

STATE OF NORTH DAKOTA
COUNTY OF _____ IN DISTRICT COURT
JUDICIAL DISTRICT

IN THE MATTER OF THE CONSERVATORSHIP OF _____,
A PROTECTED INDIVIDUAL
Case No. _____

Conservator's Annual Report and Financial Accounting

Address of Individual: _____

City, State Zip: _____

Individual's age: _____ Phone number: _____

Conservator: _____

Address: _____

City, State Zip: _____

Phone and email: _____

TO THE ABOVE-NAMED PROTECTED INDIVIDUAL:

As a protected person, you have the right to petition the court to end this conservatorship at any time.

To the above-named Conservator:

The annual report is due within 30 days of this notice. Please complete this form and the Confidential Information form and file them with the Clerk of Court within 30 days or an Order to Show Cause hearing may be scheduled. Please attach additional pages as needed to fully report on the protected person's financial wellbeing. Fillable forms and instructions are available under "Self Help" at www.ndcourts.gov. (Share the Confidential Information form only with the court.)

NOTE: if the Social Security Administration, the Veteran's Administration, or similar agency has appointed another party as a representative payee or fiduciary for benefits, please complete this form for the assets that are in your control. Include a copy of the representative payee's or fiduciary's report(s) that are submitted on behalf of the protected person.

CONSERVATOR’S ANNUAL REPORT

As the named conservator for the above-named protected person, I/we report:

- 1. The individual's name, address, and telephone number are correctly listed above.
- 2. Name and address of co-conservators or guardian(s) of this protected person, if applicable:

- 3. Name, address and phone number of representative payee or other fiduciary, if applicable:

- 4. Describe any funds from the estate that have been spent on the care of the protected person’s spouse or dependents: _____

- 5. *Answer if the protected person is not a minor: (check one)*

I/We believe the conservatorship should continue because: _____

- OR -

I/We believe the conservatorship is no longer needed because: _____

- 6. *Answer if the protected person is a minor:*

All assets and income will be transferred to the protected person when the minor reaches majority. That event occurs on the minor’s birthday in this year: _____.

- 7. Comments on the financial wellbeing of the protected person. Summarize the financial decision-making authority you have exercised over the period, and include any concerns on financial stability, extraordinary circumstances, etc. (Attach additional pages as needed.)

FINANCIAL ACCOUNTING OF THE ESTATE

Report for the period from _____ / _____ / _____ **to** _____ / _____ / _____

1. Beginning checking account(s) balance: \$ _____

2. Income and deposits:

Wages/salary	\$ _____
Social Security	\$ _____
Pensions/annuities	\$ _____
Investments	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____

Add total of all deposits \$ _____

3. Expenses and withdrawals:

Rent/mortgage	\$ _____
Utilities	\$ _____
Groceries/food	\$ _____
Phone	\$ _____
Cable TV/internet	\$ _____
Medical	\$ _____
Personal needs	\$ _____
Conservator fees	\$ _____
Legal/professional fees	\$ _____
Other: _____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

Subtract total of all expenses/withdrawals \$ _____

4. Ending checking account(s) balance: \$ _____

5. Current asset listing:

Asset Description	Date Acquired if New	Value or Balance

6. **Assets disposed of since last report:** include the name of the person or company that received the asset, and the reasons for the disposal in the comments.

Asset Description and reason for disposal	Date of Disposal	Amount Received

7. **Mortgages, loans, creditors, other debt:**

Description	Value or Balance	Location

8. **Comments** on estate balances and transactions. Include the reasons why assets were disposed of, or why new assets were received, and explain new debt. (Attach additional pages as needed.)

9. The above is a complete and accurate accounting of financial matters which I/we have handled for this individual since the date of my/our last financial report. I/we will maintain receipts and financial documents for audit purposes. The undersigned certifies that a true and correct copy of this report was mailed by first class mail, or hand delivered to the following:

protected person	on date: _____
protected person's attorney	on date: _____
protected person's guardian	on date: _____
these interested person(s):	on date: _____

Note before signing: your signature(s) must be notarized. (A notary public is available at your district courthouse.)

Conservator: _____
Signature: _____ Date: _____
Conservator: _____
Signature: _____ Date: _____

For notary public:

State of _____

County of _____

Signed [or attested] before me on _____ by _____
(Date) (Individual(s) making statement)

Signature of notarial officer

[Stamp]

**IN THE MATTER OF THE CONSERVATORSHIP OF _____,
 A PROTECTED INDIVIDUAL**

Case No. _____

***The information on this form is confidential and must not be placed
 in a publicly accessible portion of a file.***

Confidential Information Form

Social Security numbers and birthdates are not required for employees of corporate guardianship or conservatorship companies; please report the company's contact information.

	NAME	BIRTHDATE, ADDRESS, and PHONE
Protected person		
Social Security Number:		
Conservator		
Social Security Number:		
Guardian or Conservator		
Social Security Number:		
	NAME	RELATIONSHIP, ADDRESS, and PHONE
Interested Person		
Interested Person		
Interested Person		
Interested Person		
Interested Person		

 Conservator's signature

 Date