Name of Person Filing this Document

Mailing Address (Street or P.O. Box)

City, State, ZIP Code

Telephone Number

Email Address (if any)

IN THE DISTRICT COURT

COUNTY OF \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, STATE OF MONTANA

|  |  |
| --- | --- |
| IN THE MATTER OF THE GUARDIANSHIP OR CONSERVATORSHIP OF:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , ⬜ an Adult.⬜ a Minor.  | Case No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ANNUAL ACCOUNTING FOR SMALL  ESTATES ($50,000) |

**Using this Form.**

You can use this form if the person under guardianship and/or conservatorship (the “Person”) has only cash, checking, and/or savings accounts with a combined balance $50,000, or less, and does not have personal belongings or collections that are worth more than $2,000.

If the Person has other assets not listed above you must complete the standard guardian/conservator’s accounting form.

**Guidance.**

The purpose of this report is to give the court a summary of the current financial condition of the Person.

Your reports are due as follows:

The first report, called an inventory, is due within ninety (90) days of your appointment as guardian and/or conservator.

The second report, called an accounting, is due within 30 days of the anniversary date of your appointment, covering the first 12 months of your appointment.

An accounting is due every year afterward.

A final accounting is due within 30 days of your resignation, removal, or termination of the appointment.

This report must be signed by the guardian/conservator under penalty of perjury and filed with the court. Copies must be provided to the person under guardianship/ conservatorship, his/her attorney and any other individuals specified by the court. Keep a copy for your records.

**Reporting Period.**

This accounting covers the dates beginning (date appointed guardian/conservator or ending date of last accounting) and ending (12 months after beginning date).

Is this the final accounting?

 ⬜ Yes ⬜ No

If yes, please attach the court order if available.

**SECTION 1 - Information About The Person Under Guardianship/Conservatorship.**

1. Person’s name:

2. Person’s physical address:

3. Person’s telephone numbers/contact information:

Residence:

Mobile: Work:

Email:

4. Does the Person have sole control over any money?

⬜ Yes ⬜ No

If yes, explain:

5. Has the Person moved in the past year?

⬜ Yes ⬜ No

If yes, explain:

6. Significant Actions or Substantial Change of Circumstances: Describe any significant actions you have taken regarding the Person’s property and funds during the reporting period and any substantial changes of circumstances.

**SECTION 2 – Assets.**

1. Cash on hand (not in a financial institution and not in the Person’s sole control.)

 ⬜ Yes ⬜ No Amount $

If answer is yes, why is cash kept on hand?

2. Accounts.

|  |  |  |
| --- | --- | --- |
| Name of Bank/Institution | Type of Account(Checking or Savings) | Value on Last Day of Reporting Period |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL | $ |

**SECTION 3 - Income Received This Period.**

|  |  |
| --- | --- |
| Description of Each Income Source(Report only the income received by the Person* not your income)
 | Amount Received This Reporting Period |
| Social Security |
|  | Social Security Benefits | $ |
| Social Security Disability Benefits (SSD) | $ |
| Supplemental Security Income Benefits (SSI) | $ |
| Workers Compensation Benefits | $ |
| Veterans Financial Benefits | $ |
| Other (describe)    | $ |
| TOTAL | $ |

**SECTION 4 – Expenses.**

|  |  |
| --- | --- |
| Description of Each Type of Expense(money paid to anyone on behalf of the Person or on behalf of his/her legal dependents) | Amount of Expense This Reporting Period |
| Cost of Care or Residential Need | $ |
| Personal Spending by the Protected Person  | $ |
| Compensation Paid | $ |
| Cable/Satellite Television Service | $ |
| Other Expenses over $500.00 (describe) Other Expenses over $500.00(describe) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | $ |
| Total | $ |

**SECTION 5 – Accounting Summary.**

|  |  |
| --- | --- |
| A. Income (Section 3 Total) | $ |
| B. Expenses (Section 4 Total) | $ |
| C. Income Less Expenses (A – B = C) | $ |

**SECTION 6 - Information About The Guardian/Conservator.**

Please provide any additional information you think is important:

VERIFICATION

 I declare under penalty of perjury and under the laws of the State of Montana that all statements and information, above, are true and correct.

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

Signature Date

Typed/Printed Name

CERTIFICATE OF SERVICE

I certify that on (date) I served a copy to: (name all parties in the case other than yourself)

|  |  |
| --- | --- |
| ⬜ Person  [ ]  By Mail(Name)  [ ]  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street or Post Office Address) (number) [ ]  By personal delivery(City, State, and Zip Code) ⬜ Attorney or Guardian ad Litem [ ]  By Mail(Name)  [ ]  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street or Post Office Address) (number) [ ]  By personal delivery(City, State, and Zip Code) [ ]  By Mail(Name)  [ ]  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street or Post Office Address) (number) [ ]  By personal delivery(City, State, and Zip Code) [ ]  By Mail(Name)  [ ]  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street or Post Office Address) (number) [ ]  By personal delivery(City, State, and Zip Code) [ ]  By Mail(Name)  [ ]  By fax to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Street or Post Office Address) (number) [ ]  By personal delivery(City, State, and Zip Code) | * By mail
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 |
|  Typed/Printed Name |  Guardian/Conservator’s Signature |