

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: _____ Individual's Phone number: _____

Conservator: _____

Address: _____

City, State Zip: _____

Phone and email: _____

TO THE ABOVE-NAMED PROTECTED INDIVIDUAL:

As a protected individual, you have the right to petition the court to modify, limit, or end this conservatorship at any time.

TO THE ABOVE-NAMED CONSERVATOR(S):

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 individual's financial wellbeing. Fillable forms and instructions are available under at ndcourts.gov by clicking on the "Legal Self Help & Forms" link. (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(s) for the above-named protected individual, I/we report:

- 1. The protected individual’s name, address, and telephone number are correctly listed above.
- 2. Name and address of co-conservators or guardian(s) of this individual, 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 individual’s spouse or dependents: _____

- 5. (Checkmark 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 individual is a minor (write “N/A if **not** a minor):

All assets and income will be transferred to the protected individual 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 individual. 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 listed in Paragraph 2 \$ _____

3. Expenses and withdrawals:

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

Subtract total of all expenses/withdrawals listed in Paragraph 3 \$ _____

4. Ending checking account(s) balance (Paragraph 2 minus Paragraph 3):\$ _____

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. **Interested Persons:** List the names and current addresses of each interested person listed in the order appointing you conservator(s). _____

10. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Conservator's Annual Report and Financial Accounting is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ (state), _____ (country).

(Signature of Conservator)

(Printed Name of Conservator)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)

*You may use this form if you need additional space to complete your answer(s) on the Conservator's Annual Report & Financial Accounting. **Write only on the front.** Attach the completed additional information form(s) to the Annual Report **before filing.***

IN THE MATTER OF THE CONSERVATORSHIP OF _____.

Case No. _____

Additional Information for Conservator's Annual Report & Financial Accounting

The following additional information is for paragraph number _____ on page _____ of the Conservator's Annual Report & Financial Accounting:

The following additional information is for paragraph number _____ on page _____ of the Annual Financial Accounting component of the Guardianship Annual Report:

The following additional information is for paragraph number _____ on page _____ of the Annual Financial Accounting component of the Guardianship Annual Report:

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_____, **A PROTECTED INDIVIDUAL.**

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CONFIDENTIAL INFORMATION FORM

The information on this form is confidential and must not be placed in a publically accessible portion of a file. Social Security numbers and birthdates aren't required for company employees; list the company's contact information.

FULL INFORMATION

REDACTED INFORMATION

PROTECTED PERSON:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

CONSERVATOR:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

CO-CONSERVATOR:

Name: _____

Date of Birth: _____

Social Security #: _____

Year of Birth: _____

XXX-XX-_____

FINANCIAL ACCOUNT NUMBERS:

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

FULL INFORMATION

REDACTED INFORMATION

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

Name of Account: _____

Account Number: _____

Last 4 Digits: _____

TAXPAYER ID NUMBER:

Name: _____

ID Number: _____

Last 4 Digits: _____

Dated _____

(Signature)

(Printed Name)

(Address)

(City, State, Zip Code)

(Telephone Number)

(Email)

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DECLARATION OF SERVICE BY MAIL

(May serve multiple persons ONLY IF envelopes are mailed same day from same Post Office.)

The person serving court documents by mail states:

1. My name is _____ *(name of person who mailed documents)*. I am at least 18 years of age.

2. **List of Court Documents Served** *(checkmark the box of each item served. If you have additional documents, checkmark the box and list the document):*

- Conservator's Annual Report and Financial Accounting
- _____
- _____
- _____
- _____

3. **Service by Mail:**

I served a true and correct copy of each of the court documents listed in Paragraph 2 by mailing them, enclosed in an envelope, by Certified Mail (OR) First-Class mail *(choose one)*, postage prepaid, and by depositing them in the United States Mail, directed to each person listed in Paragraph 5.

4. **Date and Post Office Location of Service by Mail:**

Date Court Documents Were Served by Mail: _____

United States Post Office Location:

(city)

(county)

(state)

Person or Persons Served by Mail:

1. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
2. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
3. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____
4. Name of Person Served: _____
Mailing Address: _____
City, State, Zip Code: _____

5. I declare, under penalty of perjury under the law of North Dakota, that everything I stated in this Declaration of Service by Mail is true and correct.

Signed on _____ (date) in _____ (city),
_____ (county), _____ state), _____ (country).

(Signature)

(Printed Name)

(Address) (City, State, Zip Code)

(Telephone Number) (Email Address)