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  (Standard Form) |

**Guidance.**

The purpose of this report is to give the court a summary of the current financial condition of the person under guardianship and/or conservatorship (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 - Income.**

|  |  |
| --- | --- |
| 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) | $ |
| Aid To Aged, Blind And Disabled (AABD) | $ |
| Veterans Financial Benefits | $ |
| Trust Income | $ |
| Wages  | $ |
| Worker’s Compensation Benefits | $ |
| Dividends Paid Into A Bank Account | $ |
| Interest Income Paid Into A Bank Account | $ |
| Refunds |
|  | Tax Refunds | $ |
| Insurance Refunds | $ |
| Other Refunds (explain)    | $ |
| Realized Gain/Loss On Sale Of Asset | $ |
| Rental Income | $ |
| Pension | $ |
| Annuity Income | $ |
| Alimony Or Child Support | $ |
| Inheritance And Gifts Received | $ |
| Sale Of Personal Property Not Listed On Inventory | $ |
| IRA Distributions | $ |
| Other (describe)    | $ |
| TOTAL | $ |

**SECTION 3 - 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 |
| Nursing/Assisted Living Home/In-Home Care | $ |
| Rent Payment | $ |
| Mortgage Payment |
|  | Mortgage Interest | $ |
| Mortgage Escrow | $ |
| Home Insurance If Not Paid By Escrow Account | $ |
| Property Tax If Not Paid By Escrow Account | $ |
| Utilities (Gas, Electric, Water And Sewer) | $ |
| Cable/Satellite Television Service (TV And Computer) | $ |
| Cell And Other Phone Service | $ |
| Transportation | $ |
| Medical Treatment Costs Not Paid By Insurance | $ |
| Medications Not Paid By Insurance | $ |
| Credit Card Payments | $ |
| Food | $ |
| Clothing | $ |
| Recreation Or Entertainment | $ |
| Personal Spending Allowance | $ |
| Income Tax - Combined Federal And State |
|  | Estimated Payments During Year | $ |
| Additional Tax Paid With Return Or After Audit | $ |
| Home/Property Maintenance Costs | $ |
| Insurance |
|  | Auto Insurance | $ |
| Medical Insurance | $ |
| Life Insurance | $ |
| Other Insurance (Long Term Care, Etc.) | $ |
| Court Approved Gifts | $ |
| Other Gifts | $ |
| Child/Spousal Support | $ |
| Legal Fees | $ |
| Fees/Costs Paid To Conservator | $ |
| Fees/Costs Paid To Guardian | $ |
| Accounting Fees | $ |
| Court Costs | $ |
| Case Management | $ |
| Other Expenses Over $500.00 (describe)    | $ |
| TOTAL | $ |

**SECTION 4 – Assets.**

1. Cash On Hand (not in a financial institution and not in the Person’s possession and sole control).

 ⬜ Yes ⬜ No Amount $

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

2. Bank Accounts.

|  |  |  |
| --- | --- | --- |
| Name Of Bank/Institution | Type of Account(Examples: checking, savings, certificates of deposit, etc.) | Value on Last Day of Reporting Period |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL | $ |

3. Investment Accounts.

|  |  |  |
| --- | --- | --- |
| Name Of Bank/Institution | Type of Account(Examples: money market accounts, stocks, bonds, IRAs, 401(k) plan, etc.) | Value on Last Day of Reporting Period |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL | $ |

4. Life Insurance Policies.

|  |  |  |
| --- | --- | --- |
| Name of Insurance Company | Type of Insurance(Examples: whole, term or universal, etc.) | Cash Value on Last Day of Reporting Period |
|  |  | $ |
|  |  | $ |
| TOTAL | $ |

5. Real Estate.

|  |  |  |
| --- | --- | --- |
| Address and Type of Property(Examples: residential, rental, commercial or agricultural) | Method For Determining Value(Examples: appraisal, tax assessment, market value, etc.) | Current Market Value |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL | $ |

6. Vehicles.

|  |  |
| --- | --- |
| Make, Model, And Year(List all cars, boats, snow machines, etc.) | Current Market Value |
|  | $ |
|  | $ |
|  | $ |
|  TOTAL | $ |

7. Other Property Not Listed Above. (Attach additional pages if necessary.)

|  |  |  |
| --- | --- | --- |
| Description of Item or Collection(Only list items or collections that are worth more than $1,000.00) | Method For Determining Value(Examples: appraisal, market value, etc.) | Current Market Value |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  |  | $ |
|  TOTAL | $ |

8. Total Value of Assets Listed Above. (The sum of all ‘Totals’ reported in Section 4)

|  |  |
| --- | --- |
|  SUM TOTAL | $ |

**SECTION 5 – Debts.**

1. Real Estate Debts.

|  |  |  |
| --- | --- | --- |
| Address of Property | Type of Property(examples: residential, rental, commercial or agricultural) | Amount Owed on Last Date of Reporting Period |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL |  | $ |

2. Other Loans.

|  |  |  |
| --- | --- | --- |
| Lender Name | Purpose of Loan(Examples: automobile loan or personal payday loan, etc.) | Amount Owed on Last Date of Reporting Period |
|  |  | $ |
|  |  | $ |
|  |  | $ |
| TOTAL  | $ |

3. Credit Cards.

|  |  |
| --- | --- |
| Company Name And Address | Amount Owed on Last Date of Reporting Period |
|  | $ |
|  | $ |
|  | $ |
| TOTAL | $ |

4. Judgments.

|  |  |
| --- | --- |
| Judgment Description | Amount Owed on Last Date of Reporting Period |
|  | $ |
|  | $ |
| TOTAL | $ |

5. Other Liabilities/Debts.

|  |  |
| --- | --- |
| Description | Amount Owed on Last Date of Reporting Period |
|  | $ |
|  | $ |
|  | $ |
| TOTAL | $ |

1. Total Amount Owed By Person. (The sum of all ‘Totals’ reported in Section 5.)

|  |  |
| --- | --- |
| SUM TOTAL | $ |

7. Explain any relationship between yourself and any of the Person’s creditors.

8. Explain any relationship between the Person and any of the Person’s creditors.

**SECTION 6 – Accounting Summary.**

|  |  |
| --- | --- |
| A. Income (Section 2 Total) | $ |
| B. Expenses (Section 3 Total) | $ |
| C. Income Less Expenses (A – B = C) | $ |
| \*\*\* | \*\*\* |
| D. Assets (Section 4 Sum Total) | $ |
| E. Debts (Section 5 Sum Total) | $ |
| F. Net Asset Value (D – E = F) | $ |

**SECTION 7 - 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 |