

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

In the Matter of the Protective Proceedings of: )  
\_\_\_\_\_)  
Name of Minor \_\_\_\_\_)  
Date of Birth: \_\_\_\_\_)  
\_\_\_\_\_)

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

**FINAL REPORT  
ON GUARDIANSHIP OF A MINOR**

**Instructions**

The purpose of this report is to tell the court why your service as guardian is ending and what has happened to the minor and the minor's assets since you filed the last report. File this report as soon as possible after your service as guardian ends.

The court will review this final 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.

Only file using single-sided printing. If filling out by hand, print clearly using black ink. Do not leave any question blank. If it does not apply, write "n/a" or provide an explanation. 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.

**A. Reporting Period**

This report covers: From the date of the last annual report: \_\_\_\_\_  
To the date my services as guardian ended: \_\_\_\_\_

**B. Information about the Former Guardian and the Minor**

If you check this box, your contact information will be changed in the system.

Former Guardian's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Minor's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Minor's Current Address: \_\_\_\_\_

Did you live with the minor when you were the guardian?  Yes  No

If no, describe the contact you had with the minor since your last report:

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

Describe any significant actions or decisions you took as a guardian since you filed your last report (for example: changing the minor's residence or school; major medical, mental health, or legal issues affecting the minor; etc.):

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

**C. Reason for Ending the Guardianship**

My guardianship of the minor has ended, because:

- The minor turned 18 years old on \_\_\_\_\_ [date].
- The minor got married on \_\_\_\_\_ [date] at \_\_\_\_\_ [location].  
[Attach copy of marriage certificate if you have it.]
- The minor was adopted on \_\_\_\_\_ [date] in the following court:  
\_\_\_\_\_  
[Attach copy of adoption decree if you have it.]
- The minor was legally emancipated on \_\_\_\_\_ [date] in the following court:  
\_\_\_\_\_  
[Attach copy of emancipation order or decree if you have it.]
- The minor died on \_\_\_\_\_ [date] at \_\_\_\_\_ [location].  
[Attach copy of death certificate if you have it.]
- I resigned as guardian. A new guardian, \_\_\_\_\_ [name],  
has been appointed
- One or both parents took care and custody of the minor on \_\_\_\_\_ [date].
- I was removed as guardian by the court.
- Other: [Explain below.]  
\_\_\_\_\_  
\_\_\_\_\_

**D. Information about the Guardianship**

- The minor no longer needs a guardian. [Skip this section and go to section E.]
- The minor still needs a guardian or has a new guardian appointed. [Fill out section D.]

**1. Housing.**

Describe the current housing situation for the minor and whether you believe any changes need to be made: [If you don't know, explain why not below.]

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

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

a. List any health professionals the minor has seen since the last report to the court:

	<u>Name</u>	<u>Phone No.</u>	<u>Last Date Seen</u>
<input type="checkbox"/> Medical Doctor:	_____	_____	_____
<input type="checkbox"/> Dentist:	_____	_____	_____
<input type="checkbox"/> Mental Health Professional:	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____
	_____	_____	_____

b. Describe any changes in the minor's medical and/or mental health status since the last report (for example, new injuries, diagnoses, and hospitalizations), and describe what is being done about them: *[If you don't know, explain why not below.]*

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c. Does the minor have health insurance or other medical coverage?

- Yes, the minor has the following type of coverage:
- Medicaid (Denali KidCare)  TriCare (Military)  Indian Health Service
  - Private Insurance: \_\_\_\_\_
  - Other: \_\_\_\_\_
- No or I don't know. *[Explain below.]*

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**3. School and Job Training.**

a. Does the minor attend school or job training?

- Yes. *[List name of school, address, and phone number below.]*
- No or I don't know. *[Explain below.]*

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b. Describe any changes in the minor's schooling or job training since the last report:

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**4. Work.**

a. Is the minor employed?

- Yes. *[List type of work, name of employer, address, and phone number below.]*
- No or I don't know. *[Explain below.]*

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b. Describe any changes in the minor's employment since the last report:

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**5. Government and Community Resources.** Does the minor receive services from any government agency (tribal, city, state, or federal) or community provider?  No.  Yes. *[If yes, describe below.]*

<u>Name of Agency or Provider</u>	<u>Type of Services Received</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**E. Finances**

1. Has a separate conservator been appointed for the minor?

No. *[Fill out section E]*

Yes. *[You may skip questions 2-5 of this section.]*

Name of Conservator: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

2. **Income.** List the minor's income as of the date of this report. Do not list your own income. Must be monthly amounts. Divide yearly amounts by 12 and quarterly amounts by 3.

<u>Income Source</u>	<u>Monthly Amount</u>
Wages/Salary: _____	_____
Government Benefits: _____	_____
Alaska Permanent Fund Dividend _____	_____
Native Corporation Dividend: _____	_____
Trust or Investment Income: _____	_____
Insurance Proceeds: _____	_____
Other: _____	_____
<b>TOTAL MONTHLY INCOME</b>	<b>\$ _____</b>

3. Describe how any income above was spent, saved, or invested:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

4. **Assets.**

a. List all bank accounts or other financial instruments (for example: savings, college 529 plans, stocks, etc.) that the minor owns individually or jointly as of the date of this report:

<u>Name of Bank or Company/Institution</u>	<u>Type of Account or Financial Instrument</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

b. List any real estate (land and buildings) or personal property that the minor owns individually or jointly with a value of \$1000 or more (for example: fishing permits, jewelry, collectibles, vehicles, etc.):

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

**TOTAL ASSETS** *[Total value of all money & items in question 4]* **\$ \_\_\_\_\_**

5. Describe how and when you released the assets to the minor (if the minor turned 18 or the guardianship otherwise ended), to the new guardian, or to the estate/personal representative (if the minor died): *[If you still have possession of any of the minor's assets, explain why and what is your plan to release them.]*

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

6. Did you get child support from the minor's parents?  Yes, \$\_\_\_\_\_ per month.  No.

7. Is or was the minor a beneficiary of any trusts?

No or I don't know.

Yes, Name of Trust: \_\_\_\_\_

Name and Address of Trustee: \_\_\_\_\_

If registered with a court, list trust registration no.: \_\_\_\_\_ State: \_\_\_\_\_

8. Are there any pending lawsuits involving the minor that you know about?  No.  Yes.

If yes, describe:

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

**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

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

**Certificate of Service**

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

the minor (if no longer needing a guardian and/or age 14 or older)  
on \_\_\_\_\_ at \_\_\_\_\_ [date/time] by  mail  hand-delivery  email

the minor's parents (if living, and parental rights were not terminated)  
Parent A: \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_ [date/time] by  mail  hand-delivery  email

Parent B: \_\_\_\_\_  
on \_\_\_\_\_ at \_\_\_\_\_ [date/time] by  mail  hand-delivery  email

the current guardian/conservator (if any): \_\_\_\_\_  
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:  
\_\_\_\_\_  
\_\_\_\_\_

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