

## **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 conservatorship.

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 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](mailto:asagaak@gci.net) or view training on the annual reports at [www.asaga.info](http://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: \_\_\_\_\_

\_\_\_\_\_ ) **CONSERVATORSHIP ANNUAL REPORT**

**Reporting Period**

This report covers the following period: From: \_\_\_\_\_ To: \_\_\_\_\_

**Information About Conservator**

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. Conservator'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. If you are a private conservator charging fees, is there a court order authorizing payment of fees and establishing an hourly rate and maximum monthly amount as required by Probate Rule 16 and AS 08.26.110?  Yes.  No.  I do not charge fees.

**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 Conservatorship Needed**

1. Is there a current need for change in the conservatorship? [*Please think about whether or not the protected person continues to need a conservator, full or partial. Consider whether there are any less-restrictive alternatives, if the protected person learned additional skills such that informal supports would be sufficient, and whether you are able to continue as 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 conservator available?

No.  Yes.

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### 1. Housing

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

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Describe in general terms the protected person's expenses in relation to housing:

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Any significant changes in housing expenses form the previous year?  No.  Yes.

If yes, explain:

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### 2. Medical Care.

Describe in general terms the protected person's expenses in relation to medical care:

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Any significant changes in medical expenses form the previous year?  No.  Yes.

If yes, explain:

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### 3. School, Job Training, and Work

Describe in general terms the protected individuals expenses in relation to schooling:

n/a – no schooling expenses.

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Any significant changes in schooling expenses form the previous year?  No.  Yes.

If yes, explain:

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Is the protected person employed?

- No, because: \_\_\_\_\_
- Yes. Describe (*Include type of work, name of employer, address, phone, and how long employed.*):

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

### 3. Contacts

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:

<u>Type of Contact</u>	<u>Frequency of Contact</u>
<input type="checkbox"/> by telephone	_____
<input type="checkbox"/> by mail or e-mail	_____
<input type="checkbox"/> through 3rd person: _____	_____
<input type="checkbox"/> 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, explain the changes and what caused them, if known:

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

b. How are financial decisions made for the protected person? (*Please provide brief examples.*)

(1) Describe decisions made by protected person alone:

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

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

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

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

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

**4. Significant Actions.**

a. Have there been major financial actions?  No.  Yes.

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

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**Has a separate guardian been appointed?**

No.

Yes. Name of guardian: \_\_\_\_\_

**Are you a private, professional conservator?**

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:

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**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:

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**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.)*

<b>Income Source</b>	<b>Annual Amount</b>	<b>Income Source</b>	<b>Annual Amount</b>
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 <i>(describe)</i> :	_____
Permanent Fund Dividend:	_____		_____
Native Corporation Dividend:	_____		_____
<b>Total Annual Income:</b>			<b>\$</b> _____
<b>Total Annual Income During Previous Reporting Period:</b>			<b>\$</b> _____
<b>Change in Annual Income Since Previous Reporting Period:</b>			<b>\$</b> _____
<b>Explain any change more than \$1000:</b>			

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.]*

<b>Expense</b>	<b>Annual Amount</b>
Nursing/Assisted Living Home:	_____
Room and Board <i>(only fill out if you have room and board authorization)</i> :	_____
Rent or Mortgage Payment:	_____
Utilities <i>(leave blank if you have room and board authorization)</i> :	_____
Transportation:	_____
Medication and Medical Treatment Costs:	_____
Credit Card Payments:	_____
Food <i>(leave blank if you have room and board authorization)</i> :	_____
Clothing:	_____
Recreation or Entertainment:	_____
Personal Expenses <i>(allowance or money given for discretionary spending)</i> :	_____
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 <i>(including any reimbursements to Guardian)</i> :	_____
Other: _____	_____
Other: _____	_____
<b>Total Annual Expenses:</b>	<b>\$</b> _____
<b>Total Annual Expenses During Previous Reporting Period:</b>	<b>\$</b> _____
<b>Change in Annual Expenses Since Previous Reporting Period:</b>	<b>\$</b> _____
<b>Explain any change more than \$1000:</b>	

**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:

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- 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:

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- 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:

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- 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:

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**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 &amp; 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:

\_\_\_\_\_

\_\_\_\_\_

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

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 &amp; 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 &amp; 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	\$ _____
<b>Net Estate Value</b> <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 \_\_\_\_\_ Conservator'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 guardian (if a separate guardian has been appointed): \_\_\_\_\_
- the following person(s) designated by court order:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Conservator's Signature