

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT \_\_\_\_\_

In the Matter of the Protective Proceeding of )  
 )  
 )  
 \_\_\_\_\_, )  
 Protected Person (or Minor Ward) )  
 \_\_\_\_\_ )

CASE NO. \_\_\_\_\_

**REQUEST TO CHANGE ROOM AND BOARD OR  
AUTHORIZE OTHER PAYMENTS TO GUARDIAN/CONSERVATOR**

I am  the guardian.  the conservator.  other: \_\_\_\_\_

I ask the court to:

- change the maximum authorized amount for room and board to \$\_\_\_\_\_ per month.
- change fees paid to the  guardian  conservator to \$\_\_\_\_\_ per \_\_\_\_\_.
- approve the  guardian  conservator as a "paid provider" for Medicaid reimbursement.
- authorize other payments to the  guardian  conservator as follows:

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

Reason for the request above:

*[Include an explanation of how the protected person is able to pay any increased or new charge.]*

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

I understand that if I am the guardian or conservator, I am required by AS 13.26.316(c)(6) to notify at least one relative of the protected person about any request to increase room and board or to authorize other payments to the guardian or conservator. *[You may do this by serving the relative with this form and including them on the certificate of service below.]*

I told or will tell the following relative of the protected person about this request:  
Name: \_\_\_\_\_ How Related? \_\_\_\_\_

I was not able to tell a relative about this request, because:  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date Signature Type or Print Name

Mailing Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

I certify that on \_\_\_\_\_ at \_\_\_\_\_ *[date/time]*, I served a copy of this document on

protected person  guardian  conservator  other: \_\_\_\_\_

protected person's relative named \_\_\_\_\_

by  email  mail  hand-delivery

Signature: \_\_\_\_\_

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