

3. Does Respondent have a "representative payee" for social security or other benefits?
 No. I don't know.
 Yes, name and contact information of payee: _____

4. Does Respondent have a court-appointed guardian?
 No. I don't know.
 Yes, name and contact information of guardian: _____

What areas of Respondent's life (for example, housing, medical care, employment) does the guardian have decision-making authority over?

5. Are there any other restrictions on Respondent's legal capacity to act on their own behalf that you know of?
 No.
 Yes: _____

A. Background Information

1. I ask the court to appoint a conservator for Respondent, because Respondent (1) is unable to manage their own property and financial affairs effectively, **and** (2) has property that will be wasted or used up unless properly managed.

2. **Petitioner Information** (person asking the court to appoint a conservator).
Name: _____ Age: _____
Mailing Address: _____
E-mail Address: _____
 I agree that the court and other parties can email me court documents in this case.
Home or Cell Phone: _____ Work Phone: _____
Relationship to Respondent: _____

3. **Respondent Information** (person who needs a conservator).
Name: _____ Date of Birth: _____
Mailing Address: _____
Residence Address: _____
Email: _____
Daytime Phone: _____ Social Security No.:¹ _____

4. Has anyone filed a petition for appointment of a guardian or a conservator for Respondent in any other state that you know of? No. Yes.
If yes, in _____ [court name & location],
by _____ [name], case number: _____
 I attached the petition that was filed in the other state to this form.

¹ Documents filed in conservatorship cases are confidential. Access to the petition is limited to parties to the case, court staff for case processing, and others specifically authorized by the judge.

5. Has anyone filed a petition to protect Respondent from financial abuse that you know of?
 No. Yes, case number: _____
6. Has anyone filed a petition for a single transaction authorization to benefit Respondent that you know of?
 No. Yes, case number: _____
7. **Jurisdiction** (authority of the court to hear this case).
 Respondent's "home state" as defined in AS 13.27.180 is Alaska, another state: _____, because Respondent was physically present in this state for the six consecutive months before I am filing this petition (except for temporary absences).
 I do not know Respondent's "home state." Respondent was in the following states during the year before I am filing this petition:
- | <u>Dates During the Past Year</u> | <u>Place (State & Address) Where Respondent Lived</u> |
|-----------------------------------|-----------------------------------------------------------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
8. **Venue** (location of case). I am filing in the specific court location of _____, because: *[Check all that apply.]*
 It is in the same judicial district where Respondent lives.
 It is in the same judicial district where Respondent has property.
[List of courts in each judicial district: ak-courts.info/dir]

B. Contacts

1. Respondent lives alone. with _____.
 Who takes care of Respondent?
 Name of person or facility: _____
 Address: _____ Phone: _____
2. Contact information for Respondent's relatives. *[If Respondent has no such relative, write "none" on that line. Attach more pages if necessary. Write only on one side of the page.]*
- | | <u>Name</u> | <u>Phone</u> | <u>Address</u> |
|--------------------|-------------|--------------|----------------|
| a. Spouse: | _____ | _____ | _____ |
| b. Adult Children: | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| | _____ | _____ | _____ |
| c. Parents: | _____ | _____ | _____ |
| | _____ | _____ | _____ |

	<u>Name</u>	<u>Phone</u>	<u>Address</u>
d. Adult Siblings:			
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

e. If Respondent has none of the above relatives, list name, phone, address, and relationship of their nearest relative: _____

[After you file in court, you must notify at least Respondent's spouse, children, and parents that you filed this conservatorship petition. See form [PG-116](#) for more information.]

3. List names, addresses, and telephone numbers of Respondent's close friends who may have current information about Respondent:

4. List people who have knowledge that might help the court determine Respondent's ability to manage their own money and property.

	<u>Name</u>	<u>Phone</u>	<u>Address</u>
a. Doctors:			
	_____	_____	_____
	_____	_____	_____
b. Counselors, Social Workers, Case Managers, or Care Coordinators:			
	_____	_____	_____
	_____	_____	_____
c. Others (teachers, clergy, etc.):			
	_____	_____	_____
	_____	_____	_____

C. Respondent's Capacity

1. Respondent can't effectively manage their own money and property, because of:
[Check all that apply and explain each one on the lines below. Include any medical or mental health diagnoses, if applicable. Use extra pages if needed. Write only on one side of the page.]

- | | | |
|-----------------------------------------|-----------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> mental illness | <input type="checkbox"/> mental deficiency | <input type="checkbox"/> physical illness or disability |
| <input type="checkbox"/> advanced age | <input type="checkbox"/> chronic use of drugs | <input type="checkbox"/> chronic intoxication |
| <input type="checkbox"/> fraud | <input type="checkbox"/> confinement | <input type="checkbox"/> detention by a foreign power |
| <input type="checkbox"/> disappearance | | |

2. List examples that show how Respondent can't manage their own money and property:

3. Explain how having a conservator to manage Respondent's finances will prevent Respondent's money and property from being wasted or used up:

4. Letters or Evaluations:

- I attached to this petition letters or evaluations from a doctor, advanced nurse practitioner (ANP), neuropsychologist, psychologist, or psychiatrist indicating Respondent's diagnoses and how the diagnoses impact Respondent's ability to make considered decisions regarding Respondent's affairs.
- I do not have any letters or evaluations to attach.

5. Why are you interested in this matter?

D. Respondent's Finances

1. **Monthly Income and Expenses.** *[Divide yearly amounts by 12]*

a. <u>Income</u>		b. <u>Expenses</u>	
Wages/Salary:	_____	Food:	_____
Social Security:	_____	Rent/Mortgage:	_____
Dividends/Alaska PFD:	_____	Utilities:	_____
Public Assistance:	_____	Transportation:	_____
Senior Care Benefit:	_____	Debt/Credit Card Payment:	_____
Pension:	_____	Insurance Premiums:	_____
Veteran's Benefits:	_____	Medications:	_____
Annuities/Interest:	_____	Child/Spousal Support:	_____
Other: _____	_____	Other: _____	_____
Other: _____	_____	Other: _____	_____
TOTAL	_____	TOTAL	_____

2. **Other Income and Expenses.** *[List below any unusual or one-time income or expenses Respondent had in the last 12 months. Examples of income: gambling winnings, large gifts, inheritances, or sale of valuable property. Examples of expenses: buying a vehicle or other expensive item, or paying off a large debt or fine.]*

3. **Assets.** *[If you believe Respondent has any of the following items, check the appropriate box and fill out as many details as you know. Attach extra pages if necessary. Write only on one side of the page.]*

a. Cash on Hand (not in an account): \$_____

b. Bank Accounts. *[Checking, Savings, ABLE/Medicaid Qualifying Trusts, etc.]*

<u>Name of Bank or Institution</u>	<u>Type of Account</u>	<u>Estimated Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I attached ___ pages of statements from one or more of the accounts above.

c. Brokerage Accounts, Stocks, Bonds, Certificates of Deposit, & Other Securities.

<u>Name of Company</u>	<u>Estimated Balance or Value</u>
_____	_____
_____	_____
_____	_____

I attached ___ pages of documents about the financial instruments above.

d. Retirement Account through _____
[name of employer or company]. Current estimated value: \$_____

e. Life Insurance Policy (owned by Respondent).

Name of Company: _____

Beneficiaries: _____

Face Value: \$_____ Cash Value: \$_____

f. Real Estate (land and buildings).

Home. Estimated Value: \$_____

Other: _____. Estimated Value: \$_____

g. Other Valuable Personal Property. *[List items of significant value. Examples include but are not limited to: vehicles (cars, boats, snow machines, etc.), jewelry, art, guns.]*

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

h. **TOTAL ASSETS:** \$_____

4. **Debts.** *[List any debts or money Respondent owes that you know about. Include the type of debt (for example: mortgage, credit card, auto loan, court fine or judgment, etc.). Attach extra pages if necessary. Only write on one side of the page.]*

<u>To Whom Owed</u> <i>[name of creditor, lender, mortgage holder, or credit card company]</i>	<u>Type of Debt</u>	<u>Estimated Balance Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL DEBTS: \$ _____

5. Does Respondent have a trust? No. I don't know. Yes.
If yes, name of financial institution or trustee: _____
6. Does Respondent belong to a Native Corporation? No. I don't know. Yes.
If yes, name of corporation: _____
7. Is Respondent a veteran entitled to the payment of money from the U.S. Department of Veterans Affairs? No. I don't know. Yes.
If yes, what type of benefits? _____

I have no knowledge of Respondent's finances.

E. Conservator Appointment

1. Who do you think the court should appoint to be the conservator?
 Me (Petitioner)
 Another Person:
Name: _____ Relationship to Respondent: _____
Address: _____
Phone: _____ Email: _____
2. The person named in section 1 has priority to be appointed under AS 13.26.465, because this person is
 (1) the person who Respondent nominated (chose).
 (2) Respondent's spouse.
 (3) Respondent's adult child or parent.
 (4) Respondent's relative that Respondent lived with for at least six months during the year before I am filing this petition.
 (5) Respondent's relative or friend who has shown a sincere and longstanding interest in Respondent's welfare.
 (6) a private professional conservator.
 (7) the public guardian.

In the question above, if there are unchecked boxes higher than the one you checked, list below the names and addresses of persons who could check those boxes **and**, for numbers (1) – (5), list any others in the category of the box you checked. *[For example, if you checked number (3), you would fill in (1) the person nominated by Respondent, (2) Respondent’s spouse, and (3) all other adult children and parents of Respondent.]*

Names and Addresses:

F. Other Information

Other information I want the court to know about Respondent or about this petition:

_____ Date

_____ Signature of Petitioner or Petitioner's Attorney
If attorney, print or type name and bar number:

Verification

[Sign in front of a notary public. A court clerk can provide this notary service for you for free when you bring the petition to court. Bring a photo ID for the notary. If you don't have access to notary or court clerk, you can instead fill out Self-Certification (No Notary Available) (form [TF-835](#)) and attach it to your petition.]

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

_____.

(SEAL)

_____ Court clerk, notary public, or other person authorized to administer oaths.
My commission expires: _____

MORE INFORMATION and NEXT STEPS

(This page is for your information only, it does not need to be filed with the court)

Once you file your petition in court, the court clerk will give or send you a notice of the court hearing date, time, and location. You must give notice of this hearing to certain relatives of Respondent and other interested persons using form [PG-116](#). If you do not give this notice, your petition may be delayed or your case dismissed (closed) by the court. Court forms are available online at <https://courts.alaska.gov/forms/index2.htm> or from your local court clerk.

Once you file the petition, the court will appoint:

- a court visitor to gather information about Respondent and provide a report to the court
- a lawyer to represent Respondent (if Respondent has not already hired a lawyer)

If applicable, the court may also appoint a medical or mental health expert in the area of Respondent's diagnoses, to report on Respondent's alleged incapacity.

The court provides resources to help you fill out this petition, learn about the court process, and prepare and serve as a conservator if you are appointed.

- **Website:** <https://courts.alaska.gov/shc/guardian-conservator/index.htm>
- **Videos:** The website above has links to 3 online videos to help you start the conservatorship process. It is best to watch parts 1 and 2 before filing this petition. If you were not able to do this, you should still watch them before the court hearing. Also watch part 3 if you are asking to be the conservator. If you have limited or no internet connection, you can ask for a flashdrive of the video from your local court clerk or by calling the helpline (see below).
- **Written Instructions:** Read form [PG-505](#) for more information about filling out this form and about the court hearing and court process. While these instructions were written for guardianships, the process to start the case and be appointed as a conservator is similar. You can read the instructions online, pick up a paper copy in person from the court clerk, or ask the helpline staff to mail you a copy.
- **Helpline:** Call (907) 264-0520 for help over the phone. Staff can answer questions and mail you copies of any forms or instructions you need. Helpline hours: 8 AM to 5 PM, Monday through Thursday; and 8 AM to 12 Noon on Friday.