
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 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

Fee Category: G5

Fee: \$ _____

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.
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SECTION II - Income.

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)	\$
Aid To Aged, Blind And Disabled (AABD)		\$
Veterans Financial Benefits		\$
Trust Income		\$
Wages		\$
Worker's Compensation Benefits		\$
Dividends Paid Into A Bank Account		\$
Interest Income Paid Into A Bank Account		\$
Refunds		
	Tax Refunds	\$
	Insurance Refunds	\$

Other Refunds (explain) _____ _____	\$
Realized Gain/Loss On Sale Of Asset	\$
Rental Income	\$
Pension	\$
Annuity Income	\$
Alimony Or Child Support	\$
Inheritance And Gifts Received	\$
Sale Of Personal Property Not Listed On Inventory	\$
IRA Distributions	\$
Other (describe) _____ _____	\$
TOTAL	\$

SECTION III - 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
Nursing/Assisted Living Home/In-Home Care	\$
Rent Payment	\$
Mortgage Payment	

	Mortgage Interest	\$
	Mortgage Escrow	\$
	Home Insurance If Not Paid By Escrow Account	\$
	Property Tax If Not Paid By Escrow Account	\$
Utilities (Gas, Electric, Water And Sewer)		\$
Cable/Satellite Television Service (TV And Computer)		\$
Cell And Other Phone Service		\$
Transportation		\$
Medical Treatment Costs Not Paid By Insurance		\$
Medications Not Paid By Insurance		\$
Credit Card Payments		\$
Food		\$
Clothing		\$
Recreation Or Entertainment		\$
Personal Spending Allowance		\$
Income Tax - Combined Federal And State		
	Estimated Payments During Year	\$
	Additional Tax Paid With Return Or After Audit	\$
Home/Property Maintenance Costs		\$
Insurance		

	Auto Insurance	\$
	Medical Insurance	\$
	Life Insurance	\$
	Other Insurance (Long Term Care, Etc.)	\$
Court Approved Gifts		\$
Other Gifts		\$
Child/Spousal Support		\$
Legal Fees		\$
Fees/Costs Paid To Conservator		\$
Fees/Costs Paid To Guardian		\$
Accounting Fees		\$
Court Costs		\$
Case Management		\$
Other Expenses Over \$500.00 (describe)		
_____		\$

TOTAL		\$

SECTION IV – 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 (Examples: checking, savings, certificates of deposit, etc.)	Value On Last Day Of Reporting Period
		\$
		\$
		\$
		\$
TOTAL		\$

3. **Investment Accounts.** (Attach verification of amounts listed.)

Name Of Bank/Institution	Type Of Account (Examples: money market accounts, stocks, bonds, IRAs, 401(k) plan, etc.)	Value On Last Day Of Reporting Period
		\$
		\$
		\$
TOTAL		\$

4. **Life Insurance Policies.** (Attach verification of amounts listed.)

Name Of Bank/Institution	Type Of Insurance (Examples: whole, term or universal, etc.)	Cash Value On Last Day Of Reporting Period
		\$
		\$
TOTAL		\$

5. Real Estate. (Attach verification of amounts listed.)

Address And Type Of Property (Examples: residential, rental, commercial or agricultural)	Method For Determining Value (Examples: appraisal, tax assessment, market value, etc.)	Current Market Value
		\$
		\$
		\$
		\$
TOTAL		\$

6. Vehicles.

Make, Model, And Year (List all cars, boats, snow machines, etc.)	Current Market Value	
	\$	
	\$	
	\$	
TOTAL		\$

7. Other Property Not Listed Above. (Attach additional pages if necessary.)

Detailed Description Of Item Or Collection (Only list items or collections that are worth more than \$1,000.00)	Method For Determining Value (Examples: appraisal, market value, etc.)	Current Market Value
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

8. Total Value Of Assets Listed Above. (The sum of all "TOTALS" reported in Section IV)

SUM TOTAL \$

SECTION V – Debts.

1. Real Estate Debts. (Attach verification of amounts listed.)

Address Of Property	Type Of Property (examples: residential, rental, commercial or agricultural)	Amount Owed On Last Date Of Reporting Period
		\$
		\$
		\$
TOTAL		\$

2. Other Loans. (Attach verification of amounts listed.)

Lender Name	Purpose Of Loan (Examples: automobile loan or personal payday loan, etc.)	Amount Owed On Last Date Of Reporting Period
		\$
		\$
		\$
TOTAL		\$

3. Credit Cards. (Attach verification of amounts listed.)

Company Name And Address	Amount Owed On Last Date Of Reporting Period	
	\$	
	\$	
	\$	
TOTAL		\$

4. Judgments. (Attach verification of amounts listed.)

Judgment Description	Amount Owed On Last Date Of Reporting Period	
	\$	
	\$	
TOTAL		\$

5. Other Liabilities/Debts. (Attach verification of amounts listed.)

Description	Amount Owed On Last Date Of Reporting Period
	\$
	\$
	\$
TOTAL	\$

6. Total Amount Owed By Person Under Conservatorship. (The sum of all "TOTALS" reported in Section V.)

SUM TOTAL	\$
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7. Explain any relationship between the conservator and any creditor listed in any section above: _____

8. Explain any relationship between the person under conservatorship and any creditor listed in any section above: _____

SECTION VI - Net Asset Summary.

A. Previous Report Ending Balance (Or Beginning Inventory If This Is A First Accounting)	\$
B. Income (Section II Total)	\$
C. Less Expenses (Section III Total)	\$
D. Ending Balance (A + B – C = D)	\$
E. Assets (Section IV Sum Total)	\$
F. Less Debts (Section V Sum Total)	\$

G. Net Asset Value (E-F)	\$
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Line D should equal Line G. If it does not balance attach a reason explaining the imbalance. An example of why Line D does not equal Line G may be a change in the value of a reported asset during the year. Double check you accurately transferred all the totals from above to the summary section.

SECTION VII - Information About The Conservator.

Please provide any additional information you think is important: _____

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

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

Typed/Printed Name

Conservator's Signature