

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: <hr/> IN THE MATTER OF THE ESTATE OF: Protected Person	
Attorney or Party Without Attorney (Name and Address): Phone Number: _____ E-mail: _____ FAX Number: _____ Atty. Reg.#: _____	Case Number: Division _____ Courtroom _____
CONSERVATOR'S <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL REPORT FOR THE PERIOD FROM _____ TO _____	

CONSERVATOR'S INFORMATION:

Conservator's Name _____
 Home Address: _____
 Including P.O. Box _____
 & Phone Number (_____) _____

 Work Address: _____
 Including P.O. Box _____
 & Phone Number (_____) _____

PROTECTED PERSON'S INFORMATION:

Protected Person's Name _____
 Current Address: _____
 Include Name of Living _____
 Center or Nursing Home _____
 & Phone Number (_____) _____

This form is designed to make it easy for the reader, whether Judge, GAL, Court Visitor or interested party, to see at a glance where the estate stands at the end of the accounting period compared to the inventory and compared to the financial plan. This form should be filed with accounting form CPC-43. The conservator's accounting and report (§15-14-420, C.R.S.) should be filed annually unless otherwise ordered. A Notice of Filing, along with copies of the accounting and conservator's report, must be given to the protected person and any others as directed by the Court, within ten (10) days of filing. (§15-14-404(4), C.R.S.)

I. Current Assets

Description of the Asset	Market Value of the Asset
Investments: _____	\$ _____
Real Estate: _____	\$ _____
Savings: _____	\$ _____
Checking: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Total Market Value	\$ _____

II. Liabilities

Description of the Liability	Current Amount of Liability
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Liabilities	\$ _____

III. Income (List all sources of Income.)

Description of Income	Amount of Income
Social Security: _____	\$ _____
Retirement: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Total Income	\$ _____

IV. Expenses (List all regular expenses.)

Description of the Monthly Expense	Amount of Monthly Expense
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
Total Monthly Expenses	\$ _____

V. Explain any significant loss of assets or increase in liabilities.

VI. State any concerns which you have about the estate, and any request you have for assistance from the Court.

VII. Bond / Security

State the amount of any bond now in effect to cover the conservator's performance.

- A. Bond Amount: _____
- B. Bond Company: _____ Telephone: _____
- C. How much is the cost of the bond? _____
- D. Is the bond premium payment current? Yes. No. If no, please explain:

- E. Other Security: _____

- F. Describe any changes in the other forms of security you have given to insure your performance:

VIII. Describe the services provided by the conservator to the protected person during the reporting period.

IX. Describe the services provided by others to the protected person during the reporting period.

X. Payments to professionals you are employing to serve you as conservator, the protected person or the estate, and the amounts paid to such professionals during the last period:

Type of Professional and Name of Individual	Total Amount Paid to Individual
Attorney for Conservator: _____	\$ _____
Conservator: _____	\$ _____
Guardian ad Litem: _____	\$ _____
Court Visitor: _____	\$ _____
CPA/Accountant: _____	\$ _____
Attorney for Protected Person: _____	\$ _____
Other Advocate for Protected Person: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____
Other: _____	\$ _____

XI. Describe any changes you recommend to the financial plan for the conservatorship:

XII. Is there a continued need for the conservatorship? Yes. No. If no, please describe why and what steps should be taken:

XIII. Describe any changes you recommend to the scope of the conservatorship:

Dated: _____

Signature of Conservator