

\_\_\_\_\_  
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

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 after the anniversary date of your appointment, covering the first 12 months of your appointment.  
Example: If you were appointed on March 3, 2019, your first accounting would be due April 3, 2020.
  - 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 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 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.

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**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		\$
Trust Income		\$
Wages		\$
Worker's Compensation Benefits		\$
Dividends		\$
Interest Income		\$
Refunds		
	Tax Refunds	\$
	Other Refunds (explain) _____ _____ _____	\$
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 _____ _____ _____	\$
TOTAL	\$

**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
Nursing/Assisted Living Home/In-Home Care	\$
Rent Payment	\$
Mortgage Payment(s)	\$
Property Insurance Not Paid Through Mortgage	\$
Property Tax Not Paid Through Mortgage	\$
Utilities (Gas, Electric, Water and Sewer)	\$
Cable/Satellite/Phone/Internet	\$
Transportation	\$
Health Care Costs Not Paid by Insurance	\$
Medications or Supplies 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	\$
	Attorney Fees-attach verification	\$
	Fees/Costs Paid to Court Appointed Visitor-attach verification	\$
	Fees/Costs Paid to Conservator-attach verification	\$
	Fees/Costs Paid to Guardian-attach verification	\$
	Accounting Fees-attach verification	\$
	Court Costs	\$
	Case Management	\$
	Other Expenses _____ _____ _____	\$
	<b>TOTAL</b>	\$

**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 (Examples: checking, savings, certificates of deposit, etc.)	Value on Last Day of Reporting Period
		\$
		\$
		\$
		\$
	<b>TOTAL</b>	\$

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 5.)

SUM TOTAL \$

**SECTION 6 – 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 6.)

SUM TOTAL \$

7. Explain any family or close relationship between the conservator and any creditor listed in any section above: \_\_\_\_\_

\_\_\_\_\_

8. Explain any family or close relationships between the person under conservatorship and any creditor listed in any section above: \_\_\_\_\_

\_\_\_\_\_

**SECTION 7 - Net Asset Summary.**

A. Previous Report Ending Balance (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)	\$

Double check that you accurately transferred all the totals from above to the summary section.

**SECTION 8 – Additional Information.**

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

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

Yes                      No

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

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

Yes                      No

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

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

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Street or Post Office Address

---

City, State and Zip Code

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Telephone Number(s)

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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