

<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 INVENTORY WITH FINANCIAL PLAN  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 Inventory with Financial Plan.

**As grounds therefore, the Conservator states the following:**

1. The information contained in the Inventory with 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 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 Inventory with Financial Plan 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.)

This matter is routine and expected to be unopposed. I will set this matter on the Non-Appearance docket by filing JDF 712.

**OR**

I will set this matter for hearing on the appearance docket.

**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.

**Protected Person's Information: \_\_\_\_\_ (Name)**

Current Address: \_\_\_\_\_  
(Include Name of Living Center or Nursing Home)  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Number: \_\_\_\_\_ Age: \_\_\_\_\_

**Conservator's Information: \_\_\_\_\_ (Name)**

Do you expect to receive any fees for being the Conservator?  Yes  No If Yes, indicate hourly rate: \$ \_\_\_\_\_  
Occupation: \_\_\_\_\_ Your Relationship to Protected Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**If applicable, Co-Conservator's Information: \_\_\_\_\_ (Name)**

Do you expect to receive any fees for being the Conservator?  Yes  No If Yes, indicate hourly rate: \$ \_\_\_\_\_  
Occupation: \_\_\_\_\_ Your Relationship to Protected Person: \_\_\_\_\_  
Address: \_\_\_\_\_ Apt. # \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_  
E-Mail Address: \_\_\_\_\_

**Part I – Summary of Inventory**

Summarize the Inventory below after completing the detailed accounting information in Parts III and IV.

(A) Total Assets (Total from Part III) \$ \_\_\_\_\_

(B) Total Liabilities/Debt (Total from Part IV) \$ \_\_\_\_\_

<b>Net Worth: (A) minus (B)</b>	\$ _____
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**Part II – Summary of Financial Plan (Receipts/Income Minus Disbursements/Expenses)**

Summarize the Financial Plan below after completing the detailed accounting information in Part V.

	Projected Monthly Amount	Projected Annual Amount
(A) Receipts/Income (Total from Part V (A) below)	\$ _____	\$ _____
(B) Disbursements/Expenses (Total from Part V (B) below)	\$ _____	\$ _____

<b>Net Income: (A) minus (B)</b>	\$ _____	\$ _____
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### Part III – Inventory of 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.

<b>Cash on Hand, Bank, Checking, Savings, Certificate of Deposits, and Health Accounts (Name of Bank or Financial Institution)</b> <input type="checkbox"/> None	<b>Type of Account</b>	<b>Account # (last 4-digits only)</b>	<b>Balance</b>
			\$
<b>Total</b>			\$
<b>Stocks, Bonds, Mutual Funds, Securities and Investment Accounts</b> <input type="checkbox"/> None		<b>Number of Shares or Identify Account Number (last 4-digits only)</b>	<b>Current Value</b>
			\$
<b>Total</b>			\$
<b>Life Insurance (Name of Company/Beneficiary)</b> <input type="checkbox"/> None	<b>Type of Policy</b>	<b>Face Amount of Policy</b>	<b>Cash Value</b>
			\$
<b>Total</b>			\$
<b>Pension, Profit Sharing, Annuities and Retirement Funds</b> <input type="checkbox"/> None	<b>Type of Plan (401(k), IRA, 457, PERA, Military, etc.)</b>	<b>Account # (last 4-digits only, if applicable)</b>	<b>Current Account Value</b> <small>(Note: List monthly or annual distributions in Part V, below)</small>
			\$
<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 Part I.			\$

## Part IV – Inventory of Liabilities/Debts

Report the value of each liability/debt in the chart below as of the Inventory date.

Description of Liability/Debt <input type="checkbox"/> None	Name of Creditor	Account Number (last 4-digits only)	Balance
Accrued expenses associated with this proceeding (Total from Part C.)			\$
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> Enter this amount in Part I.			\$

## Part V – 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.

### A. 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.

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		
Other Receipts / Income (Please list)		
Other Receipts / Income (Please list)		
<b>Total Receipts/Income</b> Enter the total projected monthly and annual amounts in Part II.		

## B. 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.

Description of Disbursement/Expense Category	Projected Monthly Amount	Projected Annual Amount
Total Professional Fees (from Part D)	\$	\$
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 Part II.</b>	\$	\$

### C. Accrued Liabilities to Professionals

The Conservator requests that the accrued expenses of this proceeding of \$\_\_\_\_\_ (identified in Part IV – Inventory of Liabilities/Debts) and as detailed below be approved by the Court as a  one-time lump sum payment or as  payments spread out over \_\_\_\_ months as identified below in Part D:

Type of Professional and Name of Individual	Amount Billed or Paid
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 – Enter totals in Part IV – Inventory of Liabilities/Debts.</b>	\$

### D. 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 -		
Guardian -		
Guardian <i>ad litem</i> -		
Legal fees for Protected Person -		
Legal fees for Conservator -		
Legal fees for Guardian -		
Legal fees for Petitioner -		
Accountant / CPA -		
Case Manager -		
Other -		
Other -		
<b>Total Professional Fees – Enter totals in Part V – Section B Disbursements/Expenses.</b>	\$	\$

