

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan

Instructions:

- Conservator must complete, sign, and file this form with the court within ninety (90) days of appointment, when there has been a significant change in circumstances, or when Conservator seeks to deviate significantly from an approved plan.
- Within two (2) days of filing this form, Conservator must provide notice of filing (Rule 7.12—Form 4: Notice of Filing of Conservator's Initial Plan or Amended Plan) and a copy of this form to 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 the Initial Plan is to provide the court with a complete picture of Protected Person's current situation, Protected Person's needs, and Conservator's plan to meet those needs.
- Provide as much detailed information as possible.

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of:

Full name: first, middle, last

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

Protected Person.

Probate no. _____

Conservator's *Check one*

Initial Plan

Amended Plan

Iowa Code § 633.670(1)(a), (e)

Conservator states as follows:

1. 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/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

2. 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 prepaid funeral trust?

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

No

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3. Annual budget

A. Income sources

Estimate the amount of each source of income Protected Person receives.

*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"/> Check this box if you have attached a sheet with additional information on Protected Person's income sources.		\$
Total <i>Total estimated annual income for Protected Person</i>		\$

B. Debts and liabilities

Estimate the amount of each debt or liability Protected Person owes.

*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		\$

Continued on next page

(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>		\$
Total <i>Total estimated annual debts and liabilities for Protected Person</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

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

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- 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

- 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.

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C. Monthly or annual budget

Complete a monthly or annual budget for Protected Person.

Type of expense	Amount estimated <i>Check one</i> <input type="checkbox"/> monthly <input type="checkbox"/> annual
(1) House payment or rent	\$
(2) Food <i>At home & 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>	\$

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(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>	\$
Total <i>Total monthly or annual budgeted expenditures</i>	\$

4. Conservatorship checking and savings account

A. Is there a conservatorship **checking** account?

Yes No

If you checked Yes, complete sections (1) and (2), otherwise skip to B.

(1) Is the checking account interest-bearing?

Yes No

(2) Location of conservatorship checking account:

Name of financial institution

Mailing address

City

State

ZIP code

The partial account number is: _____
Last 4 digits of account number

B. Is there a conservatorship **savings** account?

Yes No

If you checked Yes, complete the next section.

Location of conservatorship savings account:

Name of financial institution

Mailing address

City

State

ZIP code

The partial account number is: _____
Last 4 digits of account number

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5. Conservatorship services and fees

Will Conservator be charging for services provided to Protected Person?

Yes No

If you checked **Yes**, complete the next section, otherwise skip to **6**.

List the services Conservator will provide to Protected Person and an estimate of the charge for each service.

Conservatorship service	Amount estimated <i>Check one</i> <input type="checkbox"/> hourly <input type="checkbox"/> monthly <input type="checkbox"/> annual
(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>	\$
Total amount of fees Conservator anticipates charging <u>annually</u> for services:	\$

6. Asset management plan

Identify each of Protected Person's assets that Conservator will manage and describe Conservator's plan for management of the asset.

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

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Asset (2)

Asset: _____
Description of asset

Plan for management of this asset:

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

Asset (3)

Asset: _____
Description of asset

Plan for management of this asset:

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

Asset (4)

Asset: _____
Description of asset

Plan for management of this asset:

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

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

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7. Involvement of Protected Person

State how Conservator will involve Protected Person in decisions about the management of the conservatorship's assets:

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

8. Restoration of Protected Person to management of conservatorship assets

If ordered by the court, state the steps Conservator plans to take to develop or restore the ability of Protected Person to manage the conservatorship assets:

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

9. Duration of conservatorship

How long is the conservatorship estimated to last? *Explain*

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

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10. Additional information

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

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.
- Authority to apply for and receive Protected Person's income (see 3(A)).
- Authority to use conservatorship income and assets for payment of debts and liabilities (see 3(B)).
- Authority to use conservatorship income and assets for payment of expenses in accordance with the proposed monthly or annual budget (see 3(C)).
- Authority to use conservatorship income and assets for payment of conservatorship services and fees (see 5).
- Authority to manage Protected Person's assets in accordance with the proposed asset management plan (see 6).
- 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.

Continued on next page

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

15. Oath and signature

I, _____, have read this Initial Plan or Amended Plan, and I
Print Conservator's name

certify under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this plan 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

*Handwrite your signature on this form. Scan the form after signing it and file it electronically.