

Full Name of Party Filing Document

Mailing Address (Street or Post Office Box)

City, State and Zip Code

Telephone

Email Address (if any)

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

IN THE MATTER OF THE ESTATE OF

\_\_\_\_\_

an Adult.  
a Minor.

Case No. \_\_\_\_\_

Conservator's Accounting for Small  
Estates Under \$50,000

Fee Category: G5

Fee: \$ \_\_\_\_\_

### Application.

You can use this form if the person under conservatorship only has:

- 1 - Cash, checking and/or savings accounts with a combined balance less than \$50,000,  
AND
- 2 - Does not have personal belongings or collections that are worth more than \$2,000.

If the person under conservatorship has other assets not listed above, you must complete the conservator's accounting for large estates.

### Instructions.

The purpose of this report is to give the court as complete a picture as possible of the current financial situation for the person under conservatorship.

1. Your reports are due as follows:
  - a. The first report, called an inventory, is due within ninety (90) days of your appointment as conservator.
  - b. The second report, called an accounting, is due within 30 days after the anniversary date of your appointment, covering the first 12 months of your appointment.
    - Example: If you were appointed on March 3, 2023 your first accounting would be due April 3, 2024.
  - c. An accounting is due every year thereafter.
  - d. A final accounting is due within 30 days of your resignation, removal, or termination of the appointment.

2. Please type or print clearly using black ink.
3. After completing this report, you must sign it under penalty of perjury.
4. Keep a copy for your records.
5. Complete all sections of this report.
6. Provide all verification or records requested below and be prepared to provide additional verification that is not included with the report if requested by the court.

**Reporting Period.**

**Is this your first accounting?**

Yes                      No

If yes, this report covers the dates beginning on the date you were appointed and ending 12 months after the date you were appointed.

**If this is not your first accounting:**

This report covers the dates beginning \_\_\_\_\_ (ending date of last report) and ending \_\_\_\_\_ (12 months after last report).

**Is this the final report?**

Yes                      No

If yes, please attach the court order if available.

**SECTION 1 - Information About the Person Under Conservatorship.**

1. Person under conservatorship's name: \_\_\_\_\_

2. Person under conservatorship's physical address: \_\_\_\_\_

\_\_\_\_\_

3. Person under conservatorship's contact information:

Home number: \_\_\_\_\_

Cell: \_\_\_\_\_ Work number: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

4. Has a guardian also been appointed for the person under conservatorship?

Yes                      No

5. Name of guardian: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

6. Does the person under conservatorship have sole control over any money?

Yes                      No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

7. Has the person under conservatorship moved in the past year?

Yes                      No

If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

8. Describe any significant actions you have taken as conservator regarding the person under conservatorship's property and funds during the reporting period, or any substantial changes of circumstances. This includes any sale, gift, or loan of person under conservatorship's assets. Some actions may require court approval. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**SECTION 2 - Beginning Balance.**

Balance or Amount on Deposit at End of Last Reporting Period:    \$ \_\_\_\_\_

**SECTION 3 - Income Received This Period.**

Description of Each Income Source (Report only the income received by the person under conservatorship, not your income)		Amount Received This Reporting Period
Social Security		
	Social Security Benefits	\$
	Social Security Disability Benefits (SSD)	\$
	Supplemental Security Income Benefits (SSI)	\$
Veterans Financial Benefits		\$
Workers Compensation Benefits		\$
Other: _____ _____ _____		\$
<b>TOTAL</b>		<b>\$</b>

**SECTION 4 – Expenses.**

Description of Each Type of Expense (money paid to anyone on behalf of the person under conservatorship or on behalf of his/her legal dependents)	Amount of Expense This Reporting Period
Cost of Care or Residential Need	\$
Personal Spending by the Protected Person	\$
Compensation Paid	\$
Cable/Satellite/Phone/Internet	\$
Other: _____ _____ _____	\$
Total	\$

**SECTION 5 – Assets.**

1. Cash on hand (not in a financial institution and not in the person under conservatorship's possession and sole control.).

Yes                      No                                      Amount \$ \_\_\_\_\_

If answer is yes, why is cash kept on hand? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Bank accounts. (Attach verification of amounts listed.)

Name of Bank/Institution	Type of Account (Checking or Savings)	Value on Last Day of Reporting Period
		\$
		\$
		\$
		\$
TOTAL		\$

**SECTION 6 - Ending Balance.**

A. Previous Report Ending Balance (Section 2) (or Beginning Inventory if this is a first Accounting)	\$
B. Income (Section 3 Total)	\$
C. Less Expenses (Section 4 Total)	\$
D. Ending Balance (A + B – C = D)	\$

**SECTION 7 - Information About the Conservator.**

Please provide any additional information you think is important: \_\_\_\_\_

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Would you like an opportunity to discuss changing or terminating the conservatorship?

Yes                      No

If yes, please explain briefly: \_\_\_\_\_

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Would the person under conservatorship like an opportunity to discuss changing or terminating the conservatorship?

Yes                      No

If yes, please explain briefly: \_\_\_\_\_

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Are you a professional conservator providing conservatorship services for a fee and have rendered these services for three or more persons?

Yes                      No

If yes, please provide a copy of your most recent certification from the Center for Guardianship Certification.

**CERTIFICATION UNDER PENALTY OF PERJURY**

I certify under penalty of perjury pursuant to the law of the State of Idaho that the foregoing is true and correct.

The undersigned, \_\_\_\_\_, conservator of \_\_\_\_\_, the person under conservatorship, submits this accounting as required by Idaho law.

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
Conservator's Signature

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Street or Post Office Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email

Is this a change in address from your previous report?      Yes      No

**CERTIFICATE OF SERVICE**

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

Person under conservatorship

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

By e-mail: \_\_\_\_\_

By mail

By fax (number): \_\_\_\_\_

By personal delivery

Person under conservatorship's attorney  
and/or guardian ad litem (if currently  
representing protected person):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

By e-mail: \_\_\_\_\_

By mail

By fax (number): \_\_\_\_\_

By personal delivery

Parent or guardian with whom person under  
conservatorship resides (if any):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street or Post Office Address)

\_\_\_\_\_  
(City, State, and Zip Code)

By e-mail: \_\_\_\_\_

By mail

By fax (number): \_\_\_\_\_

By personal delivery

the following person(s) designated by court  
order:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By e-mail: \_\_\_\_\_

By mail

By fax (number): \_\_\_\_\_

By personal delivery

other:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

By e-mail: \_\_\_\_\_

By mail

By fax (number): \_\_\_\_\_

By personal delivery

\_\_\_\_\_  
Printed/Typed Name

\_\_\_\_\_  
Conservator's Signature