
Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

IN THE DISTRICT COURT FOR THE _____ JUDICIAL DISTRICT
FOR THE STATE OF IDAHO, IN AND FOR THE COUNTY OF _____

IN THE MATTER OF THE ESTATE OF

an Incapacitated Person.

a Minor.

Case No. _____

CONSERVATOR'S ACCOUNTING
(I.C. 15-5-419)

Fee Category: G5
Fee: \$50.00

Instructions.

The purpose of this report is to give the Court as complete a picture as possible of the protected person's current financial situation.

1. Your reports are due as follows:
 - a. The first Accounting is due twelve (12) months from the date of your appointment.
 - b. Subsequent reports are due annually thereafter on your appointment date unless the Court orders a different schedule.
2. Please type or print clearly using black ink.
3. After completing this report, you must sign it, under oath (or affirmation) in the presence of a notary public or court clerk.
4. Keep a copy for your records.
5. Complete all sections of this report.

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 person.

This report covers the dates beginning _____ and ending _____.

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.

Protected Person's Name _____

Protected Person's Address _____

Conservator's Name _____ Daytime Phone _____

Mailing Address _____
(Address) (City) (State) (Zip)

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

Email Address _____

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 person moved in the past year? Yes No

If yes, explain _____

2. Has a separate guardian been appointed for the protected 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 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 and attach supporting documentation).

4. Money Controlled by Protected Person. Does the protected person have sole control over any money?

Yes No

If yes, please explain: _____

Section II – Income.

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

Description of Each Income Source	Amount Received for this Reporting Period
	Income
1. Social Security	\$ _____
a. Social Security Benefits	\$ _____
b. Social Security Disability Benefits	\$ _____
c. Supplemental Security Income Benefits (SSI)	\$ _____
2. Adult Public Assistance	\$ _____
3. Veterans Financial Benefits	\$ _____
4. Trust Income	\$ _____
5. Wages	\$ _____
6. Workman’s Compensation Benefits	\$ _____
7. Dividends	\$ _____
8. Interest Income	\$ _____

9. Tax Refund	\$ _____
10. a. Realized Gain on Asset	\$ _____
b. Realized Loss on Asset (to be subtracted from total on Line 16)	\$ _____
11. Rental Income	\$ _____
12. Pension	\$ _____
13. Annuity Income	\$ _____
14. Alimony or Child Support	\$ _____
15. Other (describe) _____	\$ _____
16. Total	\$ _____

Section III – 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 protected person. If there are shared expenses (because you or someone else is living with the protected person), report only the part of the shared expenses for the protected person.)

Expense	Amount of Expense for this Reporting Period
1. Nursing/Assisted Living Home	\$ _____
2. Rent Payment	\$ _____
3. Mortgage Interest Paid	\$ _____
4. Utilities	\$ _____
5. Cable/Satellite Television Service	\$ _____
6. Transportation	\$ _____
7. Medical Treatment Costs	\$ _____
8. Medications	\$ _____
9. Credit Card Interest Paid	\$ _____
10. Food	\$ _____
11. Clothing	\$ _____
12. Recreation or Entertainment	\$ _____
13. Personal Spending Allowance for protected person	\$ _____
14. Income Tax	\$ _____
15. Property Tax	\$ _____
16. Home/Property Maintenance Costs	\$ _____

- 17. Home Insurance \$ _____
- 18. Auto Insurance \$ _____
- 19. Medical Insurance \$ _____
- 20. Life Insurance \$ _____
- 21. Other Insurance \$ _____
- 22. Court Approved Gifts \$ _____
- 23. Other Gifts \$ _____
- 24. Child/Spousal Support \$ _____
- 25. Legal Fees \$ _____
- 26. Fees/Costs Paid to Conservator \$ _____
- 27. Fees/Costs Paid to Guardian \$ _____
- 28. Accounting Fees \$ _____
- 29. Court Costs \$ _____
- 30. Case Management \$ _____
- 31. Other (List all other payments made and provide explanation of expenses not listed above in excess of \$500.00.) \$ _____
- 32. Total \$ _____

Section IV – Assets.

Protected Person's Assets as of this Date.

1. Cash on hand (not in a financial institution and not in the protected person's possession)

Yes No Amount \$ _____

If answer is yes, why is cash kept on hand? _____

2. List all bank accounts, certificates of deposit, etc. (Attach verification of amounts listed.):

Name of Bank/Institution	Balance (Attach verification of amounts listed.)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

3. List all brokerage accounts including money market accounts, stocks, bonds, annuities, mutual funds, and other securities including IRAs and 401(K) plans. (Attach verification of amounts listed.)

Name of Company	Current Market Value (Attach verification of amounts listed.)
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

4. Life Insurance Policies. (List the policies the protected person owns.)

Name of Company and Face Value	Cash Value of Life Insurance
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

5. Real Estate that Protected Person Owns. (List land and buildings and attach copy of the most recent tax assessment.)

Address: _____

Type: Residential Rental Commercial Agricultural

Value type:

appraised value; county assessed value; initial value; **or**

other (explain) _____ \$ _____

Address: _____

Type: Residential Rental Commercial Agricultural

Value type:

appraised value; county assessed value; initial value; **or**

other (explain) _____ \$ _____

Address: _____

Type: Residential Rental Commercial Agricultural

Value type:

appraised value; county assessed value; initial value; **or**

other (explain) _____ \$ _____

Address: _____

Type: Residential Rental Commercial Agricultural

Value type:

appraised value; county assessed value; initial value; **or**

other (explain) _____ \$ _____

Total \$ _____

6. Vehicles. (List any cars, boats, snow machines, off-road vehicles, airplanes, etc.)

Make, Model & Year

Value

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

7. Other Personal Property. (List only items exceeding \$1,000.00 in value. Give details sufficient to allow a third party to identify them. Attach additional pages if necessary.)

Description of Item	Value
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

8. Total Assets at End of this Reporting Period. (The sum of all "Totals" reported in Section IV.)

\$ _____

Section V – Liabilities.

Protected Person's Liabilities as of this Date. (List all debts the protected person owes, including mortgages, loans, credit card debt, etc. Attach extra pages if necessary.)

1. Real Estate Debts.

Address of Property	Lender	Amount Owed
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

2. Other Loans.

Lender (Name & Address)	Purpose	Amount Owed
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total		\$ _____

3. Credit Cards.

Company (Name & Address)	Amount Owed
_____	\$ _____

_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

4. Judgment/Liens.

Judgment/Liens and Description	Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

5. Other Liabilities.

Description	Amount Owed
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

6. Total Liabilities Owed. (The sum of all "Totals" in Section V.)

\$ _____

Section VI – Net Asset Summary.

The Idaho Uniform Probate Code states that your Annual Report must balance the beginning and ending net assets with the income and expense received over the reporting period. Below are balancing calculations to make sure you are reporting information as specified in Idaho Code Section 15-5-419(b)(5).

Net Asset Value	Amount At This Report
A. Previous Report Ending Balance (or Beginning Inventory if this is a first Accounting)	\$ _____
B. Income (Section II, Line 15)	\$ _____
C. Less Expenses (Section III, Line 31)	\$ _____
D. Ending Balance (A + B – C = D)	\$ _____

E. Assets (Section IV, Line 8) \$ _____

F. Liabilities (Section V, Line 6) \$ _____

G. Net Asset Value (E – F = G) \$ _____

Line D must equal Line G; however, if it does not balance, attach a reasonably detailed analysis and statement of the reasons for such imbalance, and a reasonably detailed listing of the correcting entries necessary to balance such report, such as unrealized gains or losses on assets of the estate. (Please explain why Line D does not equal Line G. For instance, if an asset has increased in value but was not sold, or an asset has decreased in value, it may cause the figures to differ.)

Date: _____

 Conservator's Signature

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 the facts therein stated are true to the best of his(her) knowledge.

SUBSCRIBED AND SWORN before me on this _____ day of _____

 Notary Public for Idaho
 Residing at _____
 Commission expires _____

CERTIFICATE OF SERVICE

I certify that on (date) _____ I served a copy to: (name all parties in the case other than yourself)

- protected person
- protected person's attorney or guardian ad litem (if currently representing protected person):

- By mail
- By fax (number) _____
- By personal delivery
- Overnight delivery/Fed Ex

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

- protected person's guardian (if a separate guardian has been appointed):

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

- other:

Typed/printed name

Conservator's Signature