

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

Petitioner (Person Filing Petition)
on behalf of _____
(Protected Person)
v.

Respondent (Restrained Person)

Case No. _____ PR

**PETITION FOR PROTECTION
FROM FINANCIAL ABUSE**
(AS 13.26.450-.455)

A. TYPE OF PROTECTIVE ORDER REQUESTED

[Select the type of action you are requesting from the court. Check all that apply.]

- 1. I want a 20-day ex parte order of protection. *[If you decide later on to ask for a long-term order too, use form [PG-801](#) at that later time.]*
- 2. When the 20-day order is over, I want to convert the 20-day ex parte order to a long-term (6-month) order.
- 3. I want a conservator appointed and have attached [PG-104](#) to this petition.

B. PROTECTED PERSON

[The protected person is the person you believe needs protection from financial abuse.]

- 1. Describe the protected person.
 - a. The protected person is an adult who cannot effectively manage the person's own property and affairs because of: *[Check all that apply.]*
 - advanced age
 - confinement
 - disappearance
 - fraud (financial abuse)
 - other _____
 - mental illness or deficiency
 - physical illness or disability
 - chronic intoxication or use of drugs
 - detention by a foreign power
 - b. The protected person is a child under the age of 18.
- 2. Other cases involving the protected person: *[Check all that apply.]*
 - a. A conservator was appointed or requested for the protected person.
Conservator name _____ Phone _____
 - b. A guardian was appointed or requested for the protected person.
Guardian name _____ Phone _____
 - c. There is a representative payee for social security or other benefits.
Payee name _____ Phone _____
 - d. There is a power of attorney for the protected person held by:
Name _____ Phone _____
 - e. There is or was a domestic violence (DV) case involving the protected person. Court location of DV case _____
 - f. There is another case involving the protected person that is not the kind of case listed above. Location of other case _____

This is Not a Court Order

3. Contact information for the protected person:

First Name _____ MI _____ Last Name _____

Gender _____ Date of Birth _____ Phone _____

Mailing Address _____

City _____ State _____ Zip _____

Name and address of nearest relative _____

C. PETITIONER

[The petitioner is the person who is filing this petition.]

1. Describe the petitioner.

a. Petitioner is the protected person. *[If you check this box, skip to part D.]*

b. Petitioner is not the protected person. Petitioner is the protected person's

attorney other legal representative

parent Dept. of Family & Comm. Services representative

custodian caregiver

guardian other _____

2. How does the petitioner know the protected person?

3. Contact information for the petitioner:

[Fill this out only if the petitioner is not also the protected person.]

First Name _____ MI _____ Last Name _____

DOB _____ Phone _____ Email _____

Mailing Address _____

City _____ State _____ Zip _____

D. RESPONDENT

[The respondent is the person you want protection from, the person who would be restrained by the court order.]

1. Describe the respondent.

a. The respondent is a business or other organization.

Name of business/organization _____

Respondent is an unknown individual, business, or other organization.

b. The respondent is a person (not a business or other organization).

First Name _____ MI _____ Last Name _____

Gender _____ Date of Birth _____ Respondent is a child.

2. How does the respondent know the protected person?

Respondent is an unknown individual, business, or other organization.

This is Not a Court Order

3. Contact information for the respondent:

Respondent's address (if known) _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

Email _____

Respondent is an unknown individual, business, or other organization.

E. DID YOU NOTIFY THE RESPONDENT ABOUT YOUR PETITION?

[You do not have to notify the respondent about your petition for a 20-day ex parte protective order. However, if you did make any efforts to notify the respondent, you must explain those to the court.]

Did you notify the respondent before filing this petition? Yes No

Describe your efforts, if any, to notify the respondent before filing this petition:

F. DID YOU NOTIFY THE PROTECTED PERSON ABOUT YOUR PETITION?

[If you are not the protected person, you must give a copy of this petition to the protected person or the protected person's attorney, unless giving it to the protected person would cause an immediate threat of harm to the person's best interests.]

1. I am the protected person. *[If you check this box, skip to part G.]*

2. I am not the protected person, and

a. I gave the protected person or the protected person's attorney a copy of this petition by email. fax. hand-delivery.

b. I did not give the petition to the protected person or the protected person's attorney, because it would cause an immediate threat of harm to the person's best interests. The immediate threat of harm is:

G. DESCRIBE THE FINANCIAL ABUSE

[Describe how you believe the respondent is financially abusing the protected person. Answer all three questions. Use additional sheets of paper if needed. Write only on one side of the paper.]

1. Describe the specific money, property, or business affairs at risk:

Estimated value at risk: \$ _____

This is Not a Court Order

H. PROTECTIONS REQUESTED FROM THE COURT

[Check all boxes that apply to your request.]

1. No CONTACT.

The court should order the respondent to have no direct or indirect contact with the protected person. petitioner (if different than the protected person).

2. POWER OF ATTORNEY.

a. Attached is a copy of the current power of attorney.

b. The court should cancel the powers of attorney currently held by:

c. The court should change the powers of attorney currently held by:

The court should change the powers of attorney in the following way:

3. LIMIT ACTIVITIES.

a. The court should stop the respondent from doing anything with the money or property of the protected person.

b. The court should stop the respondent from doing the following things with the money or property of the protected person:

4. OTHER PROTECTIONS.

The court should also order the other protections listed below:

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VERIFICATION AND SIGNATURE

[Complete this section if a notary public or court clerk is available. Do not sign until you are in front of a notary public or court clerk. Be sure to bring ID with you. There is no charge for notarization by court clerk. If no notary or court clerk is available, fill out the certification section below instead.]

I say on oath or affirm that I have read the foregoing document and believe all statements made in the document are true.

_____ Date

_____ Petitioner's Signature

_____ Print or Type Name

[Leave this part blank for the notary or court clerk to sign.]

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: _____

CERTIFICATION AND SIGNATURE (IF NO NOTARY IS AVAILABLE)

[Complete this certificate if no notary or court clerk is available, or if you do not have the identification required by a notary or other official.]

I certify under penalty of perjury that all of the information in this petition is true, and a notary public or other official empowered to administer oaths is not available to administer an oath, or I do not have the ID required by a notary or other official.

_____ Date

_____ Petitioner's Signature

_____ Print or Type Name

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AT _____

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Petitioner (Person Filing Petition))
on behalf of _____)
_____))
(Protected Person))
v. _____)
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Respondent (Restrained Person))
_____))

Case No. _____ PR

**LAW ENFORCEMENT
INFORMATION SHEET**
(AS 13.26.450-.460)

Notice to Law Enforcement: This information is provided to assist you in serving the financial abuse protective order and related papers. After serving (or failing to serve) the order, please complete the return of service section on the PG-825.

1. RESPONDENT IDENTIFIERS

The respondent is a business or other organization.

Name of business/organization _____

The respondent is a person (not a business or other organization).

First Name _____ MI ____ Last Name _____

Sex _____ Date of Birth _____

Respondent's address _____

City _____ State _____ Zip _____

Phone 1 _____ Phone 2 _____

Email _____

2. PROTECTED PERSON IDENTIFIERS

First Name _____ MI ____ Last Name _____

Sex _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____

3. OTHER PERSON IDENTIFIERS (IF APPLICABLE)

[This section is for persons (besides yourself or the respondent) who may have an interest in the financial status of the protected person. Examples include guardians, conservators, powers of attorney, etc. The police will not service this person with the order, however, an officer or trooper may contact this person to get more information to assist in serving the respondent.]

First Name _____ MI ____ Last Name _____

Sex _____ Date of Birth _____

Address _____ Phone _____

City _____ State _____ Zip _____

Email _____