

ADULT GUARDIANSHIP PETITION PACKET

<i>Form Number</i>	<i>Form Name</i>
WHERE CAN I FIND INSTRUCTIONS?	
<u>PG-505</u>	<p>Instructions are available online at: www.courtrecords.alaska.gov/webdocs/forms/pg-505.pdf</p> <p>Printed copies are available for customers with limited or no internet access.</p>
WHAT IS INCLUDED IN THIS PACKET?	
<u>PG-100</u>	Petition for Appointment of a Full Guardian for an Adult
<u>PG-115</u>	Notice of Guardianship Hearing
<u>PG-117</u>	Certificate of Service by Certified Mail
WHERE CAN I FIND MORE INFORMATION?	
<u>Online</u>	Court forms online: www.courts.alaska.gov/forms/index.htm
<u>Online</u>	Family Law Self-Help Center: www.courts.alaska.gov/shc/guardian-conservator/index.htm

**March 2016
Alaska Court System**

The statutes, court rules and most of the forms referenced in this packet are available on the court's website: www.courts.alaska.gov.

What is a Guardian?

A guardian is a person appointed by the court to manage the affairs of another, called the "ward." **A guardian has authority to make personal** decisions for the ward, such as where the ward will live and under what conditions. A guardian may also manage the finances of the **ward if a conservator (someone to manage the ward's money and property) has not been** appointed by the court.

When Can a Guardian Be Appointed?

The court can appoint a guardian only if the court determines that a person is incapacitated and the services of a guardian are necessary (that is, alternative methods of providing services are **not adequate**). **A person is "incapacitated" if his (or her) ability to receive and evaluate** information or communicate decisions is so impaired that the person cannot take care of his or her own physical health or safety (meaning provide the healthcare, food, shelter, clothing, etc. the person needs to avoid serious physical injury or illness).

AS 13.26.116 AS 13.26.005

Who Can Be a Guardian?

Almost anyone (except a minor) willing to take on the responsibility can be appointed. The guardian can be a relative or friend, a private professional guardian, or the public guardian.

The guardian cannot be someone who:

1. provides substantial professional or business services to the incapacitated person,
2. is a creditor of the incapacitated person,
3. has interests that may conflict with those of the incapacitated person, or
4. works for a person who would be disqualified under (1) – (3).

These restrictions do not necessarily apply to the respondent's spouse, adult child, parent, brother or sister if the court determines that the potential conflict of interest is insubstantial and the appointment would clearly be in the best interests of the incapacitated person.

AS 13.26.145

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Protective Proceeding of)
)
)
)
)
)
_____)
Respondent (person who needs a guardian))
_____)

CASE NO. _____

**PETITION FOR APPOINTMENT OF A
FULL GUARDIAN FOR AN ADULT**

[Full guardianship is a legal arrangement where the court appoints a person or institution to make all decisions on issues such as housing, medical care, legal issues, finances, and services. If you only wish for limited guardianship, use form [PG-103](#). For a conservatorship (financial management only), use form [PG-104](#).]

1. Petitioner asks the court to appoint a full guardian for the above-named respondent because the respondent is incapacitated as defined in Alaska Statute 13.26.005(5). [Someone is incapacitated if his or her ability to receive and evaluate information or to communicate decisions is so impaired that the person cannot provide for their physical health or safety without court-ordered help (including health care, food, shelter, clothing, personal hygiene, and protection).]

How long will this appointment need to last? _____

2. Petitioner's Name _____ Age _____
Mailing Address _____
(box or street number) (city) (state) (ZIP)
E-mail Address _____
Home Phone _____ Work Phone _____ Cell Phone _____
Relationship to the Respondent _____

3. Respondent's Name _____ Date of Birth _____
Mailing Address _____
(box or street number) (city) (state) (ZIP)
Residence Address _____
(street address) (city) (state)
Daytime Phone _____ Social Security No. _____

4. Has anyone filed a petition for appointment of a guardian for the respondent in any other state? No. Yes, in (court name & location) _____, by _____, case number (if known): _____ (AS 13.27.170)

5. Has anyone filed a petition to protect the respondent from financial abuse? No Yes. Case Number: _____

6. The respondent's "home state" as defined in AS 13.27.180 is:
- Alaska because the respondent was physically present in Alaska for the six consecutive months before the filing date of this petition (except for temporary absences).
 - _____ because the respondent was physically present in that state for the six consecutive months before the filing date of this petition (except for temporary absences).
 - I do not know the respondent's "home state." The respondent was in the following states during the year before I filed this petition:**
- | <u>Dates During the Past Year</u> | <u>Place (State & Address) Where Respondent Lived</u> |
|-----------------------------------|---|
| | |
| | |
| | |

- 7.
- a. The respondent lives alone with _____
 - b. Who takes care of the respondent?
 Name of person or facility _____
 Address _____ Phone _____
 - c. Does the respondent currently have a guardian? No Yes
 If yes, guardian's name, address and phone _____

 - d. Does the respondent currently have a conservator? No Yes
 If yes, conservator's name, address and phone _____

 - e. Has the respondent given a power of attorney to anyone? No Yes
 If yes, name, address and phone _____

 - f. Does respondent have a "representative payee" for social security or other benefits?
 No Yes If yes, name, address and phone _____

 - g. **Are there any other restrictions on the respondent's legal capacity to act on his or her own behalf?** No Yes If yes, describe the restrictions:

 - h. Does the 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 the 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

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

9. List names, addresses and telephone numbers of **the respondent's** close friends who may have current information about the respondent:

10. Respondent's Financial Information

<u>a. Monthly Income</u>	<u>b. Monthly Expenses</u>
Wages, Pension, Retirement _____	Food _____
Social Security _____	Rent or Mortgage _____
S.S.I. _____	Utilities _____
Public Assistance _____	Car Payment _____
Longevity Bonus _____	Credit Card Payment _____
Interest and Dividends _____	Insurance _____
Veteran's Benefits _____	Medical (not covered _____
Other monthly income: _____	by insurance) _____
_____	Other: _____
_____	_____
TOTAL _____	TOTAL _____

c. Other Income Received During Last 12 Months

Permanent Fund Dividends (PFD) 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: _____
TOTAL DEBTS _____

f. Additional Financial Information

Does the respondent have a trust?

- No
 Yes. Name of Financial Institution and trustee: _____

Does the respondent belong to a Native Corporation?

- No
 Yes. Name of Native Corporation: _____

Please list the institutions where the respondent has savings, checking or investment accounts:

g. Petitioner has no knowledge of the respondent's financial situation.

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

12. Describe the **respondent's mental or physical state which causes you to think he** or she cannot take care of all of his or her living responsibilities:

13. List examples that show how the respondent's limitations have, or may, lead to physical injury or illness and the need for a guardian:

14. List people you know who have knowledge that might help the court determine the capacity and needs of the respondent including the respondent's ability to manage his or her property and affairs.

Name Phone Address

a. Doctors:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

b. Counselors and Social Workers:

_____	_____	_____
_____	_____	_____

c. Case Managers and Care Coordinators:

_____	_____	_____
_____	_____	_____

d. Others (Teachers, Clergy, etc.):

_____	_____	_____
_____	_____	_____

15. Letters or Evaluations:

Attached to this petition are letters or evaluations from a doctor, ANP, neuropsychologist, psychologist, or psychiatrist **indicating the respondent's diagnoses and how the diagnoses impacts the respondent's ability to make considered decisions regarding his or her affairs.**

I do not have any letters or evaluations to attach.

16. Who do you think the court should appoint guardian?

Name _____

Address _____ Phone _____

This person's relationship to the respondent is: _____

This person has priority to be appointed under AS 13.26.210 because he or she is:

- (1) nominated by the respondent.
- (2) **the respondent's spouse.**
- (3) **the respondent's adult child.**
- (4) **the respondent's parent.**
- (5) **the respondent's relative whom the respondent lived with for at least six months during the year before filing this petition.**
- (6) **the respondent's relative or friend who has shown a sincere and longstanding interest in the respondent's welfare.**
- (7) a private professional conservator.
- (8) the public guardian.

If there are unchecked boxes above the one you checked, list the names and addresses of persons who could check those boxes. (For example, if you checked number (3), you would fill in the name of the respondent's spouse and the person nominated by the respondent, if any.)

Names and Addresses: _____

17. Who do you think the court should appoint conservator? (Can be same as guardian.)

Name: _____

Address: _____ Phone _____

This person's relationship to the respondent is: _____

This person has priority to be appointed under AS 13.26.210 because he or she is:

- (1) nominated by the respondent.
- (2) **the respondent's spouse.**
- (3) **the respondent's adult child.**
- (4) **the respondent's parent.**
- (5) **the respondent's relative whom the respondent lived with for at least six months during the year before filing this petition.**
- (6) **the respondent's relative or friend who has shown a sincere and longstanding interest in the respondent's welfare.**
- (7) a private professional conservator.
- (8) the public guardian.

If there are unchecked boxes above the one you checked, list the names and addresses of persons who could check those boxes. (For example, if you checked number (3), you would fill in the name of the respondent's spouse and the person nominated by the respondent, if any.)

Names and Addresses: _____

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: _____

respondent does not have an attorney, then before the visitor's interview, the visitor must give the respondent the name, address and telephone number of the court-appointed attorney who will help the respondent, and the visitor must offer to help the respondent contact the attorney.

- c. **Medical Expert.** The court must appoint a person with expertise in the area of respondent's alleged incapacity to examine the respondent and report to the court. The respondent may hire or ask the court to appoint a different expert to testify on respondent's behalf.
- d. **Examinations and Evaluations.** The respondent has the right to refuse to respond to questions during examinations and evaluations. However, respondent may be required to submit to interviews for the purpose of ascertaining whether he/she lacks the capacity to make informed decisions about care and treatment services. The respondent has the right to be accompanied by an attorney or expert during interviews and tests.
- e. **Evaluation Report.** After the reports of the visitor and the expert are filed with the court, the respondent may file responses to these reports.
- f. **Guardian Ad Litem.** The respondent can ask the court to appoint a "*guardian ad litem*" if the respondent cannot determine his/her own best interests without assistance (because his/her ability to understand the guardianship proceedings or make decisions about them is impaired). If appointed, the *guardian ad litem* will help the respondent determine what is best for respondent in this legal case. If respondent is entirely incapable of making that determination, the *guardian ad litem* will make it. The Office of Public Advocacy will provide this service at state expense if the court determines that respondent cannot afford it.
- g. **Rights at the Hearing.** At the hearing, respondent has the right to (1) present evidence on his/her own behalf, (2) cross-examine witnesses who testify against him/her, (3) remain silent, (4) have the hearing open or closed to the public as he/she decides, (5) be present unless the court determines that his/her conduct in the courtroom is so disruptive that the proceedings cannot reasonably continue with him/her present, and (6) be tried by a jury on the issue of incapacity.

The respondent has a right to participate to the maximum extent possible in all judicial proceedings concerning him/her and to be free from the influence of psychotropic medication during the proceedings. If the respondent is taking such medication, the court must decide whether to continue or suspend the medication during the court proceedings.

- h. **Dismissal of Guardian.** If a guardian is appointed, the respondent has the right to request, at a later time, that the guardian be dismissed or that the guardianship order be changed.

Date Petitioner

Certificate of Service

[Write names on the blank lines and check the boxes that show how notice was delivered.]

I certify that on _____, a copy of this notice was mailed or delivered to:
(date)

[] Respondent's spouse _____ by [] certified mail * [] process server
(name)

[] Respondent's parents _____ by [] certified mail *
[] process server
(names)

[] All respondent's adult children (list names):

_____ by [] first class mail [] hand delivery by _____

_____ by [] first class mail [] hand delivery by _____

_____ by [] first class mail [] hand delivery by _____

_____ by [] first class mail [] hand delivery by _____

_____ by [] first class mail [] hand delivery by _____

_____ by [] first class mail [] hand delivery by _____

[] None of the above relatives of respondent could be notified, so the notice was sent to the following
close adult relative of respondent: _____ Relationship
to respondent: _____ by [] first class mail [] hand delivery by _____

[] Respondent's conservator (if one has been appointed): _____
by [] first class mail [] hand delivery by _____

[] The person who currently has care and custody of respondent: _____
by [] first class mail [] hand delivery by _____

[] Respondent's attorney: _____
by [] first class mail [] hand delivery by _____

[] Respondent's guardian ad litem (if one has been appointed): _____
by [] first class mail [] hand delivery by _____

Also, because I am asking the court to appoint a full guardian, with the powers of a conservator, I mailed
or delivered a copy of this notice to the following persons on the date listed above:

[] The following persons to whom the court has directed that notice be given (list names):

_____ by [] first class mail [] hand delivery by _____

_____ by [] first class mail [] hand delivery by _____

[] The following other interested persons:

_____ by [] first class mail [] hand delivery by _____

_____ by [] first class mail [] hand delivery by _____

Signature of Petitioner

Mailing Address City State ZIP

Daytime Telephone _____

* If the spouse or parents are outside Alaska, you can send this notice to them by ordinary first-class mail
instead of certified mail. AS 13.26.135 (b). File form PG-117 if you use certified mail.

