

- 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 _____
- f. Does respondent have a "representative payee" for social security or other benefits?
 No Yes Name, address and phone _____
- 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:	_____	_____	_____
b. Children:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
c. Parents:	_____	_____	_____
	_____	_____	_____
d. Brothers and Sisters:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

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): _____

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). _____

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? _____

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

	<u>Name</u>	<u>Phone</u>	<u>Address</u>
a. Doctors:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
b. Counselors and Social Workers:	_____	_____	_____
	_____	_____	_____
c. Case Managers and Care Coordinators:	_____	_____	_____
	_____	_____	_____
d. Others (Teachers, Clergy, etc.):	_____	_____	_____
	_____	_____	_____

13. Who do you think should be appointed guardian? Name _____
Address _____ Phone _____
This person's relationship to the respondent is _____
This person's priority for appointment under AS 13.26.145 is _____
Names and addresses of persons with higher priority are: _____

Conservatorship

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

14. State petitioner's interest in this matter: _____

15. Explain why a conservator should be appointed: _____

16. Who do you think should be appointed conservator? Name: _____
Address: _____ Phone _____
This person's priority for appointment under AS 13.26.210 is _____

Names and addresses of persons with higher priority are: _____

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:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
b. Counselors and Social Workers:	_____	_____	_____
	_____	_____	_____
c. Case Managers and Care Coordinators:	_____	_____	_____
	_____	_____	_____
d. Others (Landlords, Clergy, etc.):	_____	_____	_____
	_____	_____	_____

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: _____