

ANNUAL CONSERVATORSHIP REPORT

Today's Date: _____

Court: _____

County: _____

City: _____

State: _____

Ward: _____

DOB: _____

Probate Docket No.: _____

Conservator: _____

Date Appointed: _____

1. Conservator

Name: _____

Address: _____

2. Ward

Name: _____

Address: _____

5. The last Conservatorship report was filed on _____.

6. Please describe the Ward's present physical and mental health.

7. Please explain why the Conservatorship was established. For example, to manage affairs for an elderly Ward or receive settlement proceeds for a minor child.

8. Are all or part of the Ward's living expenses paid by Conservatorship funds?
____ No ____ Yes (explain):

9. Is there presently a request before the Court to authorize expenditures over and above the ordinary care, support, and maintenance of the Ward, or change in monthly allowance? Please explain in detail on the attached sheet.

10. If the Ward is a minor child, are parental duties of support being fulfilled or are the minor Ward's living expenses paid by the Conservatorship? Please explain in detail on the attached sheet.

11. Have all income tax returns required in connection with the Ward been timely filed and any taxes shown due paid? If not, please explain in detail on the attached sheet.

12. Are any fees for services by the Conservator or attorney requested at this time? If so, please explain in detail showing computations used.

13. Has a surety bond for the Conservatorship been waived by the Court, or if bond is required, is it still in full force and effect?

Conservator

ACKNOWLEDGMENT AND VERIFICATION

STATE OF _____)
) ss
COUNTY OF _____)

On this ____ day of _____, 20____, before me personally appeared _____ to me personally known to be the person described in and who executed the foregoing Conservator’s Annual Report and Accounting, and who hereby swears that all statements made in the Annual Report and Accounting and all attachments and exhibits thereto are true and correct.

Notary Public

My Commission Expires:

Conservatorship of _____

DISBURSEMENTS:

<u>Date:</u>	<u>To Whom:</u>	<u>Purpose:</u>	<u>Amount:</u> \$
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TOTAL DISBURSEMENTS: \$ _____
(attach additional sheets if necessary)

Conservatorship of _____

SUMMARY:

Total Receipts \$ _____

Less
Total Disbursements \$ _____

Net \$ _____

Conservatorship of _____

This Conservatorship is for the following annual accounting period:

_____ to _____

RECEIPTS:

(please do not list opening bank balance)

Date:

Source:

Amount:

\$

TOTAL RECEIPTS

(attach additional sheets if necessary)

\$ _____