

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of the Protective Proceeding of \_\_\_\_\_ )  
Protected Person )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )  
\_\_\_\_\_ )

CASE NO. \_\_\_\_\_

**GUARDIANSHIP PLAN**

I am filing this proposed plan for providing services to the protected person named above. I understand that the law requires me to: (1) make decisions that do not restrict the protected person’s liberty more than is reasonably necessary to protect the person from serious physical injury, illness, or disease; (2) provide the protected person with necessary medical care and mental health treatment; and (3) encourage the protected person to participate in all decisions and act on his/her own behalf as much as possible.

*[Full guardians must complete this entire form. For partial guardians, check the box next to each numbered section 1 - 5 that you have guardianship authority for, and completely fill out that section (read your court order if you are unsure whether you have authority in a certain area). Partial guardians must also fill out sections 6 and 7.]*

1. **Housing.** I understand that (1) I must consider the protected person’s wishes about where to live; (2) the protected person should be allowed to keep ties to the protected person’s local community; and (3) the protected person must live in the least restrictive setting possible.

a.  The protected person should continue to live in the protected person’s current home. This will be possible as long as the following services are available: *[Describe any in-home services you plan to use.]*

\_\_\_\_\_  
\_\_\_\_\_

b.  The protected person cannot continue to live in the current home, because:

\_\_\_\_\_  
\_\_\_\_\_

Therefore, my plan is for the protected person to live at

my home,  an assisted living home,  
 a nursing home,  \_\_\_\_\_,

where the protected person will be cared for by \_\_\_\_\_.

c.  I discussed housing with the protected person, and the protected person  
 agrees with this plan.  does not agree with this plan.

I have not discussed housing with the protected person, because:

\_\_\_\_\_  
\_\_\_\_\_

d.  I do not have enough information at this time to change the protected person’s current housing arrangement.

2. **Medical Care.**

- I do not believe the protected person currently needs treatment for any medical problems.
- I plan to continue the medical services currently being provided for the protected person at \_\_\_\_\_
- I plan to get a medical evaluation of the protected person as follows:  
\_\_\_\_\_  
\_\_\_\_\_
- I do not have enough information at this time to determine the protected person's medical needs.

Is there a no-code (Do Not Resuscitate) provision in place for the protected person?

- Yes  No  I do not know

Did the protected person (while the protected person still had the capacity to do so) execute a durable power of attorney for health care or another form of advance health care directive under AS 13.52. or another similar law?  Yes  No  I do not know

If yes, the name of the agent authorized under the durable power to make health care decisions for the protected person is: \_\_\_\_\_

3. **Mental Health Treatment.**

- I do not believe the protected person currently needs mental health treatment.
- I plan to continue the mental health treatment currently being provided for the protected person at \_\_\_\_\_
- I plan to get a mental health evaluation of the protected person as follows:  
\_\_\_\_\_  
\_\_\_\_\_
- I do not have enough information at this time to determine the protected person's mental health treatment needs.

4. **Personal Care, Educational, and Vocational Services.**

- a.  There is a reasonable chance that the protected person will be able to improve his/her abilities enough to provide necessary care for himself/herself in the future.
- It is extremely unlikely that the protected person will ever return to full capacity or be able to significantly improve his/her abilities enough to provide necessary care for himself/herself.
- b. I plan to get these services to help the protected person regain lost abilities:
- Physical/occupational/speech therapies
- Vocational, rehabilitation, or supported work programs
- Educational services
- Personal care (for example, home health care)
- Other: \_\_\_\_\_
- c.  I do not have enough information at this time to decide whether the protected person will benefit from personal care, educational, or vocational services.

5. **Application for Insurance and Benefits.**

- I already know about any health and accident insurance, and other private and governmental benefits, the protected person is eligible for. I also know how to apply for those benefits. I will make sure the protected person receives these benefits.
- I plan to investigate whether the protected person has any type of insurance and/or is eligible for any private or government benefits, including the following:
- Retirement and medical benefits from a job
  - Other benefits from past or current employers, unions, or other organizations the protected person is/was a member of
  - Social Security (Disability Benefits, SSI, SSA, Medicare)
  - Veterans' Benefits
  - State Benefits (Adult Public Assistance, Food Stamps, TANF Benefits)
  - Alaska Medicaid or Medicaid Choice Waiver
  - Alaska Permanent Fund Dividend
  - Alaska Native Dividend(s)
  -
- 

6. **Control of Property and Money.**

I understand that I cannot take money or other property from the protected person to pay myself or my family for any services (including room and board) provided to the protected person, **unless** the court approves it in my appointment order or in a separate written order. I understand that I must give notice to at least one relative of the protected person (if possible), if I ask the court to approve additional fees. AS 13.26.316(c)(6), Probate Rules 16(f) and 17(f).

- I have been appointed as a **full** guardian with the powers and duties of a conservator (to take care of the property and money) of the protected person.
- I have been appointed as a **partial** guardian with
- limited conservator powers (limited control over the protected person's property and money).
  - no control over the protected person's property or money.
    - The protected person will keep making decisions about the protected person's own property and money.
    - The court appointed a separate conservator for the protected person. Therefore, I understand that:
      - I must provide to the conservator all of the protected person's money that I receive, so that the conservator may manage it for the protected person's benefit.
      - I cannot sell or dispose of any of the protected person's property.
      - I cannot authorize the protected person to take on any debt or non-budgeted expense, unless it is necessary to get medical or mental health care for the protected person.

7. Other: *[Discuss any additional requirements or limitations on the guardian's powers specified in the court order.]*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian's Signature

I certify that on \_\_\_\_\_, a copy of this proposed Guardianship Plan was sent to:

\_\_\_\_\_  
Type or Print Name

- protected person     court visitor
- protected person's attorney
- conservator (if separate one appointed)
- \_\_\_\_\_

Guardian's Signature: \_\_\_\_\_

**COURT APPROVAL**

Recommended for approval on \_\_\_\_\_.

by \_\_\_\_\_  
Superior Court Master

Approved by the court on \_\_\_\_\_.

\_\_\_\_\_  
Superior Court Judge

\_\_\_\_\_  
Type or Print Name