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IN THE _____ JUDICIAL CIRCUIT, _____, COUNTY, MISSOURI

Judge or Division PROBATE	Case Number:
In the Estate of _____, Disabled Person	

Conservator's Annual Status Report – Disabled Person Supplemental Report to No Further Process

I/We _____, conservator/ co-conservators of the above named protectee submit the following information as required pursuant to the provisions of section 475.270, RSMo.

1. State the present address of the protectee: _____

2. State your present address: _____

☐ Please check here if your address has changed since filing your last report.

3. State the services being provided to the protectee: _____

4. State the significant actions you have taken concerning the conservatorship during the reporting period: _____

5. In your opinion, should the conservatorship continue and if any recommended changes need to be made to the conservatorship: _____

6. What compensation are you requesting and what reasonable and necessary expenses have you incurred involving this conservatorship: _____

7. Do you have a financial plan in place for the coming year for the protectee? _____

8. If you do have a financial plan in place, what are the provisions of the plan? _____

9. During the past 12 months, you **in your capacity as guardian/conservator,** receive any money on behalf of the ward from:

Social Security	<input type="checkbox"/> Yes	Amount annually? _____	<input type="checkbox"/> No
SSI	<input type="checkbox"/> Yes	Amount annually? _____	<input type="checkbox"/> No
Vet. Admin. (VA)	<input type="checkbox"/> Yes	Amount annually? _____	<input type="checkbox"/> No
Other	<input type="checkbox"/> Yes	Amount annually? _____	<input type="checkbox"/> No

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10. If other, state the source: _____
_____.

11. Other than the payments listed above, have you or anyone else received any lump sum payments or other property from any source listed above or from any other source? ☐ Yes ☐ No
If so, state the date received, source, amount (or value) and the present location thereof: _____
_____.

12. Was any money paid to anyone else for the ward's benefit? ☐ Yes ☐ No
If so, state the source of the money and the name and address of the person receiving it: _____
_____.

13. State the amount of the ward's money you have spent for the ward during the past 12 months and the purposes of the expenditures:

_____.

14. List all restricted accounts in which the protectee's money or property is deposited, the name and address of the depositories and the total amount on hand in each account:

	Depository Institution	Account Number	Amount on Hand
a.			
b.			
c.			

15. Other than the accounts listed in paragraph 3 above, list all other accounts in which the protectee's money or property is deposited, the name and address of the depositories and the total amount on hand in each account:

	Depository Institution	Account Number	Amount on Hand
a.			
b.			
c.			

16. Does the ward have life insurance for burial expenses or a burial plan? ☐ Yes ☐ No
If so, state the name of the company and the amount of the benefit: _____
_____.

17. If compensation for services rendered as conservator is requested, what amount is requested as compensation for services rendered, and what amount is requested as reimbursement for the reasonable and necessary expenses of the conservator(s)? Please attach appropriate documentation to support any request for compensation and/or reimbursement.

_____.

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Return to:

Signed this _____ day of _____, 20____

Signature of Conservator/Co-Conservators

Printed Name of Conservator/Co-Conservators

Street Address

City State Zip Code

Telephone Number

Email Address

FOR COURT USE ONLY

Reviewed: _____
Date

Judge