

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

INITIAL REPORT  
**INVENTORY VALUES AS OF DATE OF APPOINTMENT**

AMENDED REPORT  
**INVENTORY VALUES AS OF DATE \_\_\_\_\_ (MM/DD/YYYY)**

**DATE OF APPOINTMENT \_\_\_\_\_ (MM/DD/YYYY)**  
**FILING DUE DATE \_\_\_\_\_ (MM/DD/YYYY)**

I, \_\_\_\_\_ (conservator), move this court to approve this  Initial  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.

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

I understand that I must provide copies of this Financial Plan with Inventory to the protected person and any others as identified in the Order Appointing Conservator, within 10 days of filing with the court and will indicate having done so by completing the certificate of service at the end of this form. (§ 15-14-404(4), C.R.S.)

Unless the court receives a timely objection to this motion, this matter will be considered unopposed and reviewed by the court.

**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 may not review or adjudicate these or other matters unless specifically requested to do so by an interested person.

PART A: CONTACT INFORMATION

**Protected Person's Information:**

Check if updated information from petition

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

(Include Name of Living Center or Nursing Home, if applicable)

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

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

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

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

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

**Conservator's Information:**

Check if updated information from petition

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

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

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

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: \_\_\_\_\_

**Co-Conservator's Information:** (if applicable)  Check if updated information from petition

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

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

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

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: \_\_\_\_\_

**PART B: CONSERVATORSHIP ISSUES**

1. Are the assets in the estate identified to date 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.

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

2. 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.
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3.  Bond has been set in the amount of \$ \_\_\_\_\_. Surety has been posted.  
 Bond has been waived by the Court.  
 The setting of bond was deferred pending filing of this Conservator's Financial Plan with Inventory and Motion for Approval.  
 The Conservator requests the bond be set in the amount of \$ \_\_\_\_\_.  
**OR**  
 The Conservator requests the bond be waived for the following reasons:
- 

**INSTRUCTIONS ON HOW TO COMPLETE THIS FORM**

The Financial Plan and Inventory must be filed with the Court pursuant to §§15-14-418 and 15-14-419, C.R.S.

**Steps 1 and 2** are a projection of the Protected Person's annual income and expenses. Enter both the anticipated monthly and annual amounts in the respective columns.

**Step 3** is an inventory of the Protected Person's assets. Provide a detailed description of the asset as well as the current fair market value.

**Step 4** summarizes all costs and expenses incurred by the estate related to this proceeding.

**Step 5** summarizes all debts of the estate. Provide a detailed description as well as the remaining amount due.

**Step 6 and 7** are a summary. Transfer the respective income and expense totals from Steps 1 and 2 as well as the asset and liability totals in steps 3 through 5 to the appropriate lines in Step 7 to calculate the net income and net worth.

**PART C: FINANCIAL PLAN**

List all expected sources of receipts/income and disbursements/expenses in the charts below. If a specific category is not applicable, indicate "0" in the projected monthly and annual amounts columns. You will use these amounts when you file the initial Conservator's Report.

**Step 1: Projected Receipts/Income**

Indicate the amount of cash receipts/income received on both a monthly and annual basis. If an income amount (such as wages) is to be received on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an income amount (such as dividends) is to be received on an annual basis, divide the amount by 12 to determine the projected monthly amount.

Description of Receipt/Income Category	Projected Monthly Amount	Projected Annual Amount
Asset Not Previously Reported		
Business Income		
Court Order Repayment		
Disability/Unemployment/Worker's Compensation		
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 Receipts/Income</b> Enter the total projected monthly and annual amounts in Step 6.		

**Step 2: Projected Disbursements/Expenses**

Indicate the cash disbursement/expense amount on both a monthly and annual basis. If an expense (such as utilities) is to be paid on a monthly basis, multiply the amount by 12 to determine the projected annual amount. If an expense (such as property taxes) is to be paid on an annual basis, divide the amount by 12 to determine the projected monthly amount.

<b>Description of Disbursement/Expense Category</b>	<b>Projected Monthly Amount</b>	<b>Projected Annual Amount</b>
Assisted Living/Care Facility		
Bank/Investment Account Fees		
Business Expenses (Not Farm or Ranch)		
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–Professional		
Fees–Court Visitor		
Fees-Guardian–Non Prof		
Fees-Guardian–Professional		
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		
Taxes – FICA and Medicare		
Taxes – Income		
Taxes – Property and Assessments		
Travel/Vacations		
Utilities (Including Phone/Cell)		
<b>Total Disbursements/Expenses</b> Enter the total projected monthly and annual amounts in Step 6.	\$	\$

**INVENTORY**

**Step 3: Current Assets**

Report the fair market value of each category of asset in the chart below as of date of appointment. By indicating “None”, you are stating affirmatively that the Protected Person does not have assets in that category.

**Note:** If additional space is needed, separate sheets may be used. If additional items are discovered after the initial inventory has been completed, a supplemental inventory listing those additional item(s) must be completed.

Cash on Hand, Bank, Checking, Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)	Payable on Death	Type of Account	Account # (last 4-digits only)	Balance
<input type="checkbox"/> None				\$
<b>Total</b>				\$

Stocks, Bonds, Mutual Funds, Securities, Annuities and Investment Accounts (Name of Joint Owner or Transfer on Death Beneficiary)	Number of Shares or Identify Account Number (last 4-digits only)	Current Value
<input type="checkbox"/> None		
		\$
<b>Total</b>		\$

Life Insurance (Name of Company/Beneficiary)	Type of Policy	Face Amount of Policy	Cash Value
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

Pension, Profit Sharing and Retirement Funds (Name of Beneficiary)	Type of Plan (401(k), IRA, 457, PERA, Military, etc.)	Account # (last 4-digits only, if applicable)	Current Account Value (Note: Distributions should be listed in Step 1 above)
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) (Names of Joint Owners)	Year	Make and Model	Estimated Value (Value = what you could sell it for in its current condition)
<input type="checkbox"/> None			
			\$
<b>Total</b>			\$

<b>Real Estate (Indicate address) (Name any Joint Owners)</b> <input type="checkbox"/> None	<b>Type of Property (Home, Rental, Land, etc.)</b>	<b>Estimated Value</b> (Value = what you could sell it for in its current condition)
		\$
<b>Total</b>		\$

<b>General Household and Other Personal Property</b> <input type="checkbox"/> None	<b>Estimated Value</b> (Value = what you could sell it for in its current condition)
General Household and Other Personal Property (Total value except for items listed below.)	\$
Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.	
<b>Total</b>	\$

<b>Miscellaneous Assets (List each one separately and be specific.)</b> <input type="checkbox"/> None	<b>Estimated Value</b> (Value = what you could sell it for in its current condition)
	\$
<b>Total</b>	\$
<b>Total Assets</b>	\$
<b>Enter this amount in Step 7.</b>	

#### **Step 4: Accrued Liabilities to Professionals**

The conservator requests that the accrued expenses of this proceeding as of date of appointment as detailed below be approved by the court as identified in Step 2.

<b>Type of Professional and Name of Individual</b>	<b>Amount Billed</b>
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 Accrued Expenses</b> <b>Enter totals below in Step 5 - Inventory of Liabilities/Debts.</b>	\$

### **Step 5: Other Current Liabilities/Debts**

Report the value of each liability/debt in the chart below as of date of appointment as identified in Step 2.

<b>Description of Liability/Debt</b> <input type="checkbox"/> None	<b>Name of Creditor</b>	<b>Account Number</b> <b>(last 4-digits only)</b>	<b>Balance</b>
Accrued expenses associated with this proceeding (Total Step 4 above)			\$
Mortgage (principal due only)			
Motor Vehicle Loan			
2 <sup>nd</sup> Mortgage/Home Improvement			
Student Loan/Tuition			
Credit Card			
Federal Taxes			
State / Local Taxes			
Other Loan/Liability/Debt (Please list)			
HELOC			
Reverse Mortgage			
<b>Total Liabilities/Debt</b> <b>Enter this amount in Step 7.</b>	\$		

### **Summary**

#### **Step 6: Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)**

Summarize the Financial Plan below after completing the detailed accounting information in Step 1 and Step 2.

	<b>Projected Monthly Amount</b>	<b>Projected Annual Amount</b>
<b>(A) Receipts/Income (Total from Step 1)</b>	\$ _____	\$ _____
<b>(B) Disbursements/Expenses (Total from Step 2)</b>	\$ _____	\$ _____

<b>Net Income: (A) minus (B)</b>	\$ _____	\$ _____
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### Step 7: Summary of Inventory

Summarize the Inventory below after completing the detailed accounting information in Step 3 and Step 5.

(A) Total Assets (Total from Step 3) \$ \_\_\_\_\_

(B) Total Liabilities/Debt (Total from Step 5) \$ \_\_\_\_\_

**Net Worth: (A) minus (B)** \$ \_\_\_\_\_

- 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.

### IMPORTANT

**This document 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.**

**A conservator is required to file an amended "Financial Plan" whenever there is a change in circumstances that requires a substantial deviation from the existing plan. In addition, if the conservator finds other property not included in the original "Inventory", or if the value of the listed property is inaccurate or misleading, the conservator must prepare and file an amended "Inventory" with the court. Copies of these amendments must be provided to all interested parties. § 15-14-418(5) C.R.S. § 15-14-419(2) C.R.S.**

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### 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

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

**Colorado Law REQUIRES that the Conservator's Financial Plan with Inventory and Motion for Approval be served on the PROTECTED PERSON AND INTERESTED PERSONS pursuant to the 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 document.**

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**CERTIFICATE OF SERVICE**

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

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

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

\_\_\_\_\_  
Signature