



- 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 Linda Jones 123 allen dr 333-1234
- f. Does respondent have a "representative payee" for social security or other benefits?  No  Yes Name, address and phone Linda Jones
- 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:	<u>Deceased</u>		
b. Children:	<u>Only petitioner</u>		
c. Parents:	<u>∅</u>		
d. Brothers and Sisters:	<u>∅</u>		

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

6. List names, addresses and telephone numbers of close friends of respondent who may have current information about respondent:  
Emma Smith 929-5555 Long time friend

7. Respondent's Financial Information

a. Monthly Income

Wages, Pension, Retirement	<u>\$1029.00</u>
Social Security	<u>692.00</u>
S.S.I.	<u>—</u>
Public Assistance	<u>—</u>
Longevity Bonus	<u>—</u>
Interest and Dividends	<u>—</u>
Veteran's Benefits	<u>—</u>
Other monthly income:	<u>—</u>
TOTAL	<u>\$1721.00</u>

b. Monthly Expenses

Food	<u>—</u>
Rent or Mortgage	<u>\$3000.00</u>
Utilities	<u>—</u>
Car Payment	<u>—</u>
Credit Card Payment	<u>—</u>
Insurance	<u>—</u>
Medical (not covered by insurance)	<u>\$100.00</u>
Other:	<u>—</u>
<u>allowance</u>	<u>\$100.00</u>
TOTAL	<u>\$3200.00</u>

c. Other Income Received During Last 12 Months

Permanent Fund Dividends received in last 12 months	<u>\$ 875.00</u>
Native/Other Corporation Dividends not listed above	<u>∅</u>
Value of gifts or inheritances received in last 12 months	<u>∅</u>
Other:	<u>∅</u>

d. Assets

Cash on hand or in savings or checking account	<u>\$ 152,434.00</u>
Stocks, bonds, CDs, mutual funds	<u>—</u>
Home	<u>—</u>
Other land or buildings	<u>—</u>
Vehicles	<u>—</u>
Businesses	<u>—</u>
Insurance	<u>—</u>
Other Property	<u>—</u>
TOTAL ASSETS	<u>\$ 152,434.00</u>

e. Debts

Mortgages	<u>—</u>
Loans	<u>—</u>
Credit card balance	<u>—</u>
Other Debts	<u>—</u>
TOTAL DEBTS	<u>∅</u>

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): \_\_\_\_\_

Jane recently had a stroke, leaving her partially paralyzed and unable to assist with decisions. She is no longer able to consent to medical treatment.

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). \_\_\_\_\_

Her physicians are making recommendations for treatment, however, she is unable to understand and give informed consent. Treatment is needed for recovery.

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? indefinitely

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

Name      Phone      Address

a. Doctors:

Dr. Jon Stanley 555-9876 1984 B St. Anch. 99501

b. Counselors and Social Workers:

c. Case Managers and Care Coordinators:

Stacy Nelson 222-2200 1600 C St. Anch 99501

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

13. Who do you think should be appointed guardian? Name Linda Jones  
Address 123 Allen Dr. Phone 333-1234  
This person's relationship to the respondent is Daughter  
This person's priority for appointment under AS 13.26.145 is First  
Names and addresses of persons with higher priority are: N/A

### Conservatorship

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

14. State petitioner's interest in this matter: Jane is my mother. I have helped her with her finances with a PUA.

15. Explain why a conservator should be appointed: Jane had a stroke and is no longer able to participate in financial decisions. I am filing for guardianship.

16. Who do you think should be appointed conservator? Name: Linda Jones  
Address: 123 Allen Dr Phone 333-1234  
This person's priority for appointment under AS 13.26.210 is First.

Names and addresses of persons with higher priority are: none

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:	<u>See other page</u>		
b. Counselors and Social Workers:			
c. Case Managers and Care Coordinators:			
d. Others (Landlords, Clergy, etc.):			

4-26-06  
Date

Ronda Jones  
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: \_\_\_\_\_

*Need to do*