



Orutsararmiut Tribal Court

ORUTSARARMIUT NATIVE COUNCIL- TRIBAL COURT

117 Alex Hately

P.O. BOX 406 Bethel, Alaska 99559

P: (907) 543-2608 F: (907) 543-2639

In the Matter of the Protective Proceeding of)

_____)

DOB: _____)

_____)

_____)

_____)

Respondent (person who needs a guardian))

CASE NO.: _____

Tribal Court Phone Number:

(907)543-2608

PETITION FOR APPOINTMENT OF A FULL GUARDIAN FOR AN ADULT

[Full guardianship is a legal arrangement where the court appoints a person or institution to make all decisions on issues such as housing, medical care, legal issues, finances, and services.

If you only wish for limited guardianship, use form PG-103. For a conservatorship (financial management only), use form PG-104.]

1. Petitioner asks the court to appoint a full guardian for the above-named respondent because the respondent is incapacitated as defined in Alaska Statute 13.26.005(5).
[Someone is incapacitated if his or her ability to receive and evaluate information or to communicate decisions is so impaired that the person cannot provide for their physical health or safety without court-ordered help (including health care, food, shelter, clothing, personal hygiene, and protection).]

How long will this appointment need to last? _____

2. Petitioner's Name _____ Age _____

Mailing Address _____

E-mail

Address* _____

* I authorize the court to email me court documents in this case to the email address above.

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Relationship to the Respondent

3. Respondent's Name _____ Date of Birth _____
 Mailing Address _____
 Residence Address _____
 Daytime Phone _____ Social Security No. _____

4. Has anyone filed a petition for appointment of a guardian for the respondent in any other state? No. Yes, in _____ (court name & location) , by _____ , case number _____ (if known): (AS 13.27.170)

5. Has anyone filed a petition to protect the respondent from financial abuse? No Yes. Case Number: _____ AS 13.26.005-.580

6. The respondent's "home state" as defined in AS 13.27.180 is:
 Alaska because the respondent was physically present in Alaska for the six consecutive months before the filing date of this petition (except for temporary absences).
 _____ because the respondent was physically present in that state for the six consecutive months before the filing date of this petition except for temporary absences).
 I do not know the respondent's "home state." The respondent was in the following states during the year before I filed this petition: _____

Dates During the Past Year	Place (State & Address) Where Respondent Lived

7. a. The respondent lives alone with _____
 b. Who takes care of the respondent? _____
 Name of person or facility _____

Address: _____

Phone: _____

c. Does the respondent currently have a guardian? No Yes , If yes, Guardian's

Name: _____ Address: _____

Phone: _____

d. Does the respondent currently have a conservator? No Yes , If yes, Conservator's

Name: _____ Address: _____

Phone: _____

e. Has the respondent given a Power of Attorney to anyone? No Yes , If yes,

Name: _____ Address: _____

Phone: _____

f. Does respondent have a "representative payee" for social security or other benefits?

No

Yes , If yes,

Name: _____ Address: _____

Phone: _____

g. Are there any other restrictions on the respondent's legal capacity to act on his or her own behalf? No Yes- If yes, describe the

restrictions: _____

h. Does the respondent have a living will or a durable power of attorney for health care or any other document directing how health care decisions should be made if the

respondent is unable to make them? No I do not know Yes - Describe (include name of any agent authorized to make health care decisions for the respondent

Name: _____ Address: _____ -

Phone: _____

i. Is a no-code (Do Not Resuscitate) provision in place for the respondent? No I do not know Yes

8. List the names, addresses and telephone numbers of the following relatives of the respondent: (If respondent has no such relative, write "none" on that line. Attach additional pages if necessary. Do not write on the back of any page.)

Number	Name	Address	Phone
a. Spouse			
b. Children			
c. Parents			
d. Brothers and Sisters			
e. If the respondent has none of the above relatives, list the name and address of the respondent's nearest relative			

9. List names, addresses and telephone numbers of the respondent's close friends who may have current information about the respondent: _____

10. Respondent's Financial Information

<u>Monthly Income</u>	<u>Monthly Expenses</u>
Wages, Pention, Retirement: _____	Food: _____
Social Security: _____	Rent or Mortgage: _____

S.S.I: _____ _____	Utilities: _____ _____
Public Assistance: _____	Car Payment: _____
Longevity Bonus: _____	Credit Card Payment: _____
Interest and Dividends: _____	Insurance: _____
Veterans Bonus: _____	Medical not Covered by Insurance: _____
Other Monthly Income: _____ _____ _____ _____	Other: _____ _____ _____ _____
Total: _____	Total: _____

c. Other Income Received During Last 12 Months

Permanent Fund Dividends (PFD) received in last 12 months

Native/Other Corporation Dividends not listed above

Value of gifts or inheritances received in last 12 months

Other: _____

<u>d. Assets</u>	<u>e. Debts</u>
Cash on hand or in Savings or Checking account _____	Mortgages _____
Stocks, Bonds, CDs, Mutual Funds _____ _____	Loans _____ _____
Home _____	Credit Card balance _____
Other land or buildings _____	Other: _____ _____ _____

Vehicles: _____ _____ _____	
Businesses: _____ _____	
Insurance: _____ _____	
Other Property: _____ _____	
TOTAL ASSETS : _____	TOTAL DEBTS: _____

f. Additional Financial Information

Does the respondent have a trust? NoYes. Name the financial Institution and Trustee: _____

Does the Respondent belong to a Native Corporation?: NoYes, Native Corporation:

Please list the institutions where the respondent has savings, checking or investment accounts: _____

g. Petitioner has no knowledge of the respondent's financial situation.

11. Is the respondent a veteran entitled to the payment of money from the U.S. Department of Veterans Affairs? Yes No

12. Describe the respondent's mental or physical state which causes you to think he or she cannot take care of all of his or her living responsibilities: _____

13. List examples that show how the respondent's limitations have, or may, lead to physical injury or illness and the need for a guardian:_____

14. List people you know who have knowledge that might help the court determine the capacity and needs of the respondent including the respondent's ability to manage his or her property and affairs.

Name	Address	Phone Number
a. Doctors:		
b. Counselors and Social Workers:		
c. Case managers and care coordinators:		
d. Others (Teachers, Clergy, etc.):		

15. Letters or Evaluations:

Attached to this petition are letters or evaluations from a doctor, ANP, neuropsychologist, psychologist, or psychiatrist indicating the respondent's diagnoses and how the diagnoses impacts the respondent's ability to make considered decisions regarding his or her affairs.

I do not have any letters or evaluations to attach.

16. Who do you think the court should appoint guardian?

Name:_____

Address:_____ Phone:_____

This person's relationship to the respondent is: _____

This person has priority to be appointed under AS 13.26.465 because he or she is:

- (1) nominated by the respondent.
- (2) the respondent's spouse.
- (3) the respondent's adult child.
- (4) the respondent's parent.
- (5) the respondent's relative whom the respondent lived with for at least six months during the year before filing this petition.
- (6) the respondent's relative or friend who has shown a sincere and longstanding interest in the respondent's welfare.
- (7) a private professional conservator.
- (8) the public guardian.

If there are unchecked boxes above the one you checked, list the names and addresses persons who could check those boxes. (For example, if you checked number (3), you would fill in the name of the respondent's spouse and the person nominated by the respondent, if any.)

Names and Addresses:

17. Who do you think the court should appoint conservator? (Can be same as guardian.)

Name: _____ Address: _____ -

Phone: _____

This person's relationship to the respondent
is: _____

This person has priority to be appointed under AS 13.26.465 because he or she is:

- (1) nominated by the respondent.
- (2) the respondent's spouse.
- (3) the respondent's adult child.
- (4) the respondent's parent.
- (5) the respondent's relative whom the respondent lived with for at least six months during the year before filing this petition.

(6) the respondent's relative or friend who has shown a sincere and longstanding interest in the respondent's welfare.

(7) a private professional conservator

(8) the public guardian.

If there are unchecked boxes above the one you checked, list the names and addresses of persons who could check those boxes. (For example, if you checked number (3), you would fill in the name of the respondent's spouse and the person nominated by the respondent, if any.)

Names and Addresses:

Date

Signature of Petitioner or Petitioner's Attorney

If attorney, print name and bar number: _____

Verification

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 _____.

(date)

(SEAL)
person

Clerk of Court, Notary Public, or other

authorized to administer oaths.

My commission expires: