
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 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 \$1,000.

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 of the anniversary date of your appointment, covering the first 12 months of your appointment.
 - 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.

Reporting Period.

This accounting covers the dates beginning _____ (date appointed conservator or ending date of last accounting) and ending _____ (12 months after beginning date).

Is this the final accounting?

- Yes No

If yes, please attach the court order if available.

SECTION I - Information About The Person Under Conservatorship.

1. Person under conservatorship's name: _____

2. Person under conservatorship's physical address: _____

3. Person under conservatorship's telephone number(s):
Residence: _____
Cell: _____ Work: _____
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. Significant Actions or Substantial Change of Circumstances: 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.

SECTION II - Beginning Balance.

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

SECTION III - 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)	\$
Workers Compensation Benefits		\$
Veterans Financial Benefits		\$
Other (describe) _____ _____		\$
TOTAL		\$

SECTION IV – 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 Television Service	\$
Other Expenses Over \$500.00 (describe) _____ _____	\$
Total	\$

SECTION V – 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 VI- Ending Balance.

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

SECTION VII - Information About The Conservator.

Please provide any additional information you think is important: _____

Certification – Must Complete

I certify (or declare) 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

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

Person under conservatorship's attorney and/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 person under conservatorship resides (if any):

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

the following person(s) designated by court order:

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

other:

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

Printed/Typed Name

Conservator's Signature