

INSTRUCTIONS

The purpose of this implementation report is to give the court as complete a picture as possible of the protected person's situation at the start of the guardianship, and to explain to the court how you plan to perform the responsibilities of the guardianship. 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. Please follow the directions in this form or your report may not be approved.

This report is typically due within 90 days from the date your court order was distributed, unless the court gave you a different specific due date. Every year after this, you must complete a new report that explains what has happened over the past 12 months (see your court order for when the annual report is due each year and the exact period that it covers). The implementation report will provide a baseline for the court to compare to next year's annual report, so it is important that you be as accurate and detailed as possible. It is possible that you may not have all of the information that the report asks for yet, so please explain any gaps in information and if you are still working on getting information about the protected person's finances, assets, or living situation.

When filling out the form:

- If you got this form from the internet, download and save the blank PDF form to your local device. Then reopen it before filling it out. The form may not work or save correctly if you fill it out on your internet browser.
- Only file using single-sided printing.
- If filling out by hand, print clearly using black ink.
- If you need to add additional information to any area of the report, please use a separate sheet of paper. Only write on one side of the paper.
- Do not leave any question blank. If the question 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.

In preparing this report, you must consult with the protected person as much as possible. As a guardian, you must be more diligent with the protected person's money than you may be with your own—even if the person 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 help with this report, contact the Alaska Court System's Guardianship Helpline at (907) 264-0520 or visit the Court's self-help page at <https://courts.alaska.gov/shc/guardian-conservator/index.htm>.

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 IMPLEMENTATION
REPORT AND INVENTORY**

A. Information about the 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. Name: _____ Email: _____
Mailing Address: _____
Residence Address: _____
Phone: _____ cell home other Phone: _____ cell home other
 I agree the court and other parties can email me court documents instead of using regular mail.

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

3. Relationship to the protected person *[parent, sibling, etc.]*: _____

4. In what areas do you have the authority to make decisions for the protected person?
[If you are a conservator only, use form PG-220.]

- I am a full guardian with conservator powers.
- I am a partial guardian with authority over only the following:
 - housing medical care mental health care
 - personal care, school/training, and work activities financial management

5. List name and contact information for any co-guardians or separate conservators:
[Include full name, mailing address, residence address (if different), email, and daytime phone number.] N/A – I am the only guardian/conservator for the protected person.

B. Information about the Protected Person

Physical Address: _____
Personal Phone: _____ cell home other
Phone number where person can be reached, if different than above: _____
Email: _____

C. Implementing the Guardianship

1. Housing.

My order does not include authority over housing. *[Skip this section; go to section 2.]*

My order does include authority over housing.

a. On the date you were appointed guardian, where did the protected person live?

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

Name of facility (if nursing, ALH, etc.): _____ N/A.

b. Where does the protected person live now?

- In the same place described above.
 In a different place: own home rented home nursing home
 assisted living home group home _____

Name of facility (if nursing, ALH, etc.): _____ N/A.

c. If the protected person lives in your home (or you plan to have the protected person move into your home), do you have room and board authorization? N/A Yes No

d. Are you (or the housing provider) able to make sure that the protected person has meals, clothing, house-cleaning, and transportation? Yes. No, because:

e. Describe any plans you have to change where the protected person lives and why:
 (N/A – no plans to change housing)

f. What is the protected person’s opinion about the current housing situation and/or the housing plan? *[If you do not know the protected person’s opinion, explain why not below.]*

2. Medical and Mental Health Care.

My order does not include medical or mental health care authority.

[Skip this section; go to section 3.]

My order does include medical and/or mental health care authority.

a. If known, list the most recent time the protected person has seen the following:

	<u>Name</u>	<u>Phone Number</u>	<u>Last Date Seen</u>
<input type="checkbox"/> Medical Doctor	_____	_____	_____
<input type="checkbox"/> Dentist	_____	_____	_____
<input type="checkbox"/> Mental Health Provider	_____	_____	_____
<input type="checkbox"/> Other: <i>[Eye/Ear Doctor, Physical Therapist, etc.]</i>	_____	_____	_____
	_____	_____	_____

- b. Does the protected person require any medical, mental health, or other examinations in the next few months? No. Yes, describe what kind and when planned:

- c. Describe any medical or mental health problems that the protected person has, and what is being done or will be done about them:

- d. Does the protected person need help with any basic daily living activities (for example, bathing, toileting, getting dressed, preparing food, etc.)? No. Yes. If yes, describe what the protected person needs assistance with, and how that assistance is being (or will be) provided:

- e. Describe any plans you have to change the medical or mental health care currently being provided for the protected person, and why you believe these changes are necessary: (N/A – no planned change to current care)

- f. What is the protected person’s opinion about the medical and mental health care the person is currently receiving? What is the protected person’s opinion about any plans that you have to change or add providers, or to make changes to the care plan? *[If you do not know the protected person’s opinion, explain why not below.]*

- g. Does the protected person have a no-code (Do Not Resuscitate, or DNR) provision in place? *[A DNR is a legal and medical document that the person agrees to and signs, saying that the person does not want to be given CPR to restart their heart or breathing.]* Yes. No. I don’t know.

h. 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. I don't know.

Yes, the agent authorized to make health care decisions for the protected person is _____.

i. Does the protected person have medical insurance or other coverage in good standing?

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

Medicare Medicaid VA Private Insurance _____

No. I plan to get the following insurance, **or** I am unable to get insurance, because:

3. **Personal Care, School, and Work Activities.**

My order does not include personal care, school, or work authority.

[Skip this section; go to section 4.]

My order does include personal care, school, and/or work authority.

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

Yes. *[Describe studies below, including name and location of school.]*

No. *[Explain why not below.]*

b. Describe any education or job training that would benefit the protected person:

c. Is the protected person employed?

Yes. *[Describe the person's job below, including type of work, name of employer, address, phone, and how long employed.]*

No. *[Explain why not below.]*

d. Explain below whether or not you think the current employment status is in the protected person's best interests. If employed, explain whether you think this is a good job for the protected person to continue. If not employed, explain whether you think it would be good for the protected person to have a job, and if not, why not:

e. List recreational activities and hobbies the protected person enjoys, and describe your plan to help the protected person participate in these activities:

f. Describe how you will make sure that the protected person can engage in a healthy social life, including being able to visit with friends and family:

g. What is the protected person’s opinion about the current schooling and employment situation? What is the protected person’s opinion about any planned changes to school, work, or access to recreational and social activities? *[If you do not know the protected person’s opinion, explain why not below.]*

4. Contacts with the Protected Person.

Describe the contact you have had with the protected person since you were appointed guardian: *[Include type of contact (in person, phone, email, etc.) and how often it occurred.]*

5. Decision-Making.

Does the protected person participate in decision-making? Yes. No, because:

6. Community Resources.

a. Does the protected person receive any of the following services? *[For each box checked, list name and contact information, including address, email, and daytime phone number.]*

Care coordinator/Case manager: _____

Support services: _____

In-home services/PCA: _____

Others: *[For example, churches, government programs, charitable organizations, etc. List name and contact information (address, email, phone number) for each.]*

b. Describe any services from community providers or resources that the protected person is not already receiving, but could potentially benefit from:

Has a conservator been appointed?

- Yes, I am a full guardian, so I have conservator powers. *[Fill out section D.]*
- Yes, I am a partial guardian and my authority includes conservator powers. *[Fill out section D.]*
- Yes, a separate conservator has been appointed. *[Skip section D.]*
Name of conservator: _____
- No, the protected person has authority over their own money and property. *[Skip section D.]*

As conservator, do you use (or plan to use) a representative payee?

- N/A. I do not have conservator authority.
- No.
- Yes. Name of payee: _____
Does the payee control all of the protected person's money?
 - Yes. *[Fill out section D, but you may include the payee's detailed accounting information as documentation.]*
 - No. Describe what the payee controls and what you control:

Are you a professional guardian?

- No. Yes.

If yes, you must do/answer the following:

1. Do you have a court order authorizing payment of fees and establishing an hourly rate and maximum monthly amount? Yes. No. I do not charge fees.
2. Provide a copy of your accounting used to keep track of income and expenses.
3. Provide a breakdown of any fees you have already been paid. Include a detailed invoice of what services were provided for each fee charged.
4. Is your license in good standing with the State of Alaska? Yes. No.
5. Do you have liability insurance?
 - Yes, and my documentation is attached.
 - No, because:

D. Financial Information

- I am an OPA-appointed guardian.**
[Skip sections 1 & 2. Attach detail from financial system.]
- I am not an OPA-appointed guardian.**

1. Current Monthly Income.

****List the protected person’s income as of the date of filing the report. Do not list your own income. Must be monthly amounts. Divide yearly amounts by 12 and quarterly amounts by 3.****

[If there are more income sources than fit on this page, attach extra pages or cross out an unused category and write it in.]

<u>Income Source</u>	<u>Monthly Amount</u>
Wages/Salary: _____	_____
Social Security Benefits: _____	_____
Dividends/Interest: _____	_____
Adult Public Assistance: <i>[for example, ATAP, TANF, Food Stamps]</i> _____	_____
_____	_____
Veterans Financial Benefits: _____	_____
Senior Care Benefit: _____	_____
Alaska Permanent Fund Dividend	_____
Native Corporation Dividend: _____	_____
Rental Income: _____	_____
Pension: _____	_____
Annuities: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

TOTAL MONTHLY INCOME **\$** _____

Do you expect there to be any new sources of income in the next 12 months (for example, new benefits you plan to apply for, a new job, etc.)? (- N/A, no new income expected)

Do you expect any other significant changes to income in the next 12 months?

2. Current Monthly Expenses.

****List all money regularly paid from the protected person’s funds to anyone as of the date of this report. Do not include your personal expenses.****

****Must be monthly amounts, however, you should include budgeting/saving for larger, non-monthly expenses such as travel or home improvement projects.****

[If there are more expenses than fit on this page, attach extra pages or cross out an unused category and write it in.]

<u>Monthly Expense</u>	<u>Monthly Amount</u>
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: _____	_____
Medical Treatment: _____	_____
Cell Phone: _____	_____
Food <i>[Leave blank if you have room and board authorization.]</i>	_____
Clothing: _____	_____
Entertainment/Hobbies: _____	_____
Travel/Vacation: _____	_____
Taxes: _____	_____
Home/Property Maintenance: _____	_____
Insurance Premiums: <i>[home/renter’s, auto, medical, life, etc.]</i>	_____
_____	_____
_____	_____
_____	_____
Gifts: _____	_____
Child/Spousal Support: _____	_____
Fees/Costs Paid to Guardian: _____	_____
Reimbursements to Guardian <i>[Attach documentation/receipts]</i>	_____
Other: _____	_____
Other: _____	_____
Other: _____	_____

TOTAL MONTHLY EXPENSES **\$** _____

Do you expect there to be any new expenses in the next 12 months (for example, fees for a nursing home, planned medical procedures, etc.)? (- N/A, no new expenses expected)

3. Income and Expense Tracking.

Describe how you plan to keep track of income and expenses for the protected person (for example, accounting software, separate paper files, etc.):

[Please visit <https://courts.alaska.gov/shc/guardian-conservator/classes.htm> for a current list of free classes and resources to help with income and expense tracking.]

Do you plan to use a credit card to pay the protected person's expenses? No. Yes.
[If yes, be sure to keep copies of the credit card statements and note on your annual reports which expenses were paid with the credit card.]

4. Money Controlled by the Protected Person.

Do you plan to give the protected person control over any money? No. Yes.
 If yes, how will this money be provided to the protected person?

- bank account: _____ *[bank name & account no.]*
- debit card or credit card: _____ *[last 4 numbers of card]*
- cash allowance of \$_____ per month
- other: _____

5. Assets.

[List all assets the protected person owns individually or jointly as of the date of this report. Attach extra pages if necessary. Write only on one side of the page.]

a. Cash on Hand (not in an account). \$ _____
Amount Location

b. Bank Accounts. *[Checking, Savings, ABLE/Medicaid Qualifying Trusts, etc.]*

N/A. The protected person does not have any of these types of accounts.

<u>Name of Bank or Institution</u>	<u>Type of Account</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****REQUIRED: Attach all monthly bank statements from the date of your guardian appointment order to the date of this report.****

c. Alaska Native Corporation Dividend Account.

N/A. The protected person does not have an Alaska Native Corp. Dividend account.

<u>Name of Bank or Institution</u>	<u>Type of Account</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____	_____

****REQUIRED: Attach all bank statements from the date of your guardian appointment order to the date of this report. If a statement was not issued during this period, attach the most recent statement.****

d. **Brokerage Accounts, Stocks, Bonds, Certificates of Deposit, & Other Securities.**

N/A. The protected person does not have any of these types of accounts.

<u>Name of Company</u>	<u>Name on Account</u>	<u>Date of Balance</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

****REQUIRED: Attach all financial statements from the date of your guardian appointment order to the date of this report. If a statement was not issued during this period, attach the most recent statement.****

e. **Retirement Account.**

N/A. The protected person does not have a retirement account.

<u>Name of Company</u>	<u>Beneficiary</u>	<u>Current Value</u>
_____	_____	_____

****REQUIRED: Attach all account statements from the date of your guardian appointment order to the date of this report. If a statement was not issued during this period, attach the most recent statement.****

f. **Life Insurance Policies (owned by the protected person).**

N/A. The protected person does not have a life insurance policy.

<u>Name of Insurance Company</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Cash Value</u>
_____	_____	_____	_____

****REQUIRED: Attach all policy statements from the date of your guardian appointment order to the date of this report. If a statement was not issued during this period, attach the most recent statement.****

g. **Burial Account.** *[An account reserved for burial/funeral expenses.]*

N/A. The protected person does not have a burial account.

<u>Name of Bank or Institution</u>	<u>Type of Account</u>	<u>Account No.</u>	<u>Balance</u>
_____	_____	_____	_____

****REQUIRED: Attach all account statements from the date of your guardian appointment order to the date of this report. If a statement was not issued during this period, attach the most recent statement.****

h. **Changes in Accounts.**

Explain any major changes to any of the accounts listed or cash available to the protected person since you were appointed guardian. Include whether any accounts have been newly opened, cashed out, or a significant amount of money transferred between them. You must report **all** withdrawals from any account (date, amount of money withdrawn, and reason), unless it was only used to pay expenses already reported in section 2 above. (N/A, no major changes)

i. Access to and Control of Accounts.

Do you believe that you have access to and control of all of the protected person's accounts? Yes No.

If no, describe the accounts, and how and when you expect to gain access.

j. Real Estate (land and buildings).

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

Address: _____

Description: _____

Is there a joint owner? No Yes, name: _____

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

Address: _____

Description: _____

Is there a joint owner? No Yes, name: _____

****Attach most recent tax assessments for the properties, if available.****

k. Vehicles (cars, boats, snow machines, off-road vehicles, airplanes, etc.).

<u>Description of Vehicle (year/make/model)</u>	<u>Location</u>	<u>Co-Owner</u>	<u>Value</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

l. Other Valuable Personal Property.

[List any item that has a value of \$1000 or more. Include collectibles and any other items that are particularly susceptible to theft, such as guns, jewelry, or art. Also include any valuable licenses, such as fishing permits. Give enough detail to allow another person to identify the items.]

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

TOTAL ASSETS *[Total value of all money & items in section 5]* \$_____

m. Access to and Control of Real Estate and Personal Property.

Do you believe that you have access to and control of all of the protected person’s personal property and real estate? Yes No.

If no, describe the piece of property and how and when you expect to gain access.

n. Changes in Real Estate and Personal Property.

Explain any changes to the value of any real estate, vehicles, or other valuable property that the protected person owns since you were appointed guardian. For example, whether any significant items were sold or purchased. (N/A, no major changes)

6. Debts and Other Liabilities.

[List all debts or other money the protected person owes to anyone as of the date of this report. Attach extra pages if necessary. Write only on one side of the page.]

a. Mortgages.

- (1) Home described in #5(j)(1). Loan balance: \$ _____
- (2) Property described in #5(j)(2). Loan balance: \$ _____

b. Amounts Owed for Services, including to the Guardian or Conservator.

[If the protected person owes money to the guardian/conservator, you must describe what the debt was for on a separate page and attach all receipts, invoices, or other documentation to support the charges.]

<u>Service</u>	<u>Name of Person or Business Owed</u>	<u>Balance Due</u>
(1) Medical	_____	_____
(2) Medical	_____	_____
(3) Attorney	_____	_____
(4) Guardian/Conservator	_____	_____
(5) _____	_____	_____

c. Other Debts.

[List all debts or money the protected person owes that are not already listed in sections a or b above. Include the type of debt (for example: credit card, auto loan, court fine or judgment, lien on home, etc.). List the total amount of the debt—do not list monthly or other periodic payment amounts.]

<u>To Whom Owed</u> <i>[name of creditor, lender, or credit card company]</i>	<u>Type of Debt</u>	<u>Balance Due</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TOTAL DEBT/LIABILITIES [Total of all money owed in section 6] \$ _____

d. Changes in Debts and Liabilities.

Explain any major changes to the amount of money the protected person owes since you were appointed guardian, such as whether any debts were paid off and whether the protected person incurred new debt of \$1000 or more. (N/A, no major changes)

e. Other Debt Issues.

Is there anything you are still researching or working on regarding the protected person's debts and liabilities (for example, setting up a payment plan, getting documentation, refinancing, etc.)? Is the protected person able to pay all of these debts? If not, what is your plan to resolve them?

7. NET ASSETS

Total Assets from section 5 \$ _____

Total Debts/Liabilities from section 6 \$ _____

Net Estate Value [Subtract Total Debts from Total Assets] \$ _____

8. Trusts.

Is the protected person a beneficiary of a trust?

I don't know. [Skip to section E.] No. [Skip to section E.]

Yes. Name of Trust: _____

Name and Address of Trustee: _____

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

Is the protected person receiving the benefits from the trust that the protected person is supposed to receive? Yes. No. I don't know.

E. Other Information

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

Yes. No.

2. Please explain here any information that you were not able to provide earlier, or topics in this report that you are still working on (for example, accounts you are looking for more information about, or plans for the protected person that you are researching or developing). [Attach extra pages if necessary. Only write on one side of the page.]

3. List below any concerns you have or any other information you think the court should know:

I swear or affirm under penalty of perjury that everything I wrote in this report is true and correct to the best of my knowledge and belief.

 Date Guardian's Signature

Instructions: Give a copy of this report to all of the persons listed in the text box below (this is called "service" and is required by law). Check your court order if you are unsure about whether you must serve any other persons not specifically listed below. You can either mail the report by first-class mail or hand-deliver it. If using mail, write the date that you put the envelope in the mailbox. You may also send the report by email if the recipient agreed to email service. If you are not able to serve any of the required persons, please explain below.

Certificate of Service

I certify that I served a copy of this report and all of its attachments to:

- the protected person on _____ at _____ [date/time]
 by mail hand-delivery email
- the protected person's attorney or guardian ad litem (if currently represented)
 on _____ at _____ [date/time] by mail hand-delivery email
- family member the protected person lives with (if any): _____
 on _____ at _____ [date/time] by mail hand-delivery email
- my co-guardian (if any): _____
 on _____ at _____ [date/time] by mail hand-delivery email
- the protected person's conservator (if separate conservator appointed): _____
 on _____ at _____ [date/time] by mail hand-delivery email
- the following person designated by court order:

- I could not give the report to a person who should get a copy, because:

 Guardian's Signature