

Form 23-1419: Conservator's Report

IN THE TRIAL COURT OF THE SAC & FOX TRIBE OF THE MISSISSIPPI IN IOWA

In RE the Conservatorship of: _____, DOB: _____ <input type="checkbox"/> Minor Child <input type="checkbox"/> Adult	Case No. _____ Initial / Annual / Final Report of Conservator
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The following report submitted to the Court is the:

- Initial Report
- Annual Report
- Final Report

COMES NOW, _____, the Conservator of the abovementioned Protected Person, and states as follows:

1. Reporting period

This report is for the period from: _____ / _____ / _____ to _____ / _____ / _____.
Month Day Year Month Day Year

2. Conservator's Information

A. Conservator's Name: _____
Name of Conservator or Financial Institution

B. Conservator is Protected Person's:

- Spouse
- Adult Child
- Parent
- Adult Sibling
- Financial Institution
- Other: _____

3. Protected Person's Information

A. Protected Person's Meskwaki Name: _____

B. Protected Person's Clan: _____

C. Protected Person's Age: _____

D. Protected Person's Date of Birth: _____ / _____ / _____

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E. Protected Person's Residence: _____

Mailing Address

City

State

Zip Code

F. Reason for Conservatorship: _____

_____.

G. Guardianship:

Protected Person does not have a guardian nor guardianship.

Protected Person has a **Natural Guardian** (legal parent).

Full name of natural guardian: First, Middle, Last

Mailing Address

City

State

Zip Code

(_____)

Phone Number

Email Address

Protected Person has a **Court-Appointed Guardian**.

Full name of natural guardian: First, Middle, Last

Mailing Address

City

State

Zip Code

(_____)

Phone Number

Email Address

H. Protected Person's health during reporting period

a. Summarize Protected Person's physical health during the reporting period, identifying any physical concerns that occurred and if the concern is resolved or ongoing:

_____.

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- b. Summarize Protect Peron's mental health during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred and if the concern is resolved or ongoing: _____
- _____
- _____
- _____
- _____
- c. Summarize any other health concerns related to the Protected Person that occurred during the reporting period and if the concern is resolved or ongoing: _____
- _____
- _____
- _____
- _____

4. Conservatorship Assets

- A. Total value of conservatorship assets at close of **prior** reporting period: _____
- B. Total value of conservatorship assets of close of **this** reporting period: _____

5. Annual Budget

A. Income sources

Estimate the amount of each source of income Protected Person receives.

**How often received? W= Weekly B=Bi-weekly (every other week) M= Monthly T= Two times a month*

Income sources	How often received?	Amount
Wages from employer Employer Name: Job Title:		
Wages from employer Employer Name: Job Title:		
Unemployment Assistance		
Family Investment Program		
Social Security		
Other (<i>Identify</i>):		

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Other (<i>Identify</i>):		
Other (<i>Identify</i>):		
Total from attached sheets, if any: <input type="checkbox"/> <i>Check this box if additional sheets are attached</i>		
TOTAL <i>Total estimated annual income for Protected Person</i>		

B. Debts and Liabilities

Estimate the amount of each debt or liability Protected Person owes.

**How often paid? W= Weekly B=Bi-weekly (every other week) M= Monthly T= Two times a month*

Debts and Liabilities of Protected Person	How often paid?	Amount
Mortgage		
Car Loan payments		
Credit Card debt		
Other (<i>Identify</i>):		
Other (<i>Identify</i>):		
Other (<i>Identify</i>):		
Total from attached sheets, if any: <input type="checkbox"/> <i>Check this box if additional sheets are attached</i>		
TOTAL <i>Total estimation of debts and liabilities of Protected Person</i>		

C. Monthly or Annual Budget

Complete a monthly or annual budget for Protected Person

Type of Expense	Amount Estimated (Check One)
	<input type="checkbox"/> Monthly <input type="checkbox"/> Annual
House Payment or Rent	
Food (<i>At home & Restaurants</i>)	
Transportation (<i>gas, bus fare, etc</i>)	
Clothing	

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Medical, Dental (<i>Not health insurance payments</i>)	
Utilities (<i>gas, electric, water, etc.</i>)	
Phone	
Cable / Satellite Television / Internet	
Car Insurance	
Health Insurance	
Educational or vocational training expenses	
Credit Card payments	
Car Loan payments	
Other loan payments	
Other Expense (<i>Please identify</i>):	
Other Expense (<i>Please identify</i>):	
Other Expense (<i>Please identify</i>):	
Other Expense (<i>Please identify</i>):	
Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if additional sheets are attached</i>	
TOTAL <i>Total monthly or annual budgeted expenditures</i>	

6. Conservatorship checking and savings account

A. Is there a conservatorship **checking** account?

Yes

No

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If you checked YES, complete sections a and b, otherwise if you checked NO skip to B.

a. Is the checking account interest-bearing?

Yes

No

b. Location of conservatorship checking account:

Full name of financial institution

Mailing Address

City

State

Zip Code

The last 4 digits of the account number: _____

B. Is there a conservatorship **savings** account?

Yes

No

If you checked YES, complete the next section.

Location of conservatorship savings account:

Full name of financial institution

Mailing Address

City

State

Zip Code

The last 4 digits of the account number: _____

7. Asset Management Plan

Identify each of the Protected Person's assets that Conservator will manage and describe Conservator's plan for management of the asset.

Asset 1

Asset: _____

Plan for Management: _____

Check this box if you have attached a sheet with additional information.

Asset 2
Asset: _____
Plan for Management: _____

 Check this box if you have attached a sheet with additional information.

Asset 3
Asset: _____
Plan for Management: _____

 Check this box if you have attached a sheet with additional information.

Asset 4
Asset: _____
Plan for Management: _____

 Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional assets.

8. Changes in Conservator's Initial Plan or Amended Plan *(If Initial Report, skip section 8)*

A. Were changes made in investments during this reporting period?

Yes

No

If YES, identify each investment and the changes made during the reporting period: _____

_____.

B. Did the conservatorship receive any new assets during the reporting period?

Yes

No

If YES, identify each new asset, its estimated value, and describe Conservator's plan for management of the asset:

New Asset 1
Asset: _____
Estimated Value: _____
Plan for Management: _____

<input type="checkbox"/> Check this box if you have attached a sheet with additional information.

New Asset 2
Asset: _____
Estimated Value: _____
Plan for Management: _____

<input type="checkbox"/> Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional assets.

C. Are any modifications necessary for management of existing assets?

NOTE: Significant modifications cannot be requested with this Annual Report. Significant modifications require Conservator to file an Amended Plan.

Yes

No

Continued on next page

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If YES, identify each existing asset and describe the modification necessary for management of the asset:

Asset 1 Asset: _____ Plan for Management: _____ _____ _____ <input type="checkbox"/> Check this box if you have attached a sheet with additional information.
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Asset 2 Asset: _____ Plan for Management: _____ _____ _____ <input type="checkbox"/> Check this box if you have attached a sheet with additional information.
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Check this box if you have attached a sheet with additional assets.

D. Are any other modifications to Conservator's Initial Plan or Amended Plan necessary?

NOTE: Significant modifications cannot be requested with this Annual Report. Significant modifications require Conservator to file an Amended Plan.

Yes

No

If YES, please describe what modifications are necessary and why: _____

_____.

9. Conservator's Bond

A. Is there a bond for the Conservator?

Yes

If YES, complete a and b.

a. Amount of Conservator's bond: _____

b. Surety Information:

Surety's name

Mailing Address

City

State

Zip Code

(_____)

Phone Number

Email Address

No

If NO, explain why: _____

_____.

10. Involvement of Protected Person

State how Conservator will involve Protected Person in decisions about the management of the conservatorship's assets:

_____.

11. Restoration of Protected Person to management of conservatorship assets

If ordered by the Court, state the steps Conservator plans to take to develop or restore the ability of Protected Person to manage the conservatorship assets:

_____.

12. Duration of conservatorship

How long is the conservatorship estimated to last?

13. Additional Information

Additional information that may be useful for the Court to determine what is in the Protected Person's best interest:

14. Request for approval of proposed budget and general conservatorship powers

Conservator requests that the Court approve the following: *(Check only those that apply)*

- Conservator's proposed budget for Protected Person.
- Authority to apply for and receive Protected Person's income.
- Authority to use conservatorship income and assets for payment of debts and liabilities
- Authority to use conservatorship income and assets for payment of expenses in accordance with the proposed monthly or annual budget.
- Authority to use conservatorship income and assets for payment of conservatorship services and fees.
- Authority to manage Protected Person's assets in accordance with the proposed asset management plan.
- Authority to use conservatorship income and assets for payment of attorney fees and other professional fees related to administration of the conservatorship.
- Authority to use conservatorship income and assets for payment of Protected Person's miscellaneous expenses not to exceed \$ _____ per month without further order of the Court.

15. Fees for Conservator

- Fees are applied for. *(Attach affidavit relative to compensation (Tribal Code 23-1218)).*
- Fees are waived.

VERIFICATION

Petitioner, by signing below declares under penalty and perjury and verifies that he or she has read this Conservator's Report and believes that the statements herein are true and accurate to the best of his or her knowledge and belief.

****PLEASE WAIT TO SIGN & DATE UNTIL IN FRONT OF A NOTARY****

Signature

Date

Mailing Address

City, State, Zip Code

Phone Number

Email Address

Signed before me on ____ day of _____, 20____.

 Signature of Notary Public, State of _____

Tribal Court Staff Title: _____