

INSTRUCTIONS

The purpose of this report is to give the court as complete a picture as possible of the individual's current situation and what has happened in the last 12 months. 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. Every three years, a Court Visitor will be appointed to discuss with you various aspects of the guardianship.

Failure to follow the directions of this report could result in your report not being approved. If your report is not approved, a deficiency will be sent to you to complete the report.

When filling out the form:

- Only file using single-sided printing.
- Type or print clearly using black ink.
- Use the same dates as provided to you by the court each year. The report should reconcile within the year as well as from year to year.
- Do not leave any question blank. If it 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. Bank statements should reflect the accounting you provide. If you charge for rent or room and board, this should be easily seen in the statement. If you have a lot of cash withdrawals, you should have receipts to back up accounting.
- If you need to add additional information to any area of the report, please use a separate sheet of paper.

In preparing this report, you must consult with the individual as much as possible. As a guardian or conservator, you must be more diligent with the individual's money than you may be your own—even if the individual 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 assistance with your report, you can contact the Alaska State Association for Guardianship & Advocacy at 907-444-4015, by email asagaak@gci.net or view training on the annual reports at www.asaga.info under Educational Resources. There is a monthly webinar on How to do the Annual Report.

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: _____

GUARDIANSHIP ANNUAL REPORT

Reporting Period

This report covers the following period: From: _____ To: _____

Information About Guardian

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. Guardian's Name: _____ Email: _____
Mailing Address: _____
Residence Address: _____
Phone: _____ cell home other Phone: _____ cell home other

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

3. Relationship to protected person: *(parent, sibling, etc.)* _____

4. Have there been any major changes to your status, such as health changes, arrests, criminal convictions, or other major changes in the past 12 months?
 No. Yes. If yes, explain:

5. In what areas do you have the authority to make decisions for the protected person?
[If you are a full guardian, it includes all of these areas. If you are a partial guardian, check the box that matches your authority. If you are a conservator only, please use form [PG-225](#).]
 housing medical care school, job training, and work
 social & recreational activities financial management

Information About Protected Person

Name of facility or place *(if nursing, assisted living, etc)*: _____

Address: _____

Protected Person's Personal Phone: _____ cell home other

Phone number where protected person can be reached, if different than above: _____

Changes in Guardianship Needed

1. Is there a current need for change in the guardianship? *[Please think about whether or not the protected person continues to need a guardian, full or partial. Are there any less-restrictive alternatives or has the protected person learned additional skills such that informal supports would be sufficient? Are you able to continue as guardian or conservator?]*
 No. Yes. If yes, explain:

[If you want the court to change its order, please file form [PG-190](#).]

2. If a Public Guardian appointment, is a suitable private guardian available? No. Yes.
If yes, provide name, relationship, and contact info of potential private guardians:

Information About the Guardianship

1. **Housing.**

- My order does not include authority over housing.** *[Skip section below.]*
 My order does include authority over housing.

a. In what residence type does the protected person live now?

- own home rented apartment
 nursing home assisted living home group home

(1) If the protected person lives in your home, do you have room and board authorization? N/A. Yes. No.

(2) If you live in the protected person's home, are you paying rent?
 N/A. Yes. No. If no, explain:

(3) If the protected person lives in a nursing home, assisted living home, group home or other facility, is this the least restrictive setting in which services can be provided to the protected person? Yes. No.

Explain why:

- b. Has the protected person moved in the past 12 months? No. Yes. If yes, explain:

c. As the guardian, are you satisfied with the protected person's housing and are you able to provide meals, clothing, house cleaning, and transportation for the protected person?
 Yes. No, because:

d. Are you able to discuss housing with the protected person?
 Yes. Explain what the protected person wants:

No, because:

e. Is there anything else you want the court to be aware of regarding housing?
 No. Yes. If yes, explain:

2. Medical Care.

- My order does not include medical authority.** *[Skip section below.]*
- My order does include medical authority.**

a. Which of the following medical professionals has the protected person seen in the past 12 months?

	<u>Doctor's Name</u>	<u>Phone No.</u>	<u>Last Date Seen</u>
<input type="checkbox"/> Medical Doctor	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
<input type="checkbox"/> Dentist	_____	_____	_____
<input type="checkbox"/> Eye Doctor	_____	_____	_____
<input type="checkbox"/> Ear Doctor	_____	_____	_____
<input type="checkbox"/> Psychologist/ Psychiatrist	_____	_____	_____
<input type="checkbox"/> Other:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____

The protected person does not have a doctor because:

b. Describe any medical problems (physical or mental) the protected person has, and describe what is being done or will be done about them:

c. Has the protected person experienced any medical changes (physical or mental) in the past 12 months? No. Yes. If yes, explain:

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

Yes. No.

e. 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 some other advance health care directive under AS 13.52.010 - .395 or another law?

No. Yes. If yes, who is the agent authorized to make health care decisions for the protected person?

f. Does the protected person have medical insurance in good standing?

Yes. The protected person has the following type of insurance:

Medicare Medicaid VA Private Insurance _____

No, because:

g. Are you satisfied with the protected person's medical care? Yes. No, because:

h. Are you able to discuss medical care with your protected person?

Yes. Explain what the protected person wants:

No, because:

i. Is there anything else you want the court to be aware of regarding medical care?

No. Yes. If yes, explain:

3. School, Job Training, and Work

My order does not include school or work authority. *[Skip section below.]*

My order does include school or work authority.

a. Does the protected person attend school or any type of job training?

Yes. Describe studies: *(Include name and location of school.)*

No, because:

b. Is the protected person employed?

Yes. Describe employment: *(Include type of work, name of employer, address, phone, and how long employed.)*

No, because:

c. As the guardian, are you satisfied with the protected person's school and work plan?

Yes. No, because:

d. Are you able to discuss a school and work plan with your protected person?

Yes. Explain what the protected person wants:

No, because:

e. Is there anything else you want the court to be aware of regarding school, job training, or work?

No. Yes. If yes, explain:

4. **Social and Recreational Activities.**

My order does not include social and recreational authority. *[Skip section below.]*

My order does include social and recreational authority.

a. Describe activities the protected person enjoys:

b. Have you been able to help make these activities available to the protected person?

Yes. No, because: _____

c. As the guardian, are you satisfied with the protected person's social and recreational activities? Yes. No, because:

d. Are you able to discuss social and recreational activities with your protected person?

Yes. Explain what the protected person wants:

No, because:

e. Is there anything else you want the court to be aware of regarding social and recreational activities?

No. Yes. If yes, explain:

5. Contacts with Protected Person.

a. Does the protected person live with you?

Yes.

No. How often have you visited with the protected person in the past 12 months?
(Include how often and where you met.)

b. Have there been any other contacts? No. Yes, as follows:

Type of Contact

Frequency of Contact

by telephone

by mail or e-mail

through 3rd person: _____

other: _____

6. Decision Making.

a. Have there been any changes in the protected person's ability to make decisions about matters affecting the protected person's health and safety?

No changes.

Yes, the protected person is: less able. more able.

If yes, describe the changes in ability and what caused them, if known:

b. When a decision has to be made about something for the protected person (housing, medical care, education, employment, recreation, purchases, etc.), how are the decisions made? *(Please provide brief examples.)*

(1) Describe decisions made by protected person alone:

(2) Describe decisions made by guardian alone: *(List others you request input from as well.)*

(3) Describe decisions made by guardian and protected person together:

7. **Community Resources.** *(Service providers, churches, government programs, charitable organizations, etc.)*

a. List the community organizations that are currently involved with the protected person.

<u>Name of Organization</u>	<u>Services Received</u>	<u>Agency Phone</u>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

8. **Significant Actions.**

a. Have there been major medical, housing, support, etc. actions? No. Yes.

If yes, describe any significant actions you have taken as guardian for the protected person during the past 12 months:

If you are the full guardian, this includes conservatorship authority and you must fill out the financial information section of this report (questions 9-15). Please check your order if you are unsure.

Has a separate conservator been appointed?

- No.
- Yes. Name of conservator: _____
[If a separate conservator has been appointed, skip the financial information section of this report (questions 9-15).]

Are you a professional guardian?

- No.
- Yes. You must also do/answer the following:
 1. Provide a copy of your accounting used to keep track of income and expenses.
 2. Provide a breakdown of the monthly fees you are paid.
 3. Is your license in good standing with the State of Alaska? Yes No
 4. Do you have liability insurance.
 - Yes, and my documentation is attached.
 - No, because:

As conservator, do you use a representative payee?

- No.
- Yes. Name of payee: _____
If yes, does the payee control all of the protected person's money?
 - Yes. Please still fill out questions 9-15, but you may include the payee's detailed accounting information as documentation.
 - No. Describe what the payee controls and what you control:

Financial Information

I am an OPA appointed guardian. [Skip section 9 and 10. Attach detail from financial system.]

I am not an OPA appointed guardian.

9. **Protected person’s Annual Income.** (Only list the income of the protected person during the 12-month reporting period. Do not list your income. Must be annual amounts, not monthly.)

<u>Income Source</u>	<u>Annual Amount</u>	<u>Income Source</u>	<u>Annual Amount</u>
Social Security Benefits:		Wages:	_____
a. SSA/SSDI:	_____	Dividends/Interest:	_____
b. SSI:	_____	Rental Income:	_____
Adult Public Assistance:	_____	Pension:	_____
Veterans Financial Benefits:	_____	Annuities:	_____
Senior Care Benefit:	_____	Other (describe):	_____
Permanent Fund Dividend:	_____		_____
Native Corporation Dividend:	_____		_____
Total Annual Income:			\$ _____
Total Annual Income During Previous Reporting Period:			\$ _____
Change in Annual Income Since Previous Reporting Period:			\$ _____
Explain any change more than \$1000:			

10. **Protected Person’s Annual Expenses.** [Money paid to anyone on behalf of protected person or protected person’s legal dependents. Do not include your personal expenses. If there are more expenses than fit on this page, attach extra pages or cross out an unused category and write it in.]

<u>Expense</u>	<u>Annual Amount</u>
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 and Medical Treatment Costs:	_____
Credit Card Payments:	_____
Food (leave blank if you have room and board authorization):	_____
Clothing:	_____
Recreation or Entertainment:	_____
Personal Expenses (allowance or money given for discretionary spending):	_____
Income Tax & Property Tax:	_____
Home/Property Maintenance Costs:	_____
Insurance: Home or Renter’s Insurance:	_____
Auto Insurance:	_____
Medical Insurance:	_____
Life Insurance:	_____
Gifts:	_____
Child/Spousal Support:	_____
Fees/Costs Paid to Guardian (including any reimbursements to Guardian):	_____
Other: _____	_____
Other: _____	_____
Total Annual Expenses:	\$ _____
Total Annual Expenses During Previous Reporting Period:	\$ _____
Change in Annual Expenses Since Previous Reporting Period:	\$ _____
Explain any change more than \$1000:	

11. Money Controlled By Protected Person.

Does the protected person have sole control over any money? No. Yes.

If yes, do they have their own:

bank account debit card credit card cash allowance of: \$_____per month

other: _____

Is this money included in the income and expenses listed in #10 and #11?

Yes. No, because:

12. Protected Person's Assets at the end of this Reporting Period.

[List all assets the protected person owns individually or jointly. Attach extra pages if necessary.]

a. **Cash on hand (not in an account)** \$ _____
 (amount) (where located)

Explain any changes in the last 12 months:

b. **List all bank accounts: checking, savings certificates of deposit, ABLE and Medicaid qualifying trusts, etc.** *[Attach 12 months of bank statements that match the reporting period.]*

Name of Bank or Institution	Name(s) on Account	Account Number	Balance

Explain any changes in the last 12 months:

c. **Burial Account.** *[Attach the most recent statement for the end month of your report.]*

Name of Bank or Institution	Type of Account	Account Number	Balance

Explain any changes in the last 12 months:

- d. **Alaska Native Corporation Dividend Account.** *[Attach the most recent statement for the end month of your report.]*

Name of Bank or Institution	Type of Account	Account Number	Balance

Explain any changes in the last 12 months:

- e. **List all Brokerage Accounts, Stocks, Bonds, and Other Securities.** *[Attach the most recent statement for the end month of your report.]*

Name of Company	Name(s) on Account	Account Value on _____ (date)

Explain any changes in the last 12 months:

- f. **Retirement Accounts.** *[Attach the most recent statement for the end month of your report.]*

Name of Company	Beneficiary	Current Value

Explain any changes in the last 12 months:

- g. **Protected Person's Life Insurance Policies.** *[Attach the most recent statement for the end month of your report.]*

Name of Company	Beneficiary	Face Value	Cash Value

Explain any changes in the last 12 months:

h. Real Estate that Protected Person Owns (land and buildings).

[Attach tax assessment, if available.]

(1) Does protected person own a home? No. Yes. Estimated Value:\$ _____

Address: _____

Description: _____

Is there a joint owner? No. Yes.

If yes, name(s) of joint owner(s): _____

Explain any changes in the last 12 months:

(2) Other Real Estate. Estimated Value:\$ _____

Address: _____

Description: _____

Is there a joint owner? No. Yes.

If yes, name(s) of joint owner(s): _____

Explain any changes in the last 12 months:

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

<u>Type of Vehicle</u>	<u>Year, Make & Model</u>	<u>Value</u>	<u>Co-Owner</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain any changes in the last 12 months:

j. Furniture, Appliances, and Electronic Equipment exceeding \$400 in value.

[Attach additional pages if necessary.]

<u>Description of Item</u>	<u>Approximate Age</u>	<u>Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Explain any changes in the last 12 months:

k. Jewelry, Gems, Precious Metals, Coin or Stamp Collections, Other Collections, Artwork, Raw or Decorated Ivory. *[Attach additional pages if necessary.]*

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

Explain any changes in the last 12 months:

- i. **Other Personal Property.** (List any item that has a value over \$400. Please include any collectibles and any other items that are particularly susceptible to theft. Give details sufficient to allow a third party to identify the item. Attach extra pages, if necessary.)

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

Explain any changes in the last 12 months:

- m. **Commercial Fisheries Interests (IFQs or Limited Entry Permits).**

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

Explain any changes in the last 12 months:

TOTAL ASSETS [Total value of all items in 12 a through m]	\$ _____
Total Assets at End of Previous Reporting Period:	\$ _____
Change in Total Assets Since Previous Reporting Period:	\$ _____
Explain any change more than \$1000:	_____

13. **Protected Person's Liabilities.** (List all debts the protected person owes, including mortgages, loans, credit card debt, etc. Attach extra pages if necessary.)

- a. **Real Estate Debts.**

(1) Home described in #13(h)(1). Loan balance: \$ _____

(2) Property described in #13(h)(2). Loan balance: \$ _____

Explain any changes in the last 12 months:

- b. **Other Loans.**

<u>Lender (Name & Address)</u>	<u>Purpose (loan type)</u>	<u>Loan No.</u>	<u>Balance Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain any changes in the last 12 months:

c. Credit Cards.

<u>Company (Name & Address)</u>	<u>Card</u>	<u>Card No.</u>	<u>Balance Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explain any changes in the last 12 months:

d. Judgments and Liens.

<u>Description</u>	<u>Balance Due</u>
_____	_____
_____	_____

Explain any changes in the last 12 months:

e. Amounts Owed For Services Including to the Guardian or Conservator. *(If there is a liability for the guardian/conservator, please describe and attach documentation.)*

<u>Service</u>	<u>To Whom Owed</u>	<u>Balance Due</u>
(1) Medical Services	_____	_____
(2) Attorney Services	_____	_____
(3) Guardian Services	_____	_____
(4) Other _____	_____	_____

Explain any changes in the last 12 months:

TOTAL LIABILITIES *[Total all items in #13 a through e]* **\$** _____
Total Liabilities at End of Previous Reporting Period: \$ _____
Change in Total Liabilities Since Previous Reporting Period: \$ _____
Explain any change more than \$1000:

14. NET ASSETS:

Total Assets from 12 a - m	\$ _____
Total Liabilities from 13 a - e	\$ _____
Net Estate Value <i>[Subtract Total Liabilities from Total Assets]</i>	\$ _____
Net Assets at End of Previous Reporting Period:	\$ _____
Change in Net Assets Since Previous Reporting Period:	\$ _____

15. Trusts.

The protected person is not a beneficiary of a trust. *[Skip section below.]*

The protected person is a beneficiary of a trust.

Name of Trust: _____

Name and Address of Trustee: _____

If registered with the court, list trust registration no. _____ State _____

Do you know what benefits the protected person is supposed to receive from the trust?

Yes. No.

Is the protected person receiving the benefits from the trust that he/she is supposed to receive? Yes. No. I do not know. Explain any changes in the last 12 months:

Other Information

16. Did the protected person help you prepare (provide information for) this report?

Yes. No.

17. Do you have any other concerns or is there any other important information you believe the court should know?

No.

Yes, I have the following concerns or information:

IMPORTANT NOTE: Please read through this report and make sure you have attached all required additional documentation as instructed.

Oath

I do solemnly swear (or affirm) that the information given in this report is true and correct to the best of my knowledge and belief.

_____ Date

_____ Guardian's Signature

Subscribed and sworn to or affirmed before me at _____, Alaska
on _____, 20____.

(SEAL)

Clerk of Court, Notary Public or other person
authorized to administer oaths.
My commission expires: _____

I certify that on _____, I gave
a copy of this report and its attachments to:

- protected person
- protected person's attorney or guardian ad litem (if currently represented): _____
- parent or guardian with whom protected person resides (if any): _____
- protected person's conservator (if a separate conservator has been appointed): _____
- the following person(s) designated by court order:

I could not give the report to a person entitled because of:

Guardian's Signature