

<b>CONSERVATOR'S FINANCIAL PLAN</b>	Docket No. _____	<b>Commonwealth of Massachusetts The Trial Court Probate and Family Court</b>
<b>In the Interests of:</b> _____ First Name                      Middle Name                      Last Name  <b>Protected Person</b>  <b>Date of Appointment of Conservator</b> _____	_____ <b>Division</b>  _____  _____  _____	

I, \_\_\_\_\_ (name of Conservator(s)),  
 \_\_\_\_\_  
 First Name                      M.I.                      Last Name

move this Court to approve this  initial  amended Conservator's Financial Plan dated \_\_\_\_\_ .

**Protected Person's Information:** \_\_\_\_\_  
 \_\_\_\_\_  
 First Name                      Middle Name                      Last Name

Current Address (including Name of Living Center or Nursing Facility): \_\_\_\_\_  
 \_\_\_\_\_  
 (Address Line 1)                      (Apt, Unit, No. etc.)

\_\_\_\_\_ (City/Town)                      (State)                      (Zip)

Primary Phone # \_\_\_\_\_ Age: \_\_\_\_\_

**Conservator's Information:** \_\_\_\_\_  
 \_\_\_\_\_  
 First Name                      Middle Name                      Last Name

Do you plan on receiving any fees for being the Conservator?  Yes  No If Yes, indicate hourly rate: \$ \_\_\_\_\_

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

\_\_\_\_\_ (Address Line 1)                      (Apt, Unit, No. etc.)

\_\_\_\_\_ (City/Town)                      (State)                      (Zip)

Primary Phone # \_\_\_\_\_

**Part I - Financial Plan**

1. Provide a short narrative of the steps you will take to develop or restore the Protected Person's ability to manage his or her own property and finances.
  
  
  
  
  
  
  
  
  
  
2. Estimate the likely duration of the conservatorship, keeping in mind the steps to be taken to restore the Protected Person's ability to manage his or her own affairs.

3. Are the 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 an appropriate pleading (i.e. motion, petition for license to sell real estate, petition for protective arrangement) with the Court.

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.

**A. Receipts/Income**

Indicate the amount of 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 (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
Wages		
Social Security		
Interest / Dividends		
Pensions / Retirement Plan Distributions		
Rental Income		
Gifts from Others		
Disability, Unemployment or Worker's Compensation		
Other Public Assistance (Please List) _____		
Other Receipts/Income (Please List) _____		
<p align="center"><b>Total Receipts/Income</b>  <b>Enter the total projected monthly and annual amounts in Part II (A).</b></p>		

**B. Projected Payments to Professionals**

Do you expect to pay any fees to professionals, including any fees you receive for being the Conservator?  Yes  No

If Yes, list below projected payments to professionals that will serve you, as conservator, the protected person or the estate. Include any fees you plan to receive as the Conservator.

Type of Professional and Name of Individual	Projected Monthly Amount	Projected Annual Amount
Conservator:  _____ Name		
Guardian:  _____ Name		
Guardian ad litem:  _____ Name		
Legal fees for Protected Person:  _____ Attorney Name		
Legal fees for Conservator:  _____ Attorney Name		
Legal fees for Guardian:  _____ Attorney Name		
Accountant/CPA:  _____ Name		
Case Manager:  _____ Name		
Geriatric Care Manager:  _____ Name		
Other:  _____ Name		
Other:  _____ Name		
<b>Total Professional Fees</b> <b>Enter totals in Part I - Section C Disbursements/Expenses.</b>		

### C. Disbursements/Expenses

Indicate the disbursements/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.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
<b>Total Professional Fees Paid (from Part B)</b>		
Distributions to Protected Person		
Income Taxes		
FICA and Medicare Taxes		
Rent		
Mortgage		
Health Care (including health insurance, prescriptions)		
Other Insurance		
Property Taxes and Assessments		
Repairs and Maintenance		
Utilities, including phones		
Home Furnishings		
Food and Household Supplies		
Clothing		
Personal Care		
Auto Expenses		
Education		
Entertainment, Vacations and Travel		
Monthly Debt Repayments (excluding mortgage)		
Other Disbursements/Expenses (Please List) _____		
Other Disbursements/Expenses (Please List) _____		
<b>Total Disbursements/Expenses</b> <b>Enter the total projected monthly and annual amounts in Part II (B).</b>		

**Part II - Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)**

Summarize the Financial Plan below after completing the detailed accounting information.

	<b>Projected Monthly Amount</b>	<b>Projected Annual Amount</b>
(A) Receipts/Income (Total from Part I A (above))	\$ _____	\$ _____
(B) Disbursements/Expenses (Total from Part I C (above))	\$ _____	\$ _____
Net Income: (A) minus (B)	\$ _____	\$ _____

**The Conservator states the following:**

1. The information contained in the Financial Plan 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 interests of the Protected Person.

I understand that I must provide copies of this Financial Plan to the Protected Person in hand or by certified mail 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.

I understand that I am required to maintain supporting documentation for all receipts and disbursements including detailed billing statements from any professional. The Court and/or Interested Persons may request copies at any time.

I state under penalty of perjury that this is a true and complete Financial Plan of this estate to the best of my knowledge, information and belief.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Conservator

\_\_\_\_\_  
Attorney or Conservator Without Attorney

\_\_\_\_\_  
(Address Line 1) (Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town) (State) (Zip)

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

BBO No.: \_\_\_\_\_

**CERTIFICATE OF SERVICE**

I certify that on \_\_\_\_\_ I sent a copy of this Conservator's Financial Plan to the  
(date)

Protected Person  in hand or  by certified mail, return receipt requested, at the address listed on page 1 of this Report.

\_\_\_\_\_  
Signature of Person Making Service

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
(Address Line 1) (Apt, Unit, No. etc.)

\_\_\_\_\_  
(City/Town) (State) (Zip)

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

BBO No.: \_\_\_\_\_

**Note:** The Financial Plan must be served on the Protected Person.