

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

In the Matter of the Protective Proceeding of \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 \_\_\_\_\_ )  
 Protected Person (Respondent) \_\_\_\_\_ )  
 \_\_\_\_\_ )

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

**AFFIRMATION OF COMPLETION OF MANDATORY EDUCATION REQUIREMENT**

I affirm that I completed one hour or more of mandatory education on the basis of guardianship/conservatorship by completing one of the following: *[You are only required to do one of the options below, although you may do additional ones if you wish.]*

- On \_\_\_\_\_, 20 \_\_\_\_, I completed the online course "Guardianship and Conservatorship" produced by the Alaska Court System. I have attached my certificate.
- On \_\_\_\_\_, 20 \_\_\_\_, I read the booklet "Powers and Duties of Guardians and Conservators of an Adult" (form [PG-510](#)).
- On \_\_\_\_\_, 20\_\_\_\_, I attended the "Fundamentals of Adult Guardianship and Conservatorship" Zoom class by the Alaska Court System Guardianship Self-Help Department. I have attached my certificate.
- Other: \_\_\_\_\_  
*[The Court may ask you to provide documentation or clarification about how you completed this requirement.]*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian or Conservator

\_\_\_\_\_  
Printed Name

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Email

**File this form in court and provide a copy to the protected person, the protected person's lawyer (if currently represented), the court visitor (if still involved in the case), the petitioner (or petitioner's lawyer if represented), and all other persons the court ordered you to serve. Fill out the certificate below.**

<b>Certificate of Service</b>	
I certify that on _____ at _____ <i>[date/time]</i> , I <input type="checkbox"/> mailed <input type="checkbox"/> hand-delivered <input type="checkbox"/> emailed a copy of this document to: <input type="checkbox"/> Protected Person <input type="checkbox"/> Protected Person's Lawyer <input type="checkbox"/> Court Visitor <input type="checkbox"/> Petitioner/Petitioner's Lawyer <input type="checkbox"/> Other: _____	
Your signature: _____	