

# GUARDIAN AND CONSERVATOR ANNUAL REPORTS

# 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 County, Colorado		
Court Address:		
In the Interest of:		
Ward		▲ COURT USE ONLY ▲
Attorney or Party Without Attorney (Name and Address):		Case Number:
Phone Number:	E-mail:	Division
FAX Number:	Atty. Reg. #:	Courtroom

## GUARDIAN'S REPORT – ADULT

☐ INITIAL REPORT/CARE PLAN

☐ ANNUAL REPORT

Current Reporting Period From \_\_\_\_\_ To \_\_\_\_\_  
(MM/DD/YYYY) (MM/DD/YYYY)

(REPORTING DATES MUST BE FOR THE PAST YEAR AND MAY NOT REPORT INTO THE FUTURE.)

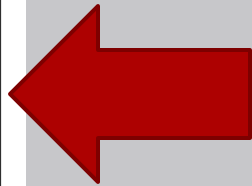
### Instructions to Guardian:

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 08/15/2022 TO 08/15/2023  
(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: \_\_\_\_\_

JDF 850SC R6/21 GUARDIAN'S REPORT - ADULT

Page 1 of 7

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: \_\_\_\_\_

# 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: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

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

Yes No

A. Do you recommend that the guardianship continue?

☐ ☐

If No, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Do you recommend any changes to the guardianship?

☐ ☐

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

C. Do you wish to remain guardian?

☐ ☐

If No, explain: \_\_\_\_\_  
\_\_\_\_\_

**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)

\*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

### I. STATUS INFORMATION

Yes No

A. Do you recommend that the guardianship continue?

☐☐

If No, explain: \_\_\_\_\_

\_\_\_\_\_

B. Do you recommend any changes to the guardianship?

☐☐

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

\_\_\_\_\_

C. Do you wish to remain guardian?

☐☐

If No, explain: \_\_\_\_\_

\_\_\_\_\_

**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.**

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:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

JDF 834SC R6/21 GUARDIAN'S REPORT - MINOR

Page 2 of 8

F. Who currently provides the majority of the minor's supervision or care and treatment on a daily basis?

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

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

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

# Protected Person's Current Condition (Report for Adult)

\*Please tell us  
in your own  
words what  
the present  
mental,  
physical, and  
social  
condition of  
the protected  
person are

\*“Good/Fine/  
Doing Well” is  
not enough  
information

## III. CURRENT CONDITION OF THE WARD

Please describe in detail the current **mental** condition of the Ward:

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Please describe in detail the current **physical** condition of the Ward:

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Please describe in detail the current **social** condition of the Ward:

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# 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

IV. PERSONAL CARE AND OTHER ISSUES	Yes	No
A. Has the Ward's physical and medical condition (illness/injuries) changed since the last report? If <u>Yes</u> , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
B. Has the Ward been hospitalized since the last report? If <u>Yes</u> , explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
C. Have there been any medical, social or psychological evaluations of the Ward performed? Please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
D. Is there a need for further medical, social or psychological evaluations of the Ward? Please explain: _____	<input type="checkbox"/>	<input type="checkbox"/>
E. Describe the medical, educational, vocational and other services provided to the Ward. <u>Please describe in detail any <b>medical</b> services provided to the Ward:</u> _____ _____ _____ <u>Please list any <b>medications</b> provided to the Ward:</u> _____ _____ _____		

# 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:

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Please describe in detail any **vocational** services provided to Ward:

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Please describe in detail any **other** services provided to Ward:

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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.)? \_\_\_\_\_

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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.

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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.

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# Personal Care and Other Issues (Report for Minor)

\*If the answer to B or C is no, please explain

\*Answer the remaining questions as specifically as you can

## 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.

# Personal Care and Other Issues

## (Report for Minor—continued)

\*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

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

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

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**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. \_\_\_\_\_

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**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?

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**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.

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# 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.

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- B. If the Minor is old enough, does he/she have a job? ☐ Yes ☐ No Describe.

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- C. Describe the Educational services provided to the minor.

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

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# Financial Matters

## (Report for Adult)

\*B also applies if you are the representative payee for SSI, 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.

### VI. FINANCIAL MATTERS

Complete this section only if there is no Conservatorship and 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: \_\_\_\_\_  
\_\_\_\_\_

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 Matters

## (Report for Minor)

\*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

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

### III. 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  
If Yes, describe: \_\_\_\_\_

- D. Do you or the Minor receive any financial support from the biological parents and/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/her property? ☐ Yes ☐ No  
If Yes, describe: \_\_\_\_\_

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

\*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

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 person	+\$	
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.

Figures  
are  
Annual  
NOT  
Monthly!

# Signatures

## VERIFICATION

I swear/affirm under penalty of perjury, that I have read the foregoing *GUARDIAN'S REPORT - ADULT* and that the statements set forth therein are true and correct to the best of my knowledge. §15-10-310, C.R.S.



\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Co-Guardian's Signature

\_\_\_\_\_  
Date



**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

## 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

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

The Guardian's Report must be served on the **WARD AND INTERESTED PERSONS** pursuant to Order Appointing Guardian (see § 15-14-207(2)(e), C.R.S.), including minors 12 years of age or older. In the space below under the Certificate of Service, 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 motion with the court.**

#### CERTIFICATE OF SERVICE

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

JDF 834SC R6/21 GUARDIAN'S REPORT - MINOR

Page 7 of 8

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 \_\_\_\_\_



# 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:

15-14-207  
(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.

# 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 Coordinators:

Lisa Mizell

(719) 589-7621

E-mail: 12SelfHelp@judicial.state.co.us

## □ 12<sup>th</sup> Judicial District Protective Proceedings Monitor

Brooke Valdez

Telephone: (719) 376-5465

### 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 ____ County, Colorado Court Address: _____  In the Interest of: _____  Protected Person Attorney or Conservator Without Attorney		▲ COURT USE ONLY ▲  Case Number: _____  Division _____ Courtroom _____	
Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg. #: _____			
<b>CONSERVATOR'S REPORT</b> <input type="checkbox"/> ADULT <input type="checkbox"/> MINOR <input type="checkbox"/> ANNUAL REPORT <input type="checkbox"/> AMENDED REPORT CURRENT REPORTING PERIOD FROM _____ TO _____ (MM/DD/YYYY) (MM/DD/YYYY) <input type="checkbox"/> INTERIM REPORT DUE ON _____ <input type="checkbox"/> FINAL REPORT <del>If Final Report, indicate why: <input type="checkbox"/> Protected Person deceased <input type="checkbox"/> Minor turned 21 <input type="checkbox"/> Judicial Order</del>			

# Part A—Contact Information

\*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 A: CONTACT INFORMATION**

### **Protected Person's Information:**

☐ Check if Updated Information from last Report

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

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

(Include Name of Living Center or Nursing Home)

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

Telephone Number: \_\_\_\_\_ Last 4 digits of Social Security #: \_\_\_\_\_

### **Conservator's Information:**

☐ Check if Updated Information from last Report

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

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Apt. #: \_\_\_\_\_

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

Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

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 Court. The Court will not review or adjudicate these or other matters unless specifically requested to do so by an interested person.



# 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.  
\_\_\_\_\_  
\_\_\_\_\_

**\*Don't forget to complete this section for any bank accounts the *PROTECTED PERSON* has (including CDs).**



Complete this Detail for all bank accounts. Make additional copies of this form as necessary. Alternatively, Check Register form JDF871, 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.

[illegible]

### 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)

# Check Register

\*Form JDF  
871

\*Use as many pages as you need to provide detail

<b>CHECK REGISTER</b>				
<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 \_\_\_\_



# 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

Column A:  
Last Report

Column B:  
This year

Column C:  
Difference  
between  
Column  
A and  
Column  
B

## 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.

Description of Disbursement / Expense Category	Column A *Total Amount of Disbursement / Expense from <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Financial Plan	Column B Total Amount of Disbursement / Expense for Current Reporting Period	Column C Change in amount of Disbursement/ Expense  Indicate +/-
List Total Disbursements/Expenses from Detail Listing (From Step 1 or Separate Spreadsheet)			
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 – Conservator-Prof		
Fees – Court Visitor		
Fees – Guardian – Non-Prof		
Fees – Guardian - Prof		
Fees – Guardian Ad Litem (GAL)		
Fees-Investment Acct Management		
Fees – Legal for Conservator		
Fees – Legal for Guardian		
Fees – Legal for GAL		
Fees – Legal for Protected Person		
Fees-Other Professional		
Funeral		
Gifts		
Groceries/Hygiene/Household Supplies		
HOA Fees		
Hobbies		
Home Furnishings		
Insurance – Home/Renter		
Insurance – Life		
Insurance – Long Term Care		
Insurance – Other		
Jewelry		
Livestock		
Loan Interest		
Loans		
Medical-Doctor/Prof/Hospital		
Medical Furnishings/Supplies		
Medical-Insurance		
Medical-Medicab/Transportation		
Medical-Medications		
Medical-Other		
Mortgage		
Motor Vehicle – Insurance		
Motor Vehicle – Loan Payments		
Motor Vehicle – Registration/Other		
Motor Vehicle – Repairs/Maint/Fuel		
Moving Expenses		
Other Disbursement/Expense		
Other Transportation		
Pet Care		
Property Repairs/Maintenance		
Rent		
Restaurants/Dining Out		
School Supplies		
Services – Cleaning		
Services – Personal Care		
Subscriptions/Dues		

# Step 4: Professional Fees/Total Disbursements

\*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 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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# Step 5: Assets—What Can They Be?

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

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

## 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 that accounts are being held, or describe specific asset.

**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).

Description of Asset (Identify all accounts)	Column A Account Number (last 4 digits)	Column B Name of Financial Institution or Description of Asset	Column C * Fair Market Value <input type="checkbox"/> as of Last Day of Prior Reporting Period or <input type="checkbox"/> Inventory	Column D Fair Market Value (as of Last Day of Current Reporting Period)	Column E Change in Value of Asset  Indicate +/-
Checking Accounts Balance from Step 1					
Savings Accounts Balance from Step 1					
Other Cash Accounts					
Money Markets & CD's					
Stocks					
Bonds					
Mutual Funds					
Other Financial Investments					
Life Insurance (Cash Value)					
Pension & Retirement (vested portion)					
IRA's / 401(k)'s					
Annuities					
Motor Vehicles					
Real Estate					
Home Furnishings					
Collections (e.g., stamps or coins)					
List Other Assets					
List Other Assets					
List Other Assets					
TOTALS →					

Move these totals to Step 7

Column C:  
Last Report

Column D:  
This year

Column E:  
Difference between Column C and Column D

# Change In Assets: Sold or Purchased

\*If assets have changed since last report or Inventory, check YES and explain why at the bottom of the page

\*If you sold or purchased assets, list those on this page

Have Total Assets in Step 5, Column D changed from the last day of the Prior Reporting Period or Inventory in Step 5, Column C? ☐ Yes ☐ No

Provide additional detail for any assets on the preceding schedule that were purchased during the reporting period. Include a description of the asset purchased, the purchase price, purchase date, and source of funding for the purchase (e.g. cash, loan, sale of another other asset, etc.).

Description of Asset	Purchase Price	Purchase Date	Purchase method

Provide detail for any assets on the preceding schedule that were sold during the reporting period. Include a description of the asset sold, the sale price, sale date, and use of funds proceeds from the sale (e.g. living expenses, extinguish debt, purchase of another asset, etc.).

Description of Asset	Sale Price	Sale Date	Use of Proceeds

Please include a description of any other changes to the value of estate assets.

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# 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 (JDF 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 <input type="checkbox"/> Prior Reporting Period or <input type="checkbox"/> Inventory	Column D Balance Due on Last Day of Current Reporting Period	Column E Change in Amount of Liability Indicate +/-
Mortgages (principal due only)					
Car Loans					
Home Improvement Loans					
Student Loans/Tuition					
Credit Card Debt					
Federal Taxes Owed					
State and Local Taxes Owed					
Other 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.

Column C:  
Last Report

Column D:  
This year

Column E:  
Difference  
between  
Column C  
and  
Column D

# Step 7: Summary Page

**\*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**

## Step 7: Summary

### Summary of Financial Activity

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

### Summary of Net Worth

#### Fair Market Value of Assets Minus Liabilities/Debts

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

# 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)	Executed on the _____ day of _____ (date)
_____, (month) (year)	_____, (month) (year)
at _____ (city or other location, and state OR country)	at _____ (city or other location, and state OR country)
_____ (printed name)	_____ (printed name)
_____ (Signature of Conservator/Successor)	_____ (Signature of Co-Conservator/Successor, if any)
_____ Attorney Signature, (if any)	_____ Date



**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

## 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

**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 under the Certificate of Service, 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.

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

### CERTIFICATE OF SERVICE

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 \_\_\_\_\_



# 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 was not have 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)

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____, County, Colorado Court Address: _____		▲ COURT USE ONLY ▲
In the Interest of: _____		
Protected Person		
Attorney or Party Without Attorney (Name and Address): _____		Case Number: _____
Phone Number: _____ FAX Number: _____	E-mail: _____ Atty. Reg. #: _____	Division _____ Courtroom _____
<b>CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL</b>		
DATE OF APPOINTMENT _____ (MM/DD/YYYY) INVENTORY VALUES AS OF DATE _____ (MM/DD/YYYY) FILING DUE DATE _____ (MM/DD/YYYY)		
I, _____ (name of Conservator), move this Court to approve this <input type="checkbox"/> Initial <input type="checkbox"/> Amended Conservator's Financial Plan with Inventory.		
As grounds therefore, the Conservator states the following:		
1. 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.		
2. The Financial Plan is based on the actual needs and best interest of the Protected Person.		



# Duties of Conservators (overview)

The statutory requirements for Conservators can be found in the Colorado Revised Statutes, sections:

15-14-401  
through  
15-14-433

- ❑ 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.

# Questions?



Thank you for coming!

Please fill out an evaluation before you leave!