirect contact with the  protected person  petitioner (if different).

2. POWER OF ATTORNEY.

a.  Attached is a copy of the current power of attorney.

b.  The court should cancel the powers of attorney currently held by:

\_\_\_\_\_

c.  The court should change the powers of attorney currently held by:

\_\_\_\_\_

The court should change the powers of attorney in the following way:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. LIMIT ACTIVITIES.

a.  The court should stop the respondent from doing anything with the money or property of the protected person.

b.  The court should stop the respondent from doing the following things with the money or property of the protected person:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. OTHER PROTECTIONS.

The court should also order the other protections listed below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**VERIFICATION AND SIGNATURE**

Complete this section if a notary public or court clerk is available. Do not sign until you are in front of a notary public or court clerk. Be sure to bring ID with you. There is no charge for notarization by court clerk. If no notary or court clerk is available, fill out the certification section below instead.

I say on oath or affirm that I have read the foregoing document and believe all statements made in the document are true.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Print Name

[Leave this part blank for the notary or court clerk to sign.] 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: \_\_\_\_\_

**CERTIFICATION AND SIGNATURE (IF NO NOTARY IS AVAILABLE)**

Complete this certificate if no notary or court clerk is available, or if you do not have the identification required by a notary or other official.

I certify under penalty of perjury that all of the information in this petition is true, and a notary public or other official empowered to administer oaths is not available to administer an oath, or I do not have the ID required by a notary or other official.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Print Name

**This is Not a Court Order**

