

# GUARDIAN AND CONSERVATOR ANNUAL REPORTS

Guardian and Conservator Training  
12<sup>th</sup> Judicial District

## Guardian's Report

- ❖ If you have been appointed as a Guardian by the Court, you must file a Guardian's Report every year unless or until the Guardianship is terminated.
- ❖ If you have been appointed both Guardian and Conservator, you must file both a Guardian's Report and a Conservator's Report every year unless or until the Guardianship and/or Conservatorship is terminated.
  - ❖ **File the Guardian's Report in the case in which you were appointed as Guardian and the Conservator's Report in the case in which you were appointed Conservator.**
  - ❖ **Information regarding Conservator's Reports is included in the second part of this presentation**

# Report forms

- ❖ There are standard report forms the court requires you to use
- ❖ **ALWAYS** use the most recent version of the report form
  - ❖ These forms are changed periodically and you will be required to use the most recent version
  - ❖ **DO NOT** simply make copies of the prior year's forms—you will not know if the required form has changed
- ❖ **Where you can get forms:**
  - ❖ Guardian/Conservator Reports and free forms:  
**[WWW.COURTS.STATE.CO.US/FORMS/](http://WWW.COURTS.STATE.CO.US/FORMS/) CLICK ON "SELF HELP/FORMS" THEN "ALL COURT FORMS AND INSTRUCTIONS" THEN "GUARDIAN & CONSERVATOR"**
  - ❖ **Courthouse**

# Court Information

Add:

\*The case number

\*The Protected Person's name

\*Your information/your attorney's information

\*Current Reporting Dates—PRIOR year to CURRENT year—never a future time period

\*Applies to BOTH Conservator Reports AND Guardian Reports

NOTE: Give details. Answers like "No change" or "Same as last year" may cause your report to be rejected

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court Court Address: _____ County, Colorado	
<b>In the Interest of:</b>	
<b>Ward</b> Attorney or Party Without Attorney (Name and Address):	▲ COURT USE ONLY ▲
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____	Case Number: _____ Division: _____ Courtroom: _____
<b>GUARDIAN'S REPORT - ADULT</b> <b>INITIAL REPORT/CARE PLAN    ANNUAL REPORT</b> <b>Current Reporting Period From (MM/DD/YYYY) To (MM/DD/YYYY)</b> <b>(REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)</b>	

**Instructions to Guardian:**  
 Colorado law requires that every guardian of an adult complete a Guardian's Report every year. When answering the questions in this report, you are required to provide details. Answers such as "same as last report/year" and "no change since last report" are not acceptable answers. Your report will be rejected with those answers.  
**COLORADO LAW REQUIRES THAT ANY GUARDIAN WANTING TO REMOVE THE ADULT FROM THE STATE OF COLORADO MUST OBTAIN COURT PERMISSION.** You must file the necessary forms to make this request and obtain Court permission.

### SAMPLE:

Reporting Period From 08/15/2019 TO 08/15/2020  
 (Should not be a date that hasn't happened yet)



# Contact Information

\*Be sure to include the Ward's contact information and your own contact information

\*Make sure to check the box to let the court know if any of the contact information is different from the last report

\*DO NOT list Co-Guardian unless actually appointed by the Court

### CONTACT INFORMATION

Ward's Information:  Check if Updated Information from last report (Annual Report ONLY)

Check if Residency is Temporary (Care Plan ONLY)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Sex: \_\_\_\_\_

Street Address: \_\_\_\_\_  
(Include Name of Living Center or Nursing Home)

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

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

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

### Guardian's Information: Check if Updated Information from last report

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Ward: \_\_\_\_\_

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

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

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

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Have you had any criminal charges filed against you or convictions entered since the last report?  Yes

No if Yes, explain: \_\_\_\_\_

### Co-Guardian's Information (if applicable): Check if updated information from last report

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Your Relationship to Ward: \_\_\_\_\_

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

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

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

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

Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Have you had any criminal charges filed against you or convictions entered since the last report?  Yes

No if Yes, explain: \_\_\_\_\_

# Placement and Care / Status Information (Report for Adult)

**Placement and Care Supervision:**

\* Let the court know if the Ward has moved

\*\* Out of state move should be approved ahead of time

**Status Information:**

\* If the answer to A or C is no, explain why.

\* If the answer to B, YES, explain the changes you recommend

**I. PLACEMENT AND CARE SUPERVISION**

A. Who currently supervises the ward's care and treatment on a daily basis?  
 Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

B. If the ward has moved since the last reporting period, identify the date of the move, address of residence, type of residence, and reason for the change.

Date of Move	Name of Facility and Address	Type of Residence	Reason for Change

**II. STATUS INFORMATION**

A. Do you recommend that the guardianship continue?  
 If No, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes  No

B. Do you recommend any changes to the guardianship?  
 If Yes, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes  No

C. Do you wish to remain guardian?  
 If No, explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Yes  No

**Note: If you wish to terminate this guardianship, or modify by replacing the current guardian or adding a co-guardian, you must file a separate petition with the Court**

# Status Information (Report for Minor)

**I. STATUS INFORMATION**

**A. Do you recommend that the guardianship continue?** Yes  No   
 If No, explain: \_\_\_\_\_

**B. Do you recommend any changes to the guardianship?** Yes  No   
 If Yes, explain: \_\_\_\_\_

**C. Do you wish to remain guardian?** Yes  No   
 If No, explain: \_\_\_\_\_

**D. The minor's care and living situation is:**  Very Good  Good  Adequate  Poor  
**E. Do you believe the current plan for care is in the minor's best interest?**  Yes  No  
 If No, describe your recommended changes: \_\_\_\_\_

**F. Who currently provides the majority of the minor's supervision or care and treatment on a daily basis?** Name: \_\_\_\_\_  
 Primary Phone: \_\_\_\_\_  
 Alternate Phone: \_\_\_\_\_

**G. Has the minor's residence changed since the last report?**  Yes  No  
 If Yes, identify the date of the move, address of residence, type of residence and reason for the change.

Date of Move	Address of Residence	Type of Residence	Reason for Change

\*Questions A, B, and C of this part same as Adult Report

\*If answer to E is No, describe changes you recommend

\*If the Minor has moved since the last report, provide details in question G





# Personal Care and Other Issues (Report for Adult)

\*Check yes or no for questions A, B, C, and D

\*If your answer for A, B, C, and/or D was "yes", remember to explain why/what happened

\*For question E, give detailed information on what medical services the Ward receives and what medications the Ward is taking

## N. PERSONAL CARE AND OTHER ISSUES

Yes No

A. Has the Ward's physical and medical condition (illness/injuries) changed since the last report? If **Yes** explain: \_\_\_\_\_

B. Has the Ward been hospitalized since the last report?

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

C. Have there been any medical, social or psychological evaluations of the Ward performed?

Please explain: \_\_\_\_\_

D. Is there a need for further medical, social or psychological evaluations of the Ward?

Please explain: \_\_\_\_\_

E. Describe the medical, educational, vocational and other services provided to the Ward.

Please describe in detail any medical services provided to the Ward: \_\_\_\_\_

Please list any medications provided to the Ward \_\_\_\_\_

# Personal Care and Other Issues (Report for Adult—continued)

\*Give detailed information on any educational, vocational, and/or other services provided to the Ward

\*If the answer to question G is "no" please explain any recommended changes

\*Don't forget to complete I—Future Plans (even if your future plans are to keep things the same)

Please describe in detail any educational services provided to the Ward \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe in detail any vocational services provided to Ward \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe in detail any other services provided to Ward \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

F. How often do you contact the Ward's medical provider?  
 Daily  Weekly  Monthly  Other \_\_\_\_\_  
 How do you contact the Ward's medical provider (phone, email, etc.)? \_\_\_\_\_  
 \_\_\_\_\_

G. Do you believe the current plan for care, treatment and/or rehabilitation is in the Ward's best interest?  
 Yes  No If No, describe what changes would be appropriate  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

H. The Ward's care and living situation is  Very Good  Good  Adequate  Poor

I. Describe your plans for the Ward's future care including any recommended changes  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

# Personal Care and Other Issues (Report for Minor)

## II. PERSONAL CARE AND OTHER ISSUES

A. Date of the Minor's last medical exam: \_\_\_\_\_ Dental exam: \_\_\_\_\_

B. Are the Minor's immunizations current?  Yes  No  
If No, explain: \_\_\_\_\_

C. Is the Minor covered under health/dental insurance?  Yes  No  
If Yes, describe coverage. If No, explain efforts to obtain coverage. \_\_\_\_\_

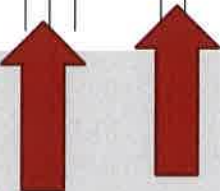
D. Describe any counseling services provided to the Minor.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Describe any other services provided to the Minor.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Describe any medical services provided to the Minor.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. Identify any special needs of the minor during this reporting period.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*If the answer to B or C is no, please explain**  
**\*Answer the remaining questions as specifically as you can**



# Personal Care and Other Issues (Report for Minor—continued)

H. Has the Minor's physical and medical condition changed since the last report? If Yes, explain:

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

I. Identify any significant events involving the Minor since the last report e.g. special awards or recognition.

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

J. Has the minor been involved in a juvenile delinquency case and/or any other type of court action?  
 Yes  No If Yes, in which County? \_\_\_\_\_

K. Does the Minor have any behavioral issues?  Yes  No  
Describe the nature of the behavioral issues and any treatment the Minor is receiving to help with the issues: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

L. If the minor child is not of school age, identify the stages of development for the minor child. This would include but is not limited to, if the child developed his/her motor skills (crawling, walking, etc.), learned to talk, and learned colors, shapes and numbers at age appropriate times; include if the child is on track developmentally for his/her age and if not on track, explain why not and the steps taken to help the child. Does the child's doctor have any concerns?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

M. Does the Minor have any contact with the parents and/or other family members?  Yes  No  
Briefly describe the visits: Name of person visiting, frequency and length of visits and date of the last visit. If no visits, briefly describe why not.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*If the answer to H, J, or K is yes, please explain/give details**  
**\*Answer L only if the child is not school age**  
**\*For question M, give details regarding visits with family or why such visits do not occur**

# Visiting, Listening, Advocating (Report for Adult)

**\*Was there a move? Why?**

**\*Do you visit/see the protected person? (You are required to maintain regular contact with the protected person.)**

**\*Activities WITH and ON BEHALF OF the protected person?**

## V. VISITATION OF WARD

Colorado law requires that a guardian maintain sufficient contact with the ward.

A. How often do you visit the ward?  Daily  Weekly  Monthly  Other \_\_\_\_\_

B. How often do you contact the ward or the ward's care provider?

Daily  Weekly  Monthly  Other \_\_\_\_\_

C. When was the last time you saw the ward in person? \_\_\_\_\_ (date)

D. Indicate how long your visits are and summarize your activities with and on behalf of the ward.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_ | \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

E. Does the ward participate in decision-making?  Yes  No Briefly describe

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

# Education and Extracurricular Activities (Report for Minor)

**\*If the answer to A is Yes, give details. If the answer to A is no, make sure you completed question L in Part II**

**\*Answer each question—do not skip any**

**III. EDUCATION AND EXTRACURRICULAR ACTIVITIES**

**A. Is the Minor attending school?**  Yes  No  
If Yes, complete the information below. If No, please be sure to answer question L on page 4, Part II.

Name of School: \_\_\_\_\_ Current Grade Level: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Minor's grades are:  Excellent  Average  Below Average  
*If below average, explain why.* \_\_\_\_\_

**B. If the Minor is old enough, does he/she have a job?**  Yes  No Describe:  
\_\_\_\_\_  
\_\_\_\_\_

**C. Describe the Educational services provided to the minor.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**D. Identify a few of the minor's goals, accomplishments, and any extracurricular activities during this reporting period.**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# Financial Matters (Report for Adult)

## VI.

### FINANCIAL MATTERS

**Complete this section only if the guardian has custody of funds.**

A. Are there sufficient financial resources to take care of the ward?  Yes  No  
If No, what do you believe is the best way to handle this problem? \_\_\_\_\_

B. Do you have control of the ward's income?  Yes  No  
If Yes, describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. If applicable, identify the representative payee for Social Security and other income benefits:  
Name \_\_\_\_\_ Phone Number \_\_\_\_\_

D. Have any fees been paid to you in your role as guardian?  Yes  No  
If Yes, describe: \_\_\_\_\_

E. Have any fees been paid to others for the care of the ward or his/her property?  Yes  No  
If Yes, describe and identify name of person: \_\_\_\_\_  
\_\_\_\_\_

I

**NOTE: If there is a Conservator who takes care of the Ward's finances, or you do not have control of the Ward's finances, you DO NOT have to complete this portion of the report**

\*B also applies if you are the representative payee for SSL, SSDI, or you receive income from any source on behalf of the protected person

\*D applies if you received fees or payment specially because you were the Guardian for the protected person.

# Financial Matters

## (Report for Minor)

**VI.**

**FINANCIAL MATTERS**

Complete this section only if there is no conservatorship and the guardian has custody of funds.

- A. Does the minor own any property?  Yes  No
- B. Do you have possession or control of the minor's assets, e.g. property (real estate and personal property items), financial accounts?  Yes  No  
If Yes, describe the type of property and approximate value of the property: \_\_\_\_\_

- C. Do you have control of the minor's income?  Yes  No
- D. If Yes, describe: \_\_\_\_\_

Do you or the minor receive any financial support from the biological parents or other family members?  Yes  No If there is a current child support order, provide the name of the court, case number, date of most recent order, and status of the payments.

Name of Court	Case Number	State	Date of Current Order	Amount	Payment Status e.g. on time, late

- E. If applicable, identify the representative payee for Social Security and other income benefits.  
Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

- F. Have any fees been paid to you in your role as guardian?  Yes  No  
If Yes, describe: \_\_\_\_\_

- G. Have any fees been paid to others for the care of the minor or his or her property?  Yes  No  
If Yes, describe: \_\_\_\_\_

\*C also applies if you are the representative payee for SSI, SSDI, or you receive income from any source on behalf of the protected person

\*G applies if you received fees or payment specially because you were the Guardian for the protected person.

**NOTE: If there is a Conservator who takes care of the Ward's finances, or you do not have control of the Ward's finances, you DO NOT have to complete this portion of the report**



# Financial Activity Summary

Please indicate whether you have possession or control of the following:

- Bank Account(s): Name of financial institution(s) and last four numbers of account(s) \_\_\_\_\_  
Estimated Value: \_\_\_\_\_
- Investment Account(s): Name of financial institution(s) and last four numbers of account(s) \_\_\_\_\_  
Estimated Value: \_\_\_\_\_
- Real Estate: Address: \_\_\_\_\_  
Estimated Value: \_\_\_\_\_
- Personal Property (i.e., jewelry, collectibles, vehicles...): Description: \_\_\_\_\_  
Estimated Value: \_\_\_\_\_
- Liabilities/Debts: Creditor(s) \_\_\_\_\_  
Estimated Amount: \_\_\_\_\_

### SUMMARY OF FINANCIAL ACTIVITY DURING REPORTING PERIOD

Beginning balance of bank accounts (savings, checking, etc.)	\$	
Plus money received (Social Security, SSI, pension, disability, interest, etc.) from any source on behalf of the Ward	+\$	
Less total fees to care providers	-\$	
Less total monies paid to the Ward, e.g., personal needs	-\$	
Less total fees paid to guardian	-\$	
Less any other expenses, e.g., housing, insurance, maintenance	-\$	
<b>Ending balance of bank accounts</b>	<b>\$</b>	

You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of this appointment. The Court or any Interested Persons as identified in the Order Appointing Guardian may request copies at any time.

- By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.
- By checking this box, I am acknowledging that I have made a change to the original content of this form. (Checking this box requires you to remove JDF number and copyright at the bottom of the form.)

Figures are Annual NOT Monthly!

\*You are required to keep receipts and other records, but you do not have to file them with the Court unless the Court asks for them

\*You are required to keep the Ward's finances separate from your own and to be able to account for money received and spent on behalf of the Ward

\*Summary is the same for Adult and Minor Reports

# Signatures

**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)



**PLEASE DO NOT FORGET TO SIGN THE REPORT!**

\*You must sign the report and date it. If there is a Co-Guardian, they should also sign and date the report. Only Co-Guardians actually appointed by the Court should sign.

# Certificate of Service

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

Colorado Law REQUIRES that the Guardian's Report be served on the PROTECTED PERSON AND INTERESTED PERSONS pursuant to Order Appointing Guardian, including minors 12 years of age or older (§15-14-309(4), C.R.S.). In the space below, list the names, addresses, and method of delivery for each party listed on the Order Appointing Guardian and provide each party with a copy of this Report.

**NOTE: If you wish to change the persons entitled to receive copies of reports or other documents filed, you must file a separate petition with the court.**

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

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

\*Insert one of the following: hand delivery, first-class mail, certified mail, e-service, or fax.

Signature \_\_\_\_\_

**C.R.S. §15-14-309(4)—Requires Service**

**DO NOT SKIP THIS STEP!**  
**\*You are required** to give a copy of the report to the protected person if they are 12 years old or older (whether they are able to understand what is in the report or not)  
**\* You must also** give a copy of the report to any one else listed in original order

## Duties of Guardians (overview)

- The statutory requirements for Guardians can be found in the Colorado Revised Statutes, sections 15-14-201 through 210 (for a minor) and 15-14-301 through 318 (for an adult).
- To make decisions for the benefit of the protected person regarding their support, care, education, health, and welfare. (C.R.S. §15-14-314)
  - To maintain “sufficient contact” with the protected person. [C.R.S. §15-14-314(2)(a)]
  - Notifying the court of intent to move protected party out of state [Court’s permission required—C.R.S. § 15-14-315(1)(b)].

# Duties of Guardians (overview)

Full Duties of Guardians set forth in Colorado Revised Statutes Sections:  
15-14-201 (minor)  
and  
15-14-314 (adult).

- Completing initial and annual reports.
- Informing the court of address changes (you or the protected person).
- Serving the protected person and all interested parties with copies of documents filed with the court.
- The full text of this section of the statute (entitled “Duties of Guardian”) is in your packet.

## Available Resources

- Please see the handout included with this presentation for area resources.
- We cannot recommend any one resource over another or tell you who you should choose to use.

You are always entitled to the advice and help of an attorney at any time during the probate process. However, you are not required to hire an attorney if you do not want one.

# What Can the Court do to Help?

Court employees:

Can NOT give legal advice

Can NOT recommend attorneys

Can NOT recommend any service provider / organization over another

- The court can give you procedural information about how the court works and how the probate process works.
- We can provide trainings (such as this one).
- We can guide you to the proper forms and offer guidance on proper completion of the forms.

## Contact Information

□ 12<sup>th</sup> Judicial District Self-Help Coordinator:

Kaylene Guymon  
(719) 589-7621

E-mail: [12SelfHelp@judicial.state.co.us](mailto:12SelfHelp@judicial.state.co.us)

□ 12<sup>th</sup> Judicial District Probate Registrar

Bandy Lucero  
Telephone: (719) 657-3394

Additional Resources:

Guardian/Conservator Manuals and free forms:

[WWW.COURTS.STATE.CO.US/FORMS/](http://www.courts.state.co.us/forms/) **CLICK ON "FORMS" THEN "GUARDIAN & CONSERVATOR"**

Colorado Probate Code:

[HTTP://WWW.LEXISNEXIS.COM/HOTTOPICS/COLORADO/](http://www.lexisnexis.com/hottopics/colorado/) then "Colorado Revised Statutes," then Title 15—Probate, Trusts, and Fiduciaries



## Conservator's Report

- ❖ If you have been appointed as Conservator, you must file a Conservator's Report with the court every year unless or until the Conservatorship is terminated.
- ❖ If you were only appointed as Guardian and not Conservator, the next part of the presentation does not apply to you.

# Court Information

\*The case number

\*The Protected Person's name

\*Your information/your attorney's information

\*Current Reporting Dates—prior year to current year—never a future time period

\*Check the Adult or Minor box

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court Court Address: _____ County, Colorado		In the Interest of: _____	
Protected Person Attorney or Conservator Without Attorney		Case Number: _____	
Phone Number: _____ FAX Number: _____	E-mail: _____ Atty. Reg. #: _____	Division: _____ Courtroom: _____	
<b>CONSERVATOR'S REPORT</b> <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR			
CURRENT REPORTING PERIOD FROM _____ (MM/DD/YYYY)		TO _____ (MM/DD/YYYY)	
<input type="checkbox"/> ANNUAL REPORT DATED REPORT		<input type="checkbox"/> ADULT <input type="checkbox"/> MINOR	
<input type="checkbox"/> INTERIM REPORT DUE ON _____ (MM/DD/YYYY)		<input type="checkbox"/> ADULT <input type="checkbox"/> MINOR	

*If Final Report, indicate why:  Protected Person deceased  Minor turned 21  Adult of Full Age*

# Part A—Contact Information

## PART A CONTACT INFORMATION

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
(Include Name of Living Center or Nursing Home)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

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

Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Your Relationship to Protected Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
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: \_\_\_\_\_ Age: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Your Relationship to Protected Person: \_\_\_\_\_  
Street Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Mailing Address, if different: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Primary Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_  
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 distribution of estate assets, interest persons may file an objection with the court. The court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

**\*Don't forget to include the protected person's contact information**  
**\*Don't forget to include YOUR contact information**  
**\*If there is a Co-Conservator, be sure to include their contact information**  
**\*Only include a Co-Conservator if actually appointed by the Court**



# Part B—Conservatorship Issues

\*Please check EVERY box

\*If the answer to 1 or 2 is "NO", explain why in each question

\*If the Answer to 3 is yes, explain why and what should happen

\*If there was no bond, skip number 4

**PART B: CONSERVATORSHIP ISSUES**

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

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 Court to take action, you must file a motion with the Court.

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

4. Attach a copy of the Bond to this Report, unless the Bond was waived or not required by the Court. What is the amount of the Bond? \$ \_\_\_\_\_. Is the amount of the Bond 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 Bond, you must file a motion with the Court.





# Step 2: Receipts and Income

\*This should only be the income / receipts the protected person receives

\*Receipts/income may include: wages, tax refunds, gifts from others, public assistance, etc.

\*If receipts / income has changed, check "Yes" and explain what happened.

**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.

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

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

Description of Receipt/Income Category	Column A Total Amount of Receipts / Income from Reporting Period (from Step 1 or Separate Spreadsheets)	Column B Total Amount of Receipts / Income from Reporting Period	Column C Change in Amount of Receipts / Income Indicate +/-
Asset Not Previously Reported			
Business Income			
Court Order Repayment			
Disability/Unemployment/Worker's Comp			
Distribution - Annuity			
Distribution - Pensions/Retirement Plan			
Distribution - Trust			
Farm/Ranch Income			
Gifts from Others			
Inheritance			
Insurance Settlement/Benefit			
Interest/Dividends			
Loan Repayment			
Oil/Gas/Mineral Royalties			
Other Public Assistance			
Other Receipts/Income			
Proceeds from Sale of Assets			
Rental Income			
Reverse Mortgage Payment			
Social Security			
Tax Refunds			
VA Benefits			
Wages			
<b>TOTAL \$ (More to Step 7)</b>			

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 receipts and expenses are reported to different conservators, please include the name of the conservator and the Financial Plan and Motion for Approval (JDF 882) or a separate petition for approval with the court.

Column A:  
Last Report

Column B:  
This year

Column C:  
Difference between Column A and Column B

# Step 3: Disbursements/Expenses

\* Disbursements/ expenses can include: taxes, health care, rent/mortgage payments, auto expenses, etc.

\* Again, these should only be the PROTECTED PERSON'S expenses/ disbursements

### Step 3: Disbursements/Expenses

Column A: Use the amounts from the Inventory with Financial Plan (JDF 822) 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 "Yates" from completed Detail Listing in Step 1 or attached spread sheet

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

Description of Disbursement / Expense Category	Column A *Total Amount of Disbursement / Expense from Prior Reporting Period or Financial Plan	Column B Total Amount of Disbursement / Expense for Current Reporting Period	Column C Change in amount of Disbursement / Expense Indicate +/-
Assisted Living/Care Facility			
Bank/Investment Account Fees			
Caregiver/In-Home Provider			
Charitable Contributions			
Clothing			
Collectibles			
Debt Repayment (excluding CC)			
Debt Repayment (Credit Card)			
Distributions - Protected Person			
Education Tuition/Student Loan			
Entertainment/Movies			
Equipment			
Farm/Ranch Expense			
Fees - Accountant/CPA			

Fees - Conservator - Non-Prof			
Fees - Court Costs			
Fees - Court YATES			
Fees - Guardians - Non-Prof			
Fees - Guardians - For-Prof			
Fees - Guardian - For-Prof (GAL)			
Fees - Resident Care Management			
Fees - Legal for Conservator			
Fees - Legal for Guardian			
Fees - Legal for Adult			
Fees - Legal for Protected Person			
Fees - Other Professions			
Furniture			
Gifts			
Gifts/Health/Hygiene/Personal Supplies			
HOA Fees			
Hotel/Bed			
Home Fundraising			
Insurance - Home/Partner			
Insurance - Life			
Insurance - Long Term Care			
Insurance - Other			
Interest			
Lease/Leasehold			
Losses			
Medical/Doctor/Prof/Financial			
Medical/Fundraising/Spouse			
Medical/Insurance			
Medical/Identify/Transportation			
Medical/Institutions			
Medical/Other			
Mortgage			
Motor Vehicle - Insurance			
Motor Vehicle - Loan Payments			
Motor Vehicle - Registration/Other			
Motor Vehicle - Repairs/Maintenance			
Moving Expenses			
Other Disbursements/Expenses			
Other Transportation			
Per-Care			
Property/Rentals/Maintenance			
Real Estate/Doing Deal			
School Supplies			
Services - Cleaning			
Services - Personal Care			
Subscription/Dues			
Taxes - FICA and Medicare			
Taxes - Income			
Taxes - Property and Assessments			
Travel/Vacation			
Utilities (Including Phone/Cell)			
TOTALS (More these totals to Step 1)			

Column A:  
Last Report

Column B:  
This year

Column C:  
Difference  
between  
Column A  
and  
Column B



# Step 4: Professional Fees/Total Disbursements

**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 Conservator, Guardian, and Professional	Hourly Rate (Range)	No. of Hours Worked	Total Hourly Fees	Other Costs Charged	Brief Description of Services Provided and Benefit to the Estate
Account Management Professional	-				
Accountant/CPA					
Conservator-Non-Professional					
Conservator - Professional					
Court Visitor					
Guardian - Non-Professional					
Guardian - Professional					
Guardian Ad Litem (GAL)					
Legal Fees-Conservator					
Legal Fees-Guardian					
Legal Fees-GAL					
Legal Fees- Protected Person					
Other Professional Fees					
<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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**\*Complete this section only if you paid a professional for services on behalf of the ward**

**\*Please Check whether expenses/ disbursements increased or decreased and explain the changes**



# Step 5: Assets—What Can They Be?

## Step 5: Assets

Column A: List the last 4 digits of all bank, investment or other financial accounts.  
 Column B: List name of the bank or financial institution in which accounts are being held, or describe specific assets.  
 Column C: Use amounts from the original Inventory with Financial Plan (JDF 882) or from the prior Conservator's report filed to complete Column C marked with an asterisk (\*) below.  
 Column D: List all cash and investment account balances. These should coincide and be transferred from the Ending Cash Balances on the Detail Listing in Step 1.  
 Column E: Calculate and record the difference between Column C and Column D.

Vehicles, real estate, and all other assets should be valued at what the asset could be sold for in its current condition (i.e., Fair Market Value).

**\*List EVERY asset of the PROTECTED PERSON on this page**

**\*Assets include: bank accounts, investment accounts, real estate, vehicles, furniture, retirement funds, etc.**

Description of Asset (Identify all accounts)	Column A Number (last 4 digits)	Column B Name/Institution or Description of Asset	Column C Fair Market Value (as of Last Day of Prior Period or Divestiture)	Column D Current Value (as of Last Day of Reporting Period)	Column E Difference in Value of Asset (Indicate +/-)
Checking Accounts					
Bank of America					
Savings Accounts					
Balance from Step 1					
IRA/401(k) or 403(b)					
Identify all Deposits					
Pre-Paid Credit Card					
Cash On Hand					
Stocks					
Bonds					
Mutual Fund					
Other Financial Investments					
Real Estate (Cash Value)					
Pension/Retirement Accounts					
Other Assets					
Annuitants					
Loans from Estate					
Motor Vehicle					
Real Estate					
Home Furnishings					
Collectibles (e.g., stamps or coins)					
Jewelry					
Livestock					
Equipment					
Out/Gas/Mineral Interest					
Other Personal Property					
List Other Assets					
<b>TOTALS (move these totals to Step 7)</b>					

**Column C: Last Report**

**Column D: This year**

**Column E: Difference between Column C and Column D**



# Step 6: Liabilities and Debts

**\*Please list EVERY liability/debt the PROTECTED PERSON has**

**\*Liabilities/Debts may include: mortgage, loans, credit card debts, taxes, etc.**

**\*If liabilities/debts have changed from Inventory or prior report, check the "yes" box and explain why**

**Step 6: Liabilities/Debts**

Column A: List the last 4 digits of all account or loan numbers.  
 Column B: List the name of the bank or financial institution to which loans or debts are being paid.  
 Column C: Use amounts from the original inventory with Financial Plan (CDF 882) or from the prior Conservator's Report filed, to complete Column C marked with an asterisk (\*) below.  
 Column D: List all current balances due on loans and debts.  
 Column E: Calculate and record the difference between Column C and Column D.

Description of Liability/Debt (Identify all accounts)	Column A Account Number (last 4-digits only)	Column B Name of Financial Institution	Column C Balance Due on Last Day of Reporting Period or Dividend	Column D Balance Due on Last Day of Current Reporting Period	Column E Change in Amount of Liability Indicate +/-
Mortgage (principal due only)					
Motor Vehicle Loan					
2 <sup>nd</sup> Mortgage/Refinance					
Improvement					
Student Loan/Tuition					
Reverse Mortgage					
HELOC					
Credit Card					
Federal Taxes					
State/Local Taxes					
Other					
LOANS (Include these loans to Step 7)					

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 section for approval may need to be filed with the court for significant changes outside the amounts allowed in the Inventory and Financial Plan.



**Column C:  
Last Report**

**Column D:  
This year**

**Column E:  
Difference between Column C and Column D**

# Step 7: Summary Page

Step 7: Summary

**\*For the first column:** What was the amount/value on the last report you filed?

**\*For the second column:** What is the current amount/value?  
**\*Don't forget to complete A-B in each section**

Summary of Financial Activity		Prior Reporting Period (or Financial Plan)	Current Reporting Period
(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>	<b>\$ _____</b>

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

# Signatures

By checking this box, I am acknowledging I am filling in the blanks and not changing anything else on the form.  
 By checking this box, I am acknowledging that I have made a change to the original content of this form.

**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.

### 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)



**PLEASE DO NOT FORGET TO SIGN THE REPORT!**

\*You must sign the report and date it. If there is a Co-Conservator, they should also sign and date the report. Only Co-Conservators actually appointed by the Court should sign.

# 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 this Order Appointing Conservator and provide each party with a copy of this Report.

**CERTIFICATE OF SERVICE**

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

Name and Address	Relationship to Decedent, Ward, or Protected Person	Manner of Service*

\*Insert one of the following: hand delivery, first-class mail, certified mail, e-filing, or fax.  
Signature \_\_\_\_\_



**C.R.S. §15-14-404(4)—Requires Service**

**DO NOT SKIP THIS STEP!**  
\*You are required to give a copy of the report to the protected person if they are 12 years old or older (whether they are able to understand what is in the report or not)  
\*You must also give a copy of the report to any one else listed in original order

## Remember!!!

\*For any

extraordinary expenditures, you must file a Motion to approve those expenditures with the court prior to paying them

### THIS MAY INCLUDE

- Purchase of Vehicle for the use in the interest of the Ward
- Repairs for the Ward's Home
- Payment of fees to any professionals that have not been included in the first Financial Plan



# Planning Something for the upcoming year?

\*File an Amendment to the Financial Plan with Inventory whenever a substantial change of Circumstances occurs.

\*This would be a significant deviation from the original plan

\*Form JDF 882

\*C.R.S. § 15-14-418 (5)

District Court  Denver Probate Court  
Court Address: \_\_\_\_\_  
County, Colorado

In the interest of: \_\_\_\_\_

Protected Person  
Attorney or Party Without Attorney (Name and Address): \_\_\_\_\_

Case Number: \_\_\_\_\_  
▲ COURT USE ONLY ▲

Phone Number: \_\_\_\_\_  
FAX Number: \_\_\_\_\_

E-mail: \_\_\_\_\_  
Atty. Reg. #: \_\_\_\_\_

Division \_\_\_\_\_  
Courtroom \_\_\_\_\_

### CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL

DATE OF APPOINTMENT \_\_\_\_\_ (MM/DD/YYYY)  
INVENTORY VALUES AS OF DATE \_\_\_\_\_ (MM/DD/YYYY)  
FILING DUE DATE \_\_\_\_\_ (MM/DD/YYYY)

Amended Conservator's Financial Plan with Inventory. \_\_\_\_\_ (name of Conservator), move this Court to approve this  Initial

As grounds therefore, the Conservator states the following:

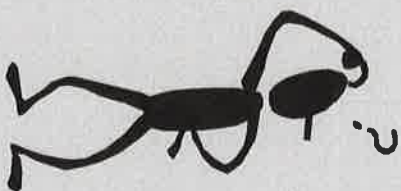
- The information contained in the Financial Plan with Inventory is true and complete. The proposed plan is necessary to protect and manage the income and assets of the protected person.

# Duties of Conservators (overview)

- Completing initial and annual reports
- Serving the protected person and all interested parties with copies of documents filed with the court
- Protecting the assets of the protected person, acting as a fiduciary in a reasonable, prudent, and loyal manner
- Managing the protected person's assets in accordance with the financial plan and any known estate plan of the protected person—encouraging the protected person to participate in decisions whenever and to the extent possible
- Colorado Probate Code, sections 15-14-418, 15-14-419, and 15-14-420 explain the reporting requirements for Conservators.

The statutory requirements for Conservators can be found in the Colorado Revised Statutes, sections: 15-14-401 through 15-14-433

# Questions?



**Thank you for coming!**

**Please fill out an evaluation before you leave!**