INSTRUCTIONS

The purpose of this implementation report is to give the court as complete a picture as possible of the protected person's finances and property at the start of the conservatorship, and to explain to the court how you plan to perform the responsibilities of the conservatorship. The court will review your report within 30 days of receipt and send out either an approval letter or a deficiency notice requesting additional information. Please follow the directions in this form or your report may not be approved.

This report is typically due within 90 days from the date your court order was distributed, unless the court gave you a different specific due date. Every year after this, you must complete a new report that explains what has happened over the past 12 months (see your court order for when the annual report is due each year and the exact period that it covers). The implementation report will provide a baseline for the court to compare to next year's annual report, so it is important that you be as accurate and detailed as possible. It is possible that you may not have all of the information that the report asks for yet, so please explain any gaps in information and if you are still working on getting information about the protected person's finances or property.

When filling out the form:

- If you got this form from the internet, download and save the blank PDF form to your local device. Then reopen it before filling it out. The form may not work or save correctly if you fill it out on your internet browser.
- Only file using single-sided printing.
- If filling out by hand, print clearly using black ink.
- If you need to add additional information to any area of the report, please use a separate sheet of paper. Only write on one side of the paper.
- Do not leave any question blank. If the question does not apply, write "n/a" or provide an explanation.
- Be sure to attach the required documentation as requested on this report, such as bank statements.

In preparing this report, you must consult with the protected person as much as possible. As a conservator, you must be more diligent with the protected person's money than you may be with your own—even if the person only receives basic entitlements. Your accounting must be accurate. You may not use estimates. You must have documentation of your accounting available for court inspection at any time.

If you need help with this report, contact the Alaska Court System's Guardianship and Conservatorship Helpline at (907) 264-0520 or visit the Court's self-help page at **ak-courts.info/gc.**

This page is for your information only. It does not need to be filed with the report.

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT____________________

In the Matter of the Protective Proceedings of: _______________________________________ (Name of Protected Person) Date of Birth: ___________________ _______________________________________	CASE NO. _________________________ **CONSERVATORSHIP IMPLEMENTATION REPORT AND INVENTORY**

A. Information about the Conservator

☐ If you check this box, your contact information will be changed in the system. You can also use PG-195 to change contact information if needed during the year.

1. Name: __________________________________ Email: ______________________________
   Mailing Address: ____
   Residence Address: ____
   Phone: _______________ ☐ cell ☐ home ☐ other Phone: ________________ ☐ cell ☐ home ☐ other
   ☐ I agree the court and other parties can email me court documents instead of using regular mail.

2. Do you live with the protected person? ☐ Yes. ☐ No.

3. Relationship to the protected person *[parent, sibling, etc.]*: ___________________________

4. List name and contact information for any co-conservators or separate guardians:
   [Include full name, mailing address, residence address (if different), email, and daytime phone number.]
   ☐ I am the only conservator for the protected person, and there is no separate guardian.
   ____
   ____
   ____
   ____

B. Information about the Protected Person

Physical Address: ____
Personal Phone: _______________________ ☐ cell ☐ home ☐ other
Phone number where person can be reached, if different than above: ______________________
Email: ____

C. Implementing the Conservatorship

1. **Housing**.
   Describe in general terms the protected person's current housing expenses and whether you expect those expenses to change.
   ____
   ____
   ____

2. **Medical and Mental Health Care**.

Describe in general terms the protected person's current medical and mental health care expenses and whether you expect those expenses to change.

____
____
____
____
____

3. **Personal Care, School, and Work Activities**.

Describe in general terms the protected person's current schooling or job training expenses and whether you expect those expenses to change.

____
____

Is the protected person employed?

☐ Yes. *[Describe the person's job below, including type of work, name of employer, address, phone, and how long employed.]*

☐ No. *[Explain why not below.]*

____
____
____
____

Describe in general terms expenses related to recreational or social activities that the protected person enjoys.

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____
____

4. **Contacts with the Protected Person**.

Describe the contact you have had with the protected person since you were appointed conservator: *[Include type of contact (in person, phone, email, etc.) and how often it occurred.]*

____
____
____
____

5. **Decision-Making**.

Does the protected person participate in decision-making? ☐ Yes. ☐ No, because:

____
____

6. **Conservator Services**.

What are you doing or planning to do to help the protected person learn to manage money and property on their own?

____
____
____

As conservator, do you use (or plan to use) a representative payee?

☐ No.

☐ Yes. Name of payee: ____

Does the payee control all of the protected person's money?

☐ Yes. *[Fill out section D, but you may include the payee's detailed accounting information as documentation.]*

☐ No. Describe what the payee controls and what you control:

____
____
____
____
____
____

Are you a professional conservator?

☐ No. ☐ Yes.

If yes, you must do/answer the following:

1. Do you have a court order authorizing payment of fees and establishing an hourly rate and maximum monthly amount? ☐ Yes. ☐ No. ☐ I do not charge fees.
2. Provide a copy of your accounting used to keep track of income and expenses.
3. Provide a breakdown of any fees you have already been paid. Include a detailed invoice of what services were provided for each fee charged.
4. Is your license in good standing with the State of Alaska? ☐ Yes. ☐ No.
5. Do you have liability insurance?

   ☐ Yes, and my documentation is attached.

   ☐ No, because:

   ____
   ____
   ____

D. Financial Information

☐ **I am an OPA-appointed conservator.**
[Skip sections 1 & 2. Attach detail from financial system.]
☐ **I am not an OPA-appointed conservator.**

1. **Current Monthly Income.**

****List the protected person's income as of the date of filing the report. Do not list your own income. Must be monthly amounts. Divide yearly amounts by 12 and quarterly amounts by 3.****

[If there are more income sources than fit on this page, attach extra pages or cross out an unused category and write it in.]

Income Source	Monthly Amount
Wages/Salary: ______________________	________
Social Security Benefits: ______________________	________
Dividends/Interest: ______________________	________
Adult Public Assistance: *[for example, ATAP, TANF, Food Stamps]*	
______________________	________
______________________	________
Veterans Financial Benefits: ______________________	________
Senior Care Benefit: ______________________	________
Alaska Permanent Fund Dividend	________
Native Corporation Dividend: ______________________	________
Rental Income: ______________________	________
Pension: ______________________	________
Annuities: ______________________	________
Other: ______________________	________
Other: ______________________	________
Other: ______________________	________
Other: ______________________	________
TOTAL MONTHLY INCOME	**$ 0.00**

Do you expect there to be any new sources of income in the next 12 months (for example, new benefits you plan to apply for, a new job, etc.)? (☐ - N/A, no new income expected)

____
____
____
____

Do you expect any other significant changes to income in the next 12 months?

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____
____
____

2. **Current Monthly Expenses.**

****List all money regularly paid from the protected person's funds to anyone as of the date of this report. Do not include your personal expenses.****

****Must be monthly amounts, however, you should include budgeting/saving for larger, non-monthly expenses such as travel or home improvement projects.****

[If there are more expenses than fit on this page, attach extra pages or cross out an unused category and write it in.]

Monthly Expense	Monthly Amount
Nursing/Assisted Living Home: ______________________	__________
Room and Board *[Only fill out if you have room and board authorization.]*	__________
Rent or Mortgage Payment: ______________________	__________
Utilities: *[Leave blank if you have room and board authorization.]*	
______________________	__________
______________________	__________
______________________	__________
______________________	__________
Transportation: ______________________	__________
Medication: ______________________	__________
Medical Treatment: ______________________	__________
Cell Phone: ______________________	__________
Food *[Leave blank if you have room and board authorization.]*	__________
Clothing: ______________________	__________
Entertainment/Hobbies: ______________________	__________
Travel/Vacation: ______________________	__________
Personal Expenses (allowance/money given to the protected person)	__________
Taxes: ______________________	__________
Home/Property Maintenance: ______________________	__________
Insurance Premiums: *[home/renter's, auto, medical, life, etc.]*	
______________________	__________
______________________	__________
______________________	__________
Gifts: ______________________	__________
Child/Spousal Support: ______________________	__________
Fees/Costs Paid to Conservator: ______________________	__________
Reimbursements to Conservator ***[Attach documentation/receipts]***	__________
Other: ______________________	__________
Other: ______________________	__________
Other: ______________________	__________
Other: ______________________	__________
TOTAL MONTHLY EXPENSES	**$ 0.00**

Do you expect there to be any new expenses in the next 12 months (for example, fees for a nursing home, planned medical procedures, etc.)? (☐ - N/A, no new expenses expected)

____

____

____

____

3. **Income and Expense Tracking.**
Describe how you plan to keep track of income and expenses for the protected person (for example, accounting software, separate paper files, etc.):

____
____
____
____

[Please visit https://courts.alaska.gov/shc/guardian-conservator/classes.htm for a current list of free classes and resources to help with income and expense tracking.]

Do you plan to use a credit card to pay the protected person's expenses? ☐ No. ☐ Yes.
[If yes, be sure to keep copies of the credit card statements and note on your annual reports which expenses were paid with the credit card.]

4. **Money Controlled by the Protected Person.**
Do you plan to give the protected person control over any money? ☐ No. ☐ Yes.
If yes, how will this money be provided to the protected person?
☐ bank account: ______________________ *[bank name & account no.]*
☐ debit card or credit card: ______________________ *[last 4 numbers of card]*
☐ cash allowance of $_________ per month
☐ other: ______________________________________

5. **Assets.**
[List all assets the protected person owns individually or jointly as of the date of this report. Attach extra pages if necessary. Write only on one side of the page]

a. **Cash on Hand (not in an account).** $____________________ ____________________
Amount Location

b. **Bank Accounts.** *[Checking, Savings, ABLE/Medicaid Qualifying Trusts, etc.]*
☐ N/A. The protected person does not have any of these types of accounts.

Name of Bank or Institution	Type of Account	Account No.	Balance

****REQUIRED: Attach all monthly bank statements from the date of your conservator appointment order to the date of this report.****

c. **Alaska Native Corporation Dividend Account.**
☐ N/A. The protected person does not have an Alaska Native Corp. Dividend account.

Name of Bank or Institution	Type of Account	Account No.	Balance

****REQUIRED: Attach all bank statements from the date of your conservator appointment order to the date of this report. If a statement was not issued during this period, attach the most recent statement.****

d. **Brokerage Accounts, Stocks, Bonds, Certificates of Deposit, & Other Securities.**
☐ N/A. The protected person does not have any of these types of accounts.

Name of Company	Name on Account	Date of Balance	Balance

****REQUIRED: Attach all financial statements from the date of your conservator appointment order to the date of this report. If a statement was not issued during this period, attach the most recent statement.****

e. **Retirement Account.**
☐ N/A. The protected person does not have a retirement account.

Name of Company	Beneficiary	Current Value

****REQUIRED: Attach all account statements from the date of your conservator appointment order to the date of this report. If a statement was not issued during this period, attach the most recent statement.****

f. **Life Insurance Policies (owned by the protected person).**
☐ N/A. The protected person does not have a life insurance policy.

Name of Insurance Company	Beneficiary	Face Value	Cash Value

****REQUIRED: Attach all policy statements from the date of your conservator appointment order to the date of this report. If a statement was not issued during this period, attach the most recent statement.****

g. **Burial Account.** *[An account reserved for burial/funeral expenses.]*
☐ N/A. The protected person does not have a burial account.

Name of Bank or Institution	Type of Account	Account No.	Balance

****REQUIRED: Attach all account statements from the date of your conservator appointment order to the date of this report. If a statement was not issued during this period, attach the most recent statement.****

h. **Changes in Accounts.**
Explain any major changes to any of the accounts listed or cash available to the protected person since you were appointed conservator. Include whether any accounts have been newly opened, cashed out, or a significant amount of money transferred between them. You must report **all** withdrawals from any account (date, amount of money withdrawn, and reason), unless it was only used to pay expenses already reported in section 2 above. (☐ N/A, no major changes)

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____
____
____
____

i. **Access and Control of Accounts.**
Do you believe that you have access to and control of all of the protected person's accounts? ☐ Yes ☐ No.
If no, describe the accounts, and how and when you expect to gain access.

____
____
____
____

j. **Real Estate (land and buildings).**
(1) Does the person own a home? ☐ No. ☐ Yes. Estimated Value: $__________
Address: ____
Description: ____
Is there a joint owner? ☐ No ☐ Yes, name: ____________________
(2) Other Real Estate. Estimated Value: $__________
Address: ____
Description: ____
Is there a joint owner? ☐ No ☐ Yes, name: ____________________

****Attach most recent tax assessments for the properties, if available.****

k. **Vehicles (cars, boats, snow machines, off-road vehicles, airplanes, etc.).**

Description of Vehicle (year/make/model)	Location	Co-Owner	Value

l. **Other Valuable Personal Property.**
[List any item that has a value of $1000 or more. Include collectibles and any other items that are particularly susceptible to theft, such as guns, jewelry, or art. Also include any valuable licenses, such as fishing permits. Give enough detail to allow another person to identify the items.]

Description of Item	Location	Value

TOTAL ASSETS *[Total value of all money & items in section 5]* **$** 0.00

m. **Access and Control of Real Estate and Personal Property.**
Do you believe that you have access to and control of all of the protected person's personal property and real estate? ☐ Yes ☐ No.
If no, describe the piece of property and how and when you expect to gain access.

____
____
____

n. **Changes in Real Estate and Personal Property.**
Explain any changes to the value of any real estate, vehicles, or other valuable property that the protected person owns since you were appointed conservator. For example, whether any significant items were sold or purchased. (☐ N/A, no major changes)

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6. **Debts and Other Liabilities.**

[List all debts or other money the protected person owes to anyone as of the date of this report. Attach extra pages if necessary. Write only on one side of the page.]

a. **Mortgages.**
(1) Home described in #5(j)(l). Loan balance: $__________________
(2) Property described in #5(j)(2). Loan balance: $__________________

b. **Amounts Owed for Services, including to the Guardian or Conservator.**
[If the protected person owes money to the guardian/conservator, you must describe what the debt was for on a separate page and attach all receipts, invoices, or other documentation to support the charges.]

Service	Name of Person or Business Owed	Balance Due
(1) Medical	______________________	__________
(2) Medical	______________________	__________
(3) Attorney	______________________	__________
(4) Guardian/Conservator	______________________	__________
(5) ______________	______________________	__________

c. **Other Debts.**
[List all debts or money the protected person owes that are not already listed in sections a or b above. Include the type of debt (for example: credit card, auto loan, court fine or judgment, lien on home, etc.). List the total amount of the debt—do not list monthly or other periodic payment amounts.]

To Whom Owed *[name of creditor, lender, or credit card company]*	Type of Debt	Balance Due
______________________	______________________	__________
______________________	______________________	__________
______________________	______________________	__________
______________________	______________________	__________
______________________	______________________	__________
______________________	______________________	__________

TOTAL DEBTS *[Total of all money owed in section 6]* **$ 0.00**

d. **Changes in Debts and Liabilities.**
Explain any major changes to the amount of money the protected person owes since you were appointed conservator, such as whether any debts were paid off and whether the protected person incurred new debt of $1000 or more. (☐ N/A, no major changes)

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____
____
____

e. **Other Debt Issues.**
Is there anything you are still researching or working on regarding the protected person's debts and liabilities (for example, setting up a payment plan, getting documentation, refinancing, etc.)? Is the protected person able to pay all of these debts? If not, what is your plan to resolve them?

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____
____
____

7. **NET ASSETS**

Total Assets from section 5	$ 0.00
Total Debts/Liabilities from section 6	$ 0.00
Net Estate Value *[Subtract Total Debts from Total Assets]*	**$ 0.00**

8. **Trusts**.
Is the protected person a beneficiary of a trust?
☐ I don't know. *[Skip to section E.]* ☐ No. *[Skip to section E.]*
☐ Yes. Name of Trust: ______________________
Name and Address of Trustee: ______________________
If registered with the court, trust registration no. ____________ State ______

Is the protected person receiving the benefits from the trust that the protected person is supposed to receive? ☐ Yes. ☐ No. ☐ I don't know.

E. Other Information

1. Did the protected person help you prepare (provide information for) this report?
☐ Yes. ☐ No.

2. Please explain here any information that you were not able to provide earlier, or topics in this report that you are still working on (for example, accounts you are finding more information about). *[Attach extra pages if necessary. Only write on one side of the page.]*

____
____
____
____
____
____

3. List below any concerns you have or any other information you think the court should know:
____
____
____
____

I swear or affirm under penalty of perjury that everything I wrote in this report is true and correct to the best of my knowledge and belief.

______________________	______________________
Date	Conservator's Signature

Instructions: Give a copy of this report to all of the persons listed in the text box below (this is called "service" and is required by law). Check your court order if you are unsure about whether you must serve any other persons not specifically listed below. You can either mail the report by first-class mail or hand-deliver it. If using mail, write the date that you put the envelope in the mailbox. You may also send the report by email if the recipient agreed to email service. If you are not able to serve any of the required persons, please explain below.

Certificate of Service

I certify that I served a copy of this report and all of its attachments to:

☐ the protected person on _______________ at _________ *[date/time]*
by ☐ mail ☐ hand-delivery ☐ email

☐ the protected person's attorney or guardian ad litem (if currently represented)
on ___________ at _________ *[date/time]* by ☐ mail ☐ hand-delivery ☐ email

☐ family member the protected person lives with (if any):______________________
on ___________ at _________ *[date/time]* by ☐ mail ☐ hand-delivery ☐ email

☐ my co-conservator (if any):______________________________
on ___________ at _________ *[date/time]* by ☐ mail ☐ hand-delivery ☐ email

☐ the protected person's guardian (if separate guardian appointed):__________________
on ___________ at _________ *[date/time]* by ☐ mail ☐ hand-delivery ☐ email

☐ the following persons designated by court order:
____
____

☐ I could not give the report to a person who should get a copy, because:
____
____

____
Conservator's Signature