

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 his or her property and affairs because of (check all that apply):
 - advanced age
 - mental illness or deficiency
 - confinement
 - physical illness or disability
 - disappearance
 - chronic intoxication or use of drugs
 - fraud (financial abuse)
 - detention by a foreign power
 - other _____
- 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 Male Female Date of Birth _____
 Address _____ Phone _____
 City _____ State _____ Zip _____
 Name and address of nearest relative _____

C. PETITIONER (PERSON FILING PETITION)

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 DHSS 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 _____
 Date of Birth _____ Phone _____
 Address _____
 City _____ State _____ Zip _____

D. RESPONDENT (RESTRAINED PERSON)

The respondent is the person you want protection from, the person you want to restrain.

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 _____
 Male Female 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 _____

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, you do have to tell the court about any efforts you made to notify the respondent.

Did you notify respondent before filing this petition? Yes No

Describe your efforts, if any, to notify 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 person's attorney, unless giving it to the protected person would cause an immediate threat of harm to his or her 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 person's attorney because it would cause an immediate threat of harm to the protected 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.

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).

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 Name

[Leave this part blank for the notary or court clerk to sign.] Subscribed and sworn to or affirmed before me at _____, Alaska on (date) _____.

(SEAL)

Clerk of Court, 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 Name

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IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

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 Petitioner (Person Filing Petition)))
 on behalf of _____))
 (Protected Person)))
 v. _____))
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 Respondent (Restrained Person)))
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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 _____
 Male Female Date of Birth _____

Respondent's address _____
City _____ State _____ Zip _____
Phone 1 _____ Phone 2 _____

2. PROTECTED PERSON IDENTIFIERS

First Name _____ MI _____ Last Name _____
 Male Female Date of Birth _____
Address _____ Phone _____
City _____ State _____ Zip _____

3. OTHER PERSON IDENTIFIERS (IF APPLICABLE)

First Name _____ MI _____ Last Name _____
 Male Female Date of Birth _____
Address _____ Phone _____
City _____ State _____ Zip _____