

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____		
<b>In the Interest of:</b>  <b>Protected Person</b>		<b>▲ COURT USE ONLY ▲</b>
Attorney or Party Without Attorney (Name and Address): _____  Phone Number: _____      E-mail: _____ FAX Number: _____      Atty. Reg. #: _____		<b>Case Number:</b> _____  Division _____      Courtroom _____

**CONSERVATOR'S REPORT     ADULT     MINOR**

ANNUAL REPORT     AMENDED REPORT  
 CURRENT REPORTING PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_  
 (MM/DD/YYYY)      (MM/DD/YYYY)

INTERIM REPORT DUE ON \_\_\_\_\_       FINAL REPORT  
 If Final Report, indicate why:     Protected Person deceased     Minor turned 21     Judicial Order

**PART A: CONTACT INFORMATION**

**Protected Person's Information:**       Check if Updated Information from last Report

**Name:** \_\_\_\_\_ **Age/Date of Birth:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

(Include Name of Living Center or Nursing Home)

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Mailing Address, if different:** \_\_\_\_\_

**Telephone-Primary Phone Number:** \_\_\_\_\_ **Alternate Phone:** \_\_\_\_\_

**Last 4 digits of Social Security #** \_\_\_\_\_

**Conservator's Information:**       Check if Updated Information from last Report

**Name:** \_\_\_\_\_ **Age/Date of Birth:** \_\_\_\_\_

**Last 4 digits of Social Security #** \_\_\_\_\_

**NOTE:** Agency designees and professional fiduciaries need not provide their DOB or last 4 digits of their SSN.

**Occupation:** \_\_\_\_\_ **Your Relationship to Protected Person:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Mailing Address, if different:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Primary Phone/Telephone Numbers: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Alternate Phone: Cell** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last report?     Yes     No

If Yes, explain: \_\_\_\_\_

**Co-Conservator's Information:** (if applicable)  **Check if Updated Information from last Report**

**Name:** \_\_\_\_\_ **Date of Birth/Age:** \_\_\_\_\_

**Last 4 digits of Social Security #** \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Protected Person: \_\_\_\_\_

**Street Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_ **E-Mail Address:** \_\_\_\_\_

**Mailing Address, if different:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Primary Telephone Numbers:** Home \_\_\_\_\_ **Alternate Phone: Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last report?  Yes  No

If Yes, explain: \_\_\_\_\_

**\*\*\* Notice to Interested Persons:** Interested persons have the responsibility to protect their own rights and interests within the time and in the manner provided by the Probate Code, including the appropriateness of disbursements, the compensation of fiduciaries, attorneys, and others, and the distribution of estate assets. Interested persons may file an objection with the **cCourt**. The **cCourt** will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

**PART B: CONSERVATORSHIP ISSUES**

1. Is there a continued need for the **cConservatorship**?  **Yes**  **No** If **No**, describe why and what steps should be taken. If you would like the **cCourt** to take action, you *must* file a motion with the **cCourt**.

\_\_\_\_\_  
\_\_\_\_\_

2. Are the remaining assets in the estate sufficient to provide for the present and future care of the protected person?  **Yes**  **No** If **No**, describe why and what steps should be taken. If you would like the **cCourt** to take action, you *must* file a motion with the **cCourt**.

\_\_\_\_\_  
\_\_\_\_\_

3. Should there be a change in scope of the **cConservatorship**?  **Yes**  **No** If **Yes**, describe why and what steps should be taken. If you would like the **cCourt** to take action, you *must* file a motion with the **cCourt**.

\_\_\_\_\_  
\_\_\_\_\_

4. **Attach a copy of the bBond to this rReport, unless the bBond was waived or not required by the cCourt.** What is the amount of the **bBond**? \$ \_\_\_\_\_. Is the amount of the **bBond** sufficient to cover all unrestricted assets?  **Yes**  **No** If **No**, describe why and what steps should be taken. If you are requesting a change to the **bBond**, you *must* file a motion with the **cCourt**.

\_\_\_\_\_  
\_\_\_\_\_

**INSTRUCTIONS ON HOW TO COMPLETE THIS FORM**

The Conservator's Report must be filed annually pursuant to §15-14-420, C.R.S. Part C of this report concerns the information necessary to satisfy the court that the **c**Conservator has maintained a complete accounting of all financial transactions and managed the **p**Protected **p**Person's estate responsibly.

**Step 1** is a financial transaction detail and should be completed for each bank or investment account. A spreadsheet or report from personal accounting software may also be submitted in lieu of completing the transaction detail.

**Steps 2 and 3** summarize the income and expense for the reporting period and compare those amounts to the previous period or the Financial Plan. Explain the cause for any changes between the current period amounts and amounts from the prior period or the Financial Plan.

**Step 4** reports additional detail for fees paid to professionals including the hourly rate, number of hour worked, and description of services provided.

**Steps 5 and 6** summarize assets and liabilities as of the reporting date and compare those amounts to the previous period or the Inventory. In addition to explaining the cause for any changes between the current period amounts and amounts from the prior period or the Inventory, provide specific detail regarding any asset purchases or sales.

**Step 7** is a summary. Transfer the respective income and expense totals from Steps 2 and 3 as well as the asset and liability totals in steps 5 and 6 to the appropriate lines in Step 7 to calculate the net income and net worth.

**Part C: FINANCIAL INFORMATION**

**Step 1: Detail Listing of Receipts/Income and Disbursements/Expenses**

**Complete this Detail for all bank accounts.** Make additional copies of this form as necessary. Alternatively, Check Register form JDF 871, a spreadsheet, or a report from personal accounting software may be attached. Please list all transactions, including Income (deposits) and Expenses (withdrawals), for the entire reporting period. Each Receipt/Income item should be listed in the Amount Received column and each Disbursement/Expense item should be listed in the Amount Disbursed column. **\*\* Note:** This report should resemble a check register for each bank account.

**Name of Bank:** \_\_\_\_\_ **Account Number (last 4-digits only):** \_\_\_\_\_

<b>Date</b>	<b>Check or I.D. No.</b>	<b>Description of item Received or Disbursed, include Name of Payee (if Disbursement)</b>	<b>Amount Received</b>	<b>Amount Disbursed</b>

Page _____ of _____			\$	\$
May continue entries on Check Register Form JDF 871				

Check here if additional detailed spreadsheets are attached to this report.

**Individual Bank Account Summary**

**Beginning Cash Balance** \$ \_\_\_\_\_ (Balance from prior year Report or Inventory)  
**Add: Total Amount of Income** + \$ \_\_\_\_\_ (Total Income received from detail above)  
**Add: Total Amount Received as Transfer** + \$ \_\_\_\_\_ (Total transferred from other bank accounts)  
**Less: Total Amount Disbursed** - \$ \_\_\_\_\_ (Total disbursements from detail above)  
**Less: Total Amount Transferred out** - \$ \_\_\_\_\_ (Total transfers moved to other accounts)

**Ending Cash Balance** = \$ \_\_\_\_\_ (Transfer this account balance to Step 5.)  
(This will be the beginning balance on next year's report)

**Step 2: Receipts and Income**

**Column A:** Is this the first annual Conservator's Report filed?  Yes  No

If **Yes**, use the amounts from the Inventory with Financial Plan (JDF 882) to complete Column A that is marked with an asterisk (\*) below. If **No**, use the amounts from the prior Conservator's Report filed to complete Column A that is marked with an asterisk (\*) below.

**Column B:** Transfer all individual income category totals from completed Detail Listing in Step 1 or attached spread sheet.

**Column C:** Calculate and record the difference between Column A and Column B.

<b>Description of Receipt/Income Category</b>	<b>Column A</b> *Total Amount of Receipts / Income from <input type="checkbox"/> <b>Prior</b> Reporting Period or <input type="checkbox"/> Financial Plan	<b>Column B</b> Total Amount of Receipts / Income for <b>Current</b> Reporting Period	<b>Column C</b> <b>Change</b> in Amount of Receipt/ Income  <i>Indicate +/-</i>
Wages			
Social Security			
Interest / Dividends			
Pensions / Retirement Plan Distributions			
Tax Refunds			
Proceeds from Sales of Assets			
Rental Income			
Gifts from Others			
Disability, Unemployment or Worker's Compensation			

<a href="#">Other Public Assistance</a>			
<a href="#">Other Receipts / Income (Please list)</a>			
<a href="#">Asset Not Previously Reported</a>			
<a href="#">Business Income</a>			
<a href="#">Court Order Repayment</a>			
<a href="#">Disability, Unemployment, or Worker's Comp</a>			
<a href="#">Distribution - Annuity</a>			
<a href="#">Distribution – Pension/Retirement Plan</a>			
<a href="#">Distribution – Trust</a>			
<a href="#">Farm/Ranch Income</a>			
<a href="#">Gifts from Others</a>			
<a href="#">Inheritance</a>			
<a href="#">Insurance Settlement/Benefit</a>			
<a href="#">Interest/Dividends</a>			
<a href="#">Loan Repayment</a>			
<a href="#">Oil/Gas/Mineral Royalties</a>			
<a href="#">Other Public Assistance</a>			
<a href="#">Other Receipts/Income</a>			
<a href="#">Proceeds from Sale of Assets</a>			
<a href="#">Rental Income</a>			
<a href="#">Reverse Mortgage Payment</a>			
<a href="#">Social Security</a>			
<a href="#">Tax Refunds</a>			
<a href="#">VA Benefits</a>			
<a href="#">Wages</a>			
<b>TOTALS (Move to Step 7)</b>			

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**Have Total Receipts/Income in Column B changed from the Prior Reporting Period or Financial Plan totals in Column A ? Yes No**

If **Yes**, explain the changes below. Please include a description of any changes or unanticipated transactions. If income and expenses are anticipated to differ going forward, it may be necessary to file an Amended Inventory with Financial Plan and Motion for Approval (JDF 882) or a separate petition for approval with the court.

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**Step 3: Disbursements/Expenses**

**Column A:** Use the amounts from the Inventory with Financial Plan (JDF 882) or from the prior Conservator’s Report filed to complete Column A that is marked with an asterisk (\*) below.

**Column B:** Transfer all individual expense category “totals” from completed Detail Listing in Step 1 or attached spread sheet.

**Column C:** Calculate and record the difference between Column A and Column B.

<b>Description of Disbursement / Expense Category</b>  List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)	<b>Column A</b> *Total Amount of Disbursement / Expense from <input type="checkbox"/> <b>Prior</b> Reporting Period or <input type="checkbox"/> Financial Plan	<b>Column B</b> Total Amount of Disbursement / Expense for <b>Current</b> Reporting Period	<b>Column C</b> <b>Change</b> in amount of Disbursement/Expense  Indicate +/-
<a href="#">Total Professional Fees and Costs Paid (From Step 4) Assisted Living/Care Facility</a>			
<a href="#">Automobile-Insurance</a>			
<a href="#">Automobile-Loan Payments</a>			
<a href="#">Distributions to Protected Person Auto – Registration/Other</a>			
<a href="#">Income Taxes Auto – Repairs/Maint/Fuel</a>			
<a href="#">FICA and Medicare Taxes Bank/Investment Account Fees</a>			
<a href="#">Health Care (include insurance &amp; medication) Caregiver/In-Home Provider</a>			
<a href="#">Other Insurance Charitable Contributions</a>			
<a href="#">Rent or Mortgage Clothing</a>			
<a href="#">Debt Repayment (excluding CC)</a>			
<a href="#">Property Taxes and Assessments Distributions - Protected Person</a>			
<a href="#">Repairs and Maintenance Education/Tuition/Student Loan</a>			
<a href="#">Utilities, including phones Entertainment/Movies</a>			
<a href="#">Home Furnishings Farm/Ranch Expense</a>			
<a href="#">Clothing Fees – Accountant/CPA</a>			
<a href="#">Personal Care Fees – Conservator – Non-Prof</a>			
<a href="#">Auto Expenses Fees – Conservator-Prof</a>			
<a href="#">Education Fees – Court Visitor</a>			
<a href="#">Entertainment, Vacations and Travel Fees – Guardian – Non-Prof</a>			
<a href="#">Gifts Fees – Guardian - Prof</a>			
<a href="#">Other Disbursements/Expenses (Please list) Fees – Guardian Ad Litem (GAL)</a>			
<a href="#">Fees-Investment Acct Management</a>			
<a href="#">Fees – Legal for Conservator</a>			

<a href="#">Fees – Legal for Guardian</a>			
<a href="#">Fees – Legal for GAL</a>			
<a href="#">Fees – Legal for Protected Person</a>			
<a href="#">Fees – Other Professional</a>			
<a href="#">Funeral</a>			
<a href="#">Gifts</a>			
<a href="#">Groceries/Hygiene/Household</a>			
<a href="#">HOA Fees</a>			
<a href="#">Hobbies</a>			
<a href="#">Home Furnishings</a>			
<a href="#">Insurance – Home/Renter</a>			
<a href="#">Insurance – Life</a>			
<a href="#">Insurance – Long Term Care</a>			
<a href="#">Insurance – Other</a>			
<a href="#">Loan Interest</a>			
<a href="#">Loans</a>			
<a href="#">Medical-Doctor/Prof/Hospital</a>			
<a href="#">Medical Furnishings/Supplies</a>			
<a href="#">Medical-Insurance</a>			
<a href="#">Medical-Medicab/Transportation</a>			
<a href="#">Medical-Medications</a>			
<a href="#">Medical-Other</a>			
<a href="#">Mortgage</a>			
<a href="#">Moving Expenses</a>			
<a href="#">Other Disbursement/Expense</a>			
<a href="#">Pet Care</a>			
<a href="#">Property Repairs/Maintenance</a>			
<a href="#">Rent</a>			
<a href="#">Restaurants/Dining Out</a>			
<a href="#">School Supplies</a>			
<a href="#">Services – Cleaning</a>			
<a href="#">Services – Personal Care</a>			
<a href="#">Subscriptions/Dues</a>			
<a href="#">Taxes – FICA and Medicare</a>			
<a href="#">Taxes – Income</a>			
<a href="#">Taxes – Property and Assessments</a>			
<a href="#">Transportation</a>			
<a href="#">Travel/Vacations</a>			
<a href="#">Utilities (Including Phone/Cell)</a>			
<b>TOTALS (Move these totals to Step 7)</b>			

**Step 4: Conservator, Guardian, and Professional Fees Detail**

List all **conservators, guardians, and professionals** paid. Include the hourly rate, number of hours worked, fees and costs, as well a description of the services provided and the benefit to the estate.

Name of <u>Conservator, Guardian, and Professional</u>	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Services Provided and Benefit to the Estate
<u>Account Management - Professional</u>					
<u>Accountant/CPA</u>					
<u>Conservator - Non-Professional fees</u>					
<u>Conservator - Professional</u>					
<u>Court Visitor</u>					
<u>Guardian - Non-Professional fees</u>					
<u>Guardian - Professional</u>					
<u>Guardian ad litem</u>					
<u>Legal Fees - for Conservator Protected Party</u>					
<u>Legal Fees - for Conservator Guardian</u>					
<u>Legal Fees - for GAL Guardian</u>					
<u>Legal Fees - for GAL Protected Person</u>					
<u>Other Professional Fees Accountant / CPA</u>					
<u>Other:</u>					
<b>TOTAL (Fees and Costs) (Move these totals to Step 3)</b>					

Have Total Disbursements/Expenses in Step 3, Column B  Increased or  Decreased from the Prior Reporting Period or Financial Plan in Step 3, Column A?

Explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

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<b>Description of Liability/Debt</b> (Identify all accounts)	<b>Column A</b> Account Number (last 4-digits only)	<b>Column B</b> Name of Financial Institution	<b>Column C</b> * Balance Due on Last day of <input type="checkbox"/> <b>Prior</b> Reporting Period or <input type="checkbox"/> Inventory	<b>Column D</b> Balance Due on Last Day of of <b>Current</b> Reporting Period	<b>Column E</b> <b>Change</b> in Amount of Liability  <i>Indicate +/-</i>
Mortgages (principal due only)					
<a href="#">Car/Auto</a> Loans					
<a href="#">2<sup>nd</sup> Mortgage</a> /Home Improvement <a href="#">Loans</a>					
Student Loans/Tuition					
<a href="#">Reverse Mortgage</a>					
<a href="#">HELOC</a>					
Credit Card Debt					
Federal Taxes Owed					
State <a href="#">and</a> / Local Taxes Owed					
Other <a href="#">Loan</a> /Liabilities/Debts					
<b>TOTALS (Move these totals to Step 7)</b>					

**Have Total Liabilities/Debts changed from the last day of the Prior Reporting Period or Inventory?**

**Yes**  **No** If **Yes**, explain the changes below. Please include a description of any changes or unanticipated transactions. A separate petition for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.

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**Step 7: Summary**

**Summary of Financial Activity**

	<b>*Prior Reporting Period (or Financial Plan)</b>	<b>Current Reporting Period</b>
(A) Total Receipts/Income from Step 2	\$ _____	\$ _____
(B) Total Disbursements/Expenses from Step 3	\$ _____	\$ _____
<b>(A) minus (B) = Net Income</b>	<b>\$ _____</b>	<b>\$ _____</b>

**Summary of Net Worth  
Fair Market Value of Assets Minus Liabilities/Debts**

	<b>*Last Day of Prior Reporting Period (or Inventory)</b>	<b>Last Day of Current Reporting Period</b>
(A) Total Assets from Step 5	\$ _____	\$ _____
(B) Total Liabilities/Debts from Step 6	\$ _____	\$ _____
<b>(A) minus (B) = Net Worth</b>	<b>\$ _____</b>	<b>\$ _____</b>

**VERIFICATION**

~~I state under penalty of perjury that this is a true and complete report of the administration of this estate, during the period shown, both dates inclusive, to the best of my knowledge, information and belief. I understand that this report is subject to audit and verification.~~

~~I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The Court or any Interested Persons as identified in the Order Appointing Conservator may request copies at any time.~~

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Conservator

Date: \_\_\_\_\_  
\_\_\_\_\_  
Signature of Co-Conservator (if applicable)

\*\*\*\*\*  
**REPORT MUST BE SIGNED AND DATED BY ALL CONSERVATORS  
AND SERVED ON THE PROTECTED PERSON AND ALL INTERESTED PARTIES  
AS INDICATED BY THE ATTACHED CERTIFICATE OF SERVICE**  
\*\*\*\*\*

**IMPORTANT**

**THIS SECTION MUST BE COMPLETED CORRECTLY AND SIGNED  
OR THE REPORT MAY BE REJECTED.**

Colorado Law **REQUIRES** that the Conservator's Report be served on the **PROTECTED PERSON AND INTERESTED PERSONS** pursuant to Order Appointing Conservator, including minors 12 years of age or older (§15-14-404(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Conservator and provide each party with a copy of this Report.

**Certificate of Service**

I certify that on \_\_\_\_\_ (date) the original was e-filed/filed with the Court and a copy of this Conservator's Report was served on each of the following:

Name of person receiving this document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service**
	Protected Person		

\*\*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, e-filed, fax or other method allowed under Colorado law.

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ (date), a copy of this \_\_\_\_\_ (name of document) was served as follows on each of the following:

<b><u>Name and Address</u></b>	<b><u>Relationship to (Decedent, /Ward, or /Protected Person)</u></b>	<b><u>Manner of Service*</u></b>

\*Insert one of the following: hand delivery, fFirst-class mail, cCertified mail, e-service through ICCES, or fax.

~~X~~

\_\_\_\_\_  
Signature

**VERIFICATION**

I declare under penalty of perjury under the law of Colorado that the foregoing is true and correct.

Executed on the \_\_\_\_\_ day of \_\_\_\_\_,  
(date) (month) (year)

at \_\_\_\_\_  
(city or other location, and state OR country)

\_\_\_\_\_  
(printed name)

\_\_\_\_\_  
(signature)

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