

**IN THE DISTRICT COURT OF THE FIRST JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF BONNER**

IN THE MATTER OF THE GUARDIANSHIP
AND CONSERVATORSHIP OF

,
an incapacitated and protected person.

Case No. CV

**CONSERVATOR'S ACCOUNTING
FOR ESTATES UNDER \$25,000.00
(I.C. 15-5-418)**

Fee Category: G.5.

Fee: \$50.00

APPLICATION

This reporting form may be used when the amount of funds on deposit as shown on the Inventory or the last accounting is less than \$25,000.00.

INSTRUCTIONS

The purpose of this report is to give the Court as complete a picture as possible of the protected/incapacitated person's current financial situation. **Your reports are due as follows: the first Accounting is due twelve (12) months**, from the date of your appointment. Reports are due **annually** thereafter on your appointment date **unless the Court orders a different schedule**.

Please type or print clearly, in black ink.

After completing this report, you must sign it, under oath (or affirmation) in the presence of a notary public or court clerk.

Keep a copy for your records.

REPORTING PERIOD – EXPLANATION

Is this your first accounting? Yes No

If yes, your beginning date will be the date you were appointed conservator for the protected/incapacitated person.

This report covers the dates beginning _____ and ending _____ . Complete all sections of this report.

If this is not your first report, the beginning date will be the same as the ending date reported on the prior report.

SECTION I – INFORMATION ABOUT THE CONSERVATOR AND PROTECTED PERSON

Ward’s Name _____

Ward’s Address _____

Conservator’s Name _____

Daytime Phone _____

Mailing Address _____
(box or street number) (City) (State) (Zip)

Email Address _____

Check here if this mailing address is new. If you change your address, please notify the Court.

If you are receiving compensation, is there a Court Order authorizing payment of fees?

Yes No I do not charge fees

1. Housing:

a. Has the protected/incapacitated person moved in the past year? Yes No

If yes, explain _____

2. Has a separate guardian been appointed for the protected/incapacitated person:

Yes No

Name of Guardian: _____

Address and Phone Number: _____

3. Significant Actions or Substantial Change of Circumstances: Describe any significant actions you have taken as conservator regarding the protected/incapacitated person's property and funds during the reporting period, or any substantial changes of circumstances. **List all assets that have been sold or otherwise disposed of and the details of the sale (attach supporting documentation).**

4. Money Controlled by Protected/Incapacitated Person: Does the protected/incapacitated person have sole control over any money:

Yes No If yes, please explain: _____

SECTION II – BALANCE OR AMOUNT ON DEPOSIT AT END OF LAST ACCOUNT

\$ _____

SECTION III – INCOME RECEIVED THIS PERIOD

Protected Person’s Income for the Reporting Period. Report only the income received by the ward. (List the total income of protected person during this reporting period, not your income.)

<u>Description of Each Income Source</u>	<u>Amount Received for this Reporting Period</u>
	<u>Income</u>
1. <u>Social Security Benefits</u>	\$ _____
a. <u>SSA</u>	\$ _____
b. <u>SSI</u>	\$ _____
2. <u>Veterans Financial Benefits</u>	\$ _____
3. <u>Other (describe)</u>	\$ _____
4. <u>TOTAL</u>	\$ _____

SECTION IV– EXPENSES

Protected Person’s Expenses for the Reporting Period. (Money paid to anyone on behalf of protected person or his/her legal dependents. Do not include your personal expenses. Attach extra pages if necessary. **Do not commingle your funds with those of the ward.** If there are shared expenses (because you or someone else is living with the ward), report only the part of the shared expenses for the ward.)

<u>Expense</u>	<u>Amount of Expense for this Reporting Period</u>
1. <u>Cost of Care or Residential Need</u>	\$ _____
2. <u>Personal Spending by Ward</u>	\$ _____
3. <u>Compensation Paid</u>	\$ _____
4. <u>Other</u>	\$ _____
5. <u>TOTAL</u>	\$ _____

SECTION V – CURRENT BALANCE ON DEPOSIT \$ _____
 (Attach Verification)

STATE OF IDAHO)
) ss:
County of)

_____, being duly sworn, states as follows:

That (s)he is the conservator in the foregoing action; that (s)he has read the Accounting, and that the facts therein stated are true to the best of his(her) knowledge.

Conservator's Signature

SUBSCRIBED AND SWORN TO before me this _____ day of _____ 20____.

Notary Public for Idaho
Residing at: _____
My Commission Expires: _____

CERTIFICATE OF MAILING

I certify that on the _____ day of _____ 20____, I gave a copy of this report and its attachments to the following:

- protected/incapacitated person

- protected/incapacitated person’s attorney or guardian ad litem (if currently representing protected/incapacitated person): _____

- parent or guardian with whom protected/incapacitated person resides (if any):

- protected/incapacitated person’s guardian (if a separate guardian has been appointed):

- the following person(s) designated by court order:

- other:

Conservator’s Signature