

<input type="checkbox"/> District Court <input type="checkbox"/> Denver Probate Court _____ County, Colorado Court Address: _____  <b>In the Interest of:</b> _____  <b>Protected Person</b> _____		▲ <b>COURT USE ONLY</b> ▲
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>		

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 ☐ 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.

## Contact Information

### Protected Person's Information:

☐ Check if Updated Information from Petition

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 Petition

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

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

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: \_\_\_\_\_

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

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

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

### Co-Conservator's Information: (if applicable) ☐ Check if Updated Information from Petition

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

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

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: \_\_\_\_\_

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

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

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

## 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.

## 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.

<b>Description of Receipt/Income Category</b>	<b>Projected Monthly Amount</b>	<b>Projected Annual Amount</b>
Wages		
Social Security		
Interest / Dividends		
Pensions / Retirement Plan Distributions		
Rental Income		
Gifts from Others		
Disability, Unemployment or Worker's Compensation		
Other Public Assistance		
Other Receipts / Income (Please list)		
<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>
Professional Fees	\$	\$
Conservator fees	_____	_____
Guardian Fees	_____	_____
Guardian ad litem	_____	_____
Legal Fees for Protected Party	_____	_____
Legal Fees for Conservator	_____	_____
Legal Fees for Guardian	_____	_____
Legal Fees for GAL	_____	_____
Accountant/ CPA	_____	_____
Other: Describe	_____	_____
Other: Describe	_____	_____
Distributions to Protected Person		
Income Taxes		
FICA and Medicare Taxes		
Health Care (including health insurance, prescriptions)		
Other Insurance		
Rent or Mortgage		
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, e.g. gifts (Please list)		
Other Disbursements/Expenses (Please list)		
<b>Total Disbursements/Expenses</b> <b>Enter the total projected monthly and annual amounts in Step 6.</b>	\$	\$

# INVENTORY

## Step 3: Current Assets

Report the fair market value of each category of asset in the chart below as of the Inventory date. 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) <input type="checkbox"/> None	Type of Account	Account # (last 4-digits only)	Balance
			\$
<b>Total</b>			\$
Stocks, Bonds, Mutual Funds, Securities and Investment Accounts <input type="checkbox"/> None	Number of Shares or Identify Account Number (last 4-digits only)		Current Value
			\$
<b>Total</b>			\$
Life Insurance (Name of Company/Beneficiary) <input type="checkbox"/> None	Type of Policy	Face Amount of Policy	Cash Value
			\$
<b>Total</b>			\$
Pension, Profit Sharing, Annuities and Retirement Funds <input type="checkbox"/> None	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)
			\$
<b>Total</b>			\$

Motor Vehicles and Recreation Vehicles (Including Motorcycles, ATV's, Boats, etc.) <input type="checkbox"/> None	Year	Make and Model	Estimated Value Value = what you could sell it for in its current condition.
			\$
<b>Total</b>			\$
Real Estate (Indicate address) <input type="checkbox"/> None	Type of Property (Home, Rental, Land, etc.)	Estimated Value Value = what you could sell it for in its current condition.	
		\$	
<b>Total</b>		\$	
General Household and Other Personal Property. <input type="checkbox"/> None		Estimated Value Value = what you could sell it for in its current condition.	
General Household and Other Personal Property (Total value except for items listed below.)		\$	
<i>Separately list and value items of significant value below, for example: Jewelry, Antiques, Collectibles, Artwork, etc.</i>			
<b>Total</b>		\$	
Miscellaneous Assets (List each one separately and be specific.) <input type="checkbox"/> None		Estimated Value Value = what you could sell it for in its current condition.	
		\$	
<b>Total</b>		\$	
<b>Total Assets</b> Enter this amount in Step 7.		\$	

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

The Conservator requests that the accrued expenses of this proceeding as detailed below be approved by the Court as a ☐ one-time lump sum payment or as ☐ payments spread out over \_\_\_\_\_ months as identified in Step 2.

<b>Type of Professional and Name of Individual</b>	<b>Amount Billed or Paid</b>
Legal Fees for Petitioner -	\$
Legal fees for Protected Person -	
Filing fee	
Court Visitor fee -	
Guardian <i>ad litem</i> fee -	
Other -	
<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 the Inventory date.

<b>Description of Liability/Debt</b> <input type="checkbox"/> None	<b>Name of Creditor</b>	<b>Account Number</b> (last 4-digits only)	<b>Balance</b>
Accrued expenses associated with this proceeding (Total Step 4 above)			\$
Mortgages (principal due only)			
Car Loans			
Home Improvement Loans			
Student Loans			
Credit Card Debt			
Federal Taxes Owed			
State and Local Taxes Owed			
Other Liabilities/Debt (Please list)			
Other Liabilities/Debt (Please list)			
<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.

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

### 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)	\$ _____
<b>Net Worth: (A) minus (B)</b>	<b>\$ _____</b>

## Bond

- ☐ Bond has been set in the amount of \$ \_\_\_\_\_. Surety has been posted.
- ☐ The setting of bond was deferred pending filing of this Conservator's Financial Plan with Inventory and Motion for Approval. The Conservator now requests that bond be set in the amount of \$ \_\_\_\_\_. (§15-14-415, C.R.S.)
- ☐ Bond has been waived by the Court.

---

I swear/affirm under penalty of perjury, that I have read the foregoing *CONSERVATOR'S FINANCIAL PLAN WITH INVENTORY AND MOTION FOR APPROVAL* and that the statements set forth therein are true and correct to the best of my knowledge. §15-10-310, C.R.S. I understand that this report is subject to audit and verification.

\_\_\_\_\_  
Conservator's Signature                      Date

\_\_\_\_\_  
Co-Conservator's Signature                      Date



## 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 shall 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.

### 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, 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.

---

### CERTIFICATE OF SERVICE

I certify that on \_\_\_\_\_ (date) a copy of this *Conservator's Financial Plan with Inventory and Motion for Approval* was served on each of the following:

Name of Person to Whom You are Sending this Document (Interested Persons)	Relationship to Protected Person	Address	Manner of Service*
	Protected Person		

\*Insert hand delivery, first class U.S. Mail, certified U.S. Mail, E-filed, or Fax or other method allowed under Colorado law.

\_\_\_\_\_  
Signature