

**Rule 7.12—Form 7: Conservator's Annual Report**

**Instructions:**

- Conservators must complete, sign, and file this form on an annual basis within sixty (60) days of the close of the reporting period.
- Once filed, Conservator must serve a copy of this Annual Report on Protected Person, Protected Person's attorney and court advisor, if any, and others as the court directs.
- Do not include protected information on this form. For protected information, complete Rule 7.12—Form 1: Protected Information Disclosure.
- The purpose of this Annual Report is to provide the court with the current financial situation of the conservatorship and an accounting of important transactions that occurred during the reporting period. The Annual Report is also an opportunity to advise the court of any anticipated needs of Protected Person arising during the upcoming year and obtain court approval to meet those needs.
- Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."

**In the Iowa District Court for \_\_\_\_\_ County**

**In the Matter of the Conservatorship of:**

Probate no. \_\_\_\_\_

**Conservator's Annual Report**

\_\_\_\_\_  
*Full name: first, middle, last*

*If the protected person is a minor, use initials only.*

**Protected Person.**

Iowa Code § 633.670(3)

Conservator states as follows:

**1. Reporting period**

This report is for the period from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
*Month Day Year Month Day Year*

**2. Conservator's information**

A. Conservator's name:

\_\_\_\_\_  
*Name of Conservator or financial institution*

B. Conservator is Protected Person's:

*Check one*

Spouse

Adult child

Parent

Adult sibling

Financial institution

Other: \_\_\_\_\_

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If you need assistance to participate in court due to a disability, call the disability coordinator (information at [www.iowacourts.gov/Administration/Directories/ADA\\_Access/](http://www.iowacourts.gov/Administration/Directories/ADA_Access/)). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

**3. Protected Person's information**

A. Protected Person's age: \_\_\_\_\_.

B. Reason for conservatorship:

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

Check this box if you have attached a sheet with additional information.

C. Protected Person's residence:

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

D. Guardianship: *Check one*

Protected Person does not have a guardian or guardianship.

Protected Person has a natural guardian (legal parent).

\_\_\_\_\_  
*Full name of natural guardian: first, middle, last*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

Protected Person has a court-appointed guardian.

\_\_\_\_\_  
*Full name of court-appointed guardian: first, middle, last*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

***Continued on next page***

E. Does Protected Person have a valid Durable Financial Power of Attorney?

Yes *File a copy of the power of attorney as an attachment to this form.*

No

F. Does Protected Person have a Last Will and Testament?

Yes  No

*If you checked Yes, complete the next section.*

Has the original Last Will and Testament been filed with the clerk of court?

Yes, in \_\_\_\_\_ County, \_\_\_\_\_.  
*Name of county Name of state*

No, the following person has a copy of the Last Will and Testament:

\_\_\_\_\_  
*Full name: first, middle, last / business name*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

G. Does Protected Person have a prepaid funeral plan or funeral trust:

Yes *File a copy of the contract plan or trust as an attachment to this form.*

No

H. Protected Person's health during reporting period

(1) Summarize Protected Person's physical health during the reporting period, identifying any physical concerns that occurred and if the concern is resolved or ongoing:

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

*Check this box if you have attached a sheet with additional information.*

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- (2) Summarize Protected Person's mental health during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred and if the concern is resolved or ongoing:

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Check this box if you have attached a sheet with additional information.

- (3) Summarize any other health care concerns related to Protected Person that occurred during the reporting period and if the concern is resolved or ongoing:

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Check this box if you have attached a sheet with additional information.

**4. Conservatorship assets**

- A. Total value of conservatorship assets at close of **prior** reporting period: \$ \_\_\_\_\_
- B. Total value of conservatorship assets at close of **this** reporting period: \$ \_\_\_\_\_

*Complete and file with this form Rule 7.12—Form 6: Inventory of Assets of Protected Person detailing Protected Person's assets at the close of this reporting period.*

**5. Conservatorship income and expenditures**

**Note:** Bank statements, checks, receipts, stubs, and other items evidencing receipt of funds and payment must be available to the court on demand.

- A. Total funds on hand at close of **prior** reporting period: \$ \_\_\_\_\_
- B. Income received during reporting period:

*\*How often was income received?*

*W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month*

Income sources for Protected Person	Income	
	How often received?*	Amount
	W,B,M,T	
(1) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$

*Continued on next page*

(2) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$
(3) Unemployment assistance		\$
(4) Family Investment Program		\$
(5) Social Security		\$
(6) Other <i>Identify:</i>		\$
(7) Other <i>Identify:</i>		\$
(8) Other <i>Identify:</i>		\$
(9) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on Protected Person's income sources.</i>		\$
<b>Total</b> <i>Income received for Protected Person during reporting period</i>		\$

C. Debts and liabilities paid during reporting period:

\*How often were debts and liabilities paid?

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Debts and liabilities of Protected Person	Debts and liabilities	
	How often paid?*	Amount
	W,B,M,T	
(1) Mortgage		\$
(2) Car loan payments		\$
(3) Credit card debt		\$
(4) Other <i>Identify:</i>		\$
(5) Other <i>Identify:</i>		\$
(6) Other <i>Identify:</i>		\$
(7) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on Protected Person's debts and liabilities.</i>		\$
<b>Total</b> <i>Debts and liabilities paid for Protected Person during reporting period</i>		\$

*Continued on next page*

D. Expenditures during reporting period:

Type of expense	Amount <i>Check one</i> <input type="checkbox"/> monthly <input type="checkbox"/> annual
(1) House payment or rent	\$
(2) Food <i>At home &amp; restaurants</i>	\$
(3) Transportation ( <i>gas, bus fare</i> ) <i>Not car loan payments – see (15).</i>	\$
(4) Clothing	\$
(5) Medical, dental <i>Not health insurance payments – see (11).</i>	\$
(6) Utilities ( <i>gas, electric, water</i> )	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$
(10) Health insurance payment	\$
(11) Transportation	\$
(12) Educational or vocational training expenses	\$
(13) Credit card payments	\$
(14) Car loan payments	\$
(15) Other loan payments	\$
(16) Other expense <i>Identify:</i>	\$
(17) Other expense <i>Identify:</i>	\$
(18) Other expense <i>Identify:</i>	\$

*Continued on next page*

(19) Other expense <i>Identify:</i>	\$
(20) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information regarding expenses.</i>	\$
<b>Total</b> <i>Total expenditures during reporting period</i>	\$

E. Total funds on hand at the close of **this** reporting period: \$ \_\_\_\_\_

**6. Conservatorship services and fees**

Did Conservator charge fees for services provided to Protected Person during the reporting period?

Yes  No

*If you checked Yes, complete the next section, otherwise skip to 7.*

List each service Conservator provided as well as the total amount charged for the service during the reporting period.

<b>Conservatorship service</b>	<b>Amount charged during reporting</b>
(1)	\$
(2)	\$
(3)	\$
(4)	\$
(5) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information regarding conservatorship services.</i>	\$
<b>Total amount of fees Conservator charged for services during reporting period:</b>	\$

*Continued on next page*

**7. Annual budget for next reporting period**

**A. Income sources**

*Estimate the amount of each source of income Protected Person will receive during the next reporting period.*

*\*How often is income received?*

*W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month*

Income sources for Protected Person	Income	
	How often received?*	Amount
	W,B,M,T	
(1) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$
(2) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$
(3) Unemployment assistance		\$
(4) Family Investment Program		\$
(5) Social Security		\$
(6) Other <i>Identify:</i>		\$
(7) Other <i>Identify:</i>		\$
(8) Other <i>Identify:</i>		\$
(9) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on Protected Person's income sources.</i>		\$
<b>Total</b> <i>Total estimated income for Protected Person during the next reporting period</i>		\$

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**B. Debts and liabilities**

Estimate the amount of each debt or liability Protected Person will pay during the next reporting period.

\*How often are debts and liabilities paid?

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Debts and liabilities of Protected Person	Debts and liabilities	
	How often paid?*	Amount
	W,B,M,T	
(1) Mortgage		\$
(2) Car loan payments		\$
(3) Credit card debt		\$
(4) Other <i>Identify:</i>		\$
(5) Other <i>Identify:</i>		\$
(6) Other <i>Identify:</i>		\$
(7) Totals from attached sheets, if any <input type="checkbox"/> Check this box if you have attached a sheet with additional information on Protected Person's debts and liabilities.		\$
<b>Total</b> <i>Total estimated debts and liabilities for Protected Person during the next reporting period</i>		\$

Is any other person jointly liable for all or part of any listed debt or liability?

Yes  No

If you checked **Yes**, complete the next section.

Debt: \_\_\_\_\_  
*Description of jointly owed debt or liability*

a. Person jointly liable:

\_\_\_\_\_  
*Full name: first, middle, last*

b. Above person's relationship to Protected Person: \_\_\_\_\_  
*Describe relationship*

c. Payment amount (if any): \_\_\_\_\_  
*Identify payment amount and how often it is paid*

d. Source of payments (if any): \_\_\_\_\_  
*Identify sources of payment for debt or liability*

***Continued on next page***

- Debt: \_\_\_\_\_  
*Description of jointly owed debt or liability*
- a. Person jointly liable: \_\_\_\_\_  
*Full name: first, middle, last*
- b. Above person's relationship to Protected Person: \_\_\_\_\_  
*Describe relationship*
- c. Payment amount (if any): \_\_\_\_\_  
*Identify payment amount and how often it is paid*
- d. Source of payments (if any): \_\_\_\_\_  
*Identify sources of payment for debt or liability*

- Debt: \_\_\_\_\_  
*Description of jointly owed debt or liability*
- a. Person jointly liable: \_\_\_\_\_  
*Full name: first, middle, last*
- b. Above person's relationship to Protected Person: \_\_\_\_\_  
*Describe relationship*
- c. Payment amount (if any): \_\_\_\_\_  
*Identify payment amount and how often it is paid*
- d. Source of payments (if any): \_\_\_\_\_  
*Identify sources of payment for debt or liability*

Check this box if you have attached a sheet with additional debts or liabilities.

Are any of the listed debts or liabilities owed by Protected Person to Conservator?

Yes  No

If you checked **Yes**, complete the next section.

- Debt: \_\_\_\_\_  
*Description of debt or liability owed by Protected Person to Conservator*
- a. Amount: \$ \_\_\_\_\_  
*Total amount of debt or liability*
- b. Current balance: \$ \_\_\_\_\_  
*Current balance owed*
- c. Source of payments (if any): \_\_\_\_\_  
*Identify sources of payment for debt or liability*

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Debt: \_\_\_\_\_  
*Description of debt or liability owed by Protected Person to Conservator*

a. Amount: \$ \_\_\_\_\_  
*Total amount of debt or liability*

b. Current balance: \$ \_\_\_\_\_  
*Current balance owed*

c. Source of payments (if any): \_\_\_\_\_  
*Identify sources of payment for debt or liability*

Check this box if you have attached a sheet with additional information.

**C. Monthly or annual budget**

Complete a monthly or annual budget for Protected Person during the next reporting period.

Type of expense	Amount estimated Check one <input type="checkbox"/> monthly <input type="checkbox"/> annual
(1) House payment or rent	\$
(2) Food <i>At home &amp; restaurants</i>	\$
(3) Transportation ( <i>gas, bus fare</i> ) <i>Not car loan payments – see (15).</i>	\$
(4) Clothing	\$
(5) Medical, dental <i>Not health insurance payments – see (11).</i>	\$
(6) Utilities ( <i>gas, electric, water</i> )	\$
(7) Phone	\$
(8) Cable / satellite television / internet	\$
(9) Car insurance payment	\$
(10) Health insurance payment	\$
(11) Transportation	\$
(12) Educational or vocational training expenses	\$
(13) Credit card payments	\$

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(14) Car loan payments	\$
(15) Other loan payments	\$
(16) Other expense <i>Identify:</i>	\$
(17) Other expense <i>Identify:</i>	\$
(18) Other expense <i>Identify:</i>	\$
(19) Other expense <i>Identify:</i>	\$
(20) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information regarding expenses.</i>	\$
<b>Total</b> <i>Total monthly or annual budgeted expenditures for next reporting period</i>	\$

**8. Changes in Conservator’s Initial Plan or Amended Plan**

A. Were changes made in investments during this reporting period?

Yes  No

If Yes, identify each investment and the changes made during the reporting period:

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*Check this box if you have attached a sheet with additional information.*

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**B. Did the conservatorship receive any new assets during the reporting period?**

Yes  No

If Yes, identify each new asset, its estimated value, and describe Conservator's plan for management of the asset:

<p><b>New Asset (1)</b></p> <p>Asset: _____ <i>Description of asset</i></p> <p>Estimated value: \$ _____</p> <p>Plan for management of this asset:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Check this box if you have attached a sheet with additional information.</p>
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<p><b>New Asset (2)</b></p> <p>Asset: _____ <i>Description of asset</i></p> <p>Estimated value: \$ _____</p> <p>Plan for management of this asset:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Check this box if you have attached a sheet with additional information.</p>
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Check this box if you have attached a sheet with additional assets.

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**C. Are any modifications necessary for management of existing assets?**

*Significant modifications cannot be requested with this Annual Report. Significant modifications require Conservator to file an Amended Plan using Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan.*

Yes  No

If Yes, identify each existing asset and describe the modification necessary for management of the asset:

<b>Asset (1)</b> Asset: _____ <i>Description of asset</i> Plan for management of this asset: _____ _____ _____ <input type="checkbox"/> Check this box if you have attached a sheet with additional information.
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<b>Asset (2)</b> Asset: _____ <i>Description of asset</i> Plan for management of this asset: _____ _____ _____ <input type="checkbox"/> Check this box if you have attached a sheet with additional information.
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Check this box if you have attached a sheet with additional assets.

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**D. Are any other modifications to Conservator's Initial Plan or Amended Plan necessary?**

*Note: Significant modifications cannot be requested with this Annual Report. Significant modifications require Conservator to file an Amended Plan using Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan.*

Yes  No

If Yes, describe what modifications are necessary and why:

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Check this box if you have attached a sheet with additional information.

**9. Conservator's bond** See Iowa Code sections 633.169–.187.

Is there a bond for Conservator?

Yes

If Yes, complete the next (1) and (2).

(1) Amount of Conservator's bond: \$ \_\_\_\_\_.

(2) Surety's information:

\_\_\_\_\_  
*Surety's name*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

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No

If No, explain why:

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Check this box if you have attached a sheet with additional information.

**10. Additional information**

Additional information that may be useful for the court to determine what is in Protected Person's best interest:

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Check this box if you have attached a sheet with additional information.

**11. Request for approval of proposed budget and general conservatorship powers**

Conservator requests that the court approve the following: *Check only those that apply*

- Conservator's proposed budget for Protected Person for the next reporting period.
- Authority to apply for and receive Protected Person's income during the next reporting period (see 7(A)).
- Authority to use conservatorship income and assets for payment of debts and liabilities during the next reporting period (see 7(B)).
- Authority to use conservatorship income and assets for payment of expenses in accordance with the proposed monthly or annual budget for the next reporting period (see 7(C)).
- Authority to manage Protected Person's assets in accordance with the proposed asset management plan (see 8(B) and 8(C)).

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- Authority to use conservatorship income and assets for payment of attorney fees and other professional fees related to administration of the conservatorship.
- Authority to use conservatorship income and assets for payment of Protected Person's miscellaneous expenses not to exceed \$ \_\_\_\_\_ per month without further order of the court.
- Authority to file Protected Person's federal and state income tax returns and pay Protected Person's income taxes and local property taxes from conservatorship income and assets.

*Note: If additional conservatorship powers are necessary, complete and file Rule 7.12—Form 3: Conservator's Request for Approval for Other Action on behalf of Protected Person.*

## 12. Fees for Conservator

*Check one*

- Fees are applied for. *Attach affidavit relative to compensation (Iowa Code section 633.202).*
- Fees are waived.

## 13. Fees for Conservator's attorney

*Check one*

- Fees should be set by the court. *Attach affidavit relative to compensation (Iowa Code section 633.202).*
- Fees are not requested.
- Fees are waived or not applicable.

## 14. Attorney Help *Check one*

- A.  An attorney did not help me prepare or fill in this paper.
- B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*

\_\_\_\_\_  
*Business address of attorney or organization*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Fax number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

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### 15. Oath and signature

I, \_\_\_\_\_, have read this Annual Report, and I certify under  
*Print Conservator's name*  
penalty of perjury and pursuant to the laws of the State of Iowa that the information I  
have provided in this Annual Report is believed to be complete and accurate as far  
as information permits.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Signature\**

\_\_\_\_\_  
*Name of financial institution, if applicable Conservator's title, if applicable*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address Additional email address, if applicable*