| IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| In | the Matter of the Protective Proceedings of:) | | | | | | | | |
| Na | me of Minor | CASE NO | | | | | | | |
| Dat | te of Birth: | ANNUAL REPORT ON GUARDIANSHIP OF A MINOR | | | | | | | |
| | <u>Instructions</u> | | | | | | | | |
| and gua a fi | The purpose of this report is to give the court information about the minor's current situation and what has happened in the past 12 months. You must file a report every year until the guardianship ends. If the minor has reached age 18 (or the guardianship otherwise ended), file a final report (form PG-645) instead. File the final report as soon as possible after the guardianship ends; you do not need to wait for the yearly reporting period date. | | | | | | | | |
| or | The court will review this 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. | | | | | | | | |
| lea ne | Only file using single-sided printing. If filling out by hand, print clearly using black ink. Do not leave any question blank. If it does not apply, write "n/a" or provide an explanation. If you need to add additional information to any area of the report, use a separate sheet of paper. Only write on one side of the paper. | | | | | | | | |
| | A. Reportii | ng Period | | | | | | | |
| Thi | is report covers the following period: From | To | | | | | | | |
| | B. Information abo | out the Guardian | | | | | | | |
| | If you check this box, your contact information | | | | | | | | |
| 1. | Name: | Phone: | | | | | | | |
| | Mailing Address: | | | | | | | | |
| | Residence Address: | | | | | | | | |
| | Email Address: | ne court documents instead of using regular mail. | | | | | | | |
| 2 | | ne court documents instead of daing regular mail. | | | | | | | |
| 3. | List name and contact information for any co- | | | | | | | | |
| J. | [Include full name, mailing address, residence address (if different), email, and phone.] | | | | | | | | |
| Do | C. Changes in Guardianship Do you think there need to be any changes in the guardianship? ☐ No. ☐ Yes, because: | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

D. Information about the Guardianship

| 1. | Ho | ousing. | | | | | | |
|----|--|--|--|--|--|--|--|--|
| | a. | What type of residence does the minor live in now? | | | | | | |
| | | ☐ My home ☐ Another private home ☐ Group home: | | | | | | |
| | | Boarding School: | | | | | | |
| | b. | Minor's Physical Address: | | | | | | |
| | | Minor's Mailing Address: Minor's Email: | | | | | | |
| | | | | | | | | |
| | c. | Has the minor moved in the past 12 months? No. Yes. [If yes, explain below.] | | | | | | |
| 2. | . Medical and Mental Health Care. | | | | | | | |
| | a. | List any health professionals the minor has seen in the past 12 months: | | | | | | |
| | | Name Phone No. Last Date Seen | | | | | | |
| | | Medical Doctor: | | | | | | |
| | | Dentist: | | | | | | |
| | | Mental Health | | | | | | |
| | | Professional: | | | | | | |
| | | Other: [eye doctor, physical therapist, etc.] | | | | | | |
| | | | | | | | | |
| | | ☐ The minor does not have a doctor, because: | | | | | | |
| | | | | | | | | |
| | b. List any significant medical or mental health diagnoses or other problems that the has, and describe what is being done or will be done about them. Include any may health events (for example: hospitalizations, inpatient treatment, injuries) that hap during the past 12 months, and how they were resolved: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | c. | Does the minor have health insurance or other medical coverage? | | | | | | |
| | Yes, the minor has the following type of coverage: Medicaid (Denali KidCare) TriCare (Military) Indian Health Serv Private Insurance: Other: No, because: | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

| 3. | Sc | hool and Job Training. | | | |
|----------------------|----|--|--|--|--|
| | a. | Does the minor go to school or job training? Yes. [List name of school, address, and phone number below.] No. [Explain why not below.] | | | |
| | b. | Describe the minor's school experience (grades, relationships, behavior): | | | |
| | c. | Describe any major changes in schooling or job training in the past 12 months: | | | |
| 4. | W | Vork and Recreational Activities. | | | |
| | a. | Is the minor employed? ☐ No. ☐ Yes. [List type of work, name of employer, address, phone, and how long employed.] ———————————————————————————————————— | | | |
| | b. | Describe recreational activities and hobbies the minor enjoys and how you help the minor to participate in these activities: | | | |
| | c. | Describe any major changes in employment or other activities in the past 12 months: | | | |
| 5. Contacts . | | ntacts. | | | |
| | a. | If the minor doesn't live with you, describe your contact with them in the past 12 months: [Include type of contact (in-person, mail, phone, video chat, social media, through a third person, etc.) and for each type of contact, how often it occurred.] | | | |
| | b. | Describe the minor's contacts with their parents in the past 12 months, including type (in-person, mail, phone, video chat, etc.) and how often it occurred: [If there has been no contact, explain why not below.] | | | |
| | | | | | |

| 6. | Government and Community Resources . Does the minor government agency (tribal, city, state, or federal) or community Name of Agency or Provider Type of Services Received | | | | | | |
|----|--|-----------|---------------|--|--|--|--|
| | · | | | | | | |
| 7. | Significant Events. Describe any significant events affecting the minor that happened during the past 12 months: | | | | | | |
| | | | | | | | |
| | E. Finances | | | | | | |
| 1. | Has a separate conservator been appointed for the minor? ☐ No. [Fill out section E] | | | | | | |
| | ☐ Yes. [You may skip questions 2-6 of this section.] | | | | | | |
| | Name of Conservator: | Phone: | | | | | |
| | Mailing Address: | | | | | | |
| 2. | Income. List all of the minor's income in the past 12 months. Do not list your own income | | | | | | |
| | <u>Income Source</u> | | <u>Amount</u> | | | | |
| | Wages/Salary: | | | | | | |
| | Government Benefits: | | | | | | |
| | Alaska Permanent Fund Dividend | | | | | | |
| | Native Corporation Dividend: | | | | | | |
| | Trust or Investment Income: | | | | | | |
| | Insurance Proceeds: | | | | | | |
| | Other: | | | | | | |
| | TOTAL MONTHLY INCOME | \$ | | | | | |
| 3. | Describe how any income above was spent, saved, or invested: | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 4. | Explain any major changes in the minor's income in the past 12 | ? months: | | | | | |
| | | | | | | | |
| | | | | | | | |

5. **Assets.** a. List all bank accounts or other financial instruments (for example: savings, college 529 plans, stocks, etc.) that the minor owns individually or jointly as of the date of this report: Name of Bank or Company/Institution Type of Account or Account No. Balance Financial Instrument b. List any real estate (land and buildings) or personal property that the minor owns individually or jointly with a value of \$1000 or more (for example: fishing permits, jewelry, collectibles, vehicles, etc.) as of the date of this report: Description of Item Location Value **TOTAL ASSETS** [Total value of all money & items in question 5] 6. Explain any major changes in the minor's assets in the past 12 months (for example: inheriting money or property, sale of a valuable item, etc.): 7. Do you get child support from the minor's parents? \square Yes, \$ per month. \square No. 8. Is the minor a beneficiary of any trusts? No or I don't know. Yes, Name of Trust: Name and Address of Trustee: If registered with a court, list trust registration no.: _____ State: _____ Is the minor receiving the benefits from the trust that the minor is supposed to receive? ☐ Yes. ☐ No. ☐ I don't know. Were there any changes to the trust arrangements/benefits in the past 12 months? ☐ No. ☐ Yes. [If yes, describe below.] 9. Are there any pending lawsuits involving the minor that you know about? \(\preceq\) No. \(\preceq\) Yes. [If yes, describe below.]

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 **Certificate of Service** I certify that I served a copy of this report and all of its attachments to: the minor (if age 14 or older) on _____ at ____ [date/time] by \square mail \square hand-delivery \square email the minor's parents (if living, and parental rights were not terminated) Parent A: on ______ at _____ [date/time] by \square mail \square hand-delivery \square email Parent B: _____ on ______ at _____ [date/time] by \square mail \square hand-delivery \square email ☐ the minor's conservator (if separate one appointed): _ on ______ at _____ [date/time] by \square mail \square hand-delivery \square email the following persons designated by court order: ☐ I could not give the report to a person who should get a copy, because: Guardian's Signature