

## CHAPTER 7

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## CHAPTER 7

### RULES OF PROBATE PROCEDURE

**Rule 7.1 Effective removal order — turnover.** When the court orders the removal of a fiduciary under Iowa Code section 633.65, such order, unless expressly providing otherwise, shall be effective as a turnover order under Iowa Code section 633.70, and without further order the fiduciary so removed shall turn over all personal property, money or securities to or for the fiduciary's successor at the clerk's office within five days after such order is filed.

[Court Order November 16, 1965; November 14, 1979; Report November 9, 2001, effective February 15, 2002]

**Rule 7.2 Fees in probate.**

**7.2(1)** Every report or application requesting an allowance of fees for personal representatives or their attorneys shall be written and verified as provided in Iowa Code section 633.35.

**7.2(2)** When fees for ordinary services are sought pursuant to Iowa Code sections 633.197 and 633.198, proof of the nature and extent of responsibilities assumed and services rendered shall be required. Unless special circumstances should be called to the court's attention, the contents of the court probate file may be relied upon as such proof. In determining the value of gross assets of the estate for purposes of Iowa Code section 633.197, the court shall not include the value of joint tenancy property excluded from the taxable estate pursuant to Iowa Code section 450.3(5) or the value of life insurance payable to a designated beneficiary.

**7.2(3)** When an allowance for extraordinary expenses or services is sought pursuant to Iowa Code section 633.199, the request shall include a written statement showing the necessity for such expenses or services, the responsibilities assumed, and the amount of extra time or expense involved. In appropriate cases, the statement shall also explain the importance of the matter to the estate and describe the results obtained. The request may be made in the final report or by separate application. It shall be set for hearing upon reasonable notice, specifying the amounts claimed, unless waivers of notice identifying the amounts claimed are filed by all interested persons. The applicant shall have the burden of proving such allowance should be made.

**7.2(4)** One half of the fees for ordinary services may be paid when the federal estate tax return, if required, and Iowa inheritance tax return, if required, are prepared. When a federal estate tax return is not required, the one-half fee may be paid when the Iowa inheritance tax return is prepared or, when it is not required, when the probate inventory required by the Iowa Probate Code is filed. The remainder of the fees may be paid when the final report is filed and the costs have been paid. The schedule for paying fees may be different when so provided by order of the court for good cause.

**7.2(5)** Every report or application requesting compensation for other fiduciaries and their attorneys pursuant to Iowa Code section 633.200 shall be written and verified.

**7.2(6)** When compensation has been allowed to a person employed by the fiduciary or attorney to assist the estate pursuant to Iowa Code section 633.84, the request for fees by the fiduciary shall disclose the identity of such person and the amount allowed, for consideration by the court in determining fees for the fiduciary pursuant to Iowa Code section 633.86.

[Court Order November 14, 1979; Report September 5, 1985, effective November 15, 1985; November 9, 2001, effective February 15, 2002; November 23, 2004, effective February 1, 2005]

**Rule 7.3 District court rules in probate.** A district court rule of probate and administration shall not be valid until it has been filed with the clerk of the supreme court and approved by that court.

[Court Order November 14, 1979; Report November 9, 2001, effective February 15, 2002]

**Rule 7.4 Report of referee.** A report of a referee in probate shall substantially comply with the form that accompanies this rule.

[Report November 9, 2001, effective February 15, 2002; Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020]

Rule 7.4—Form 1: *Report of Referee*

<b>In the Iowa District Court for _____ County</b>	
<b>In the Matter of the Estate of:</b>  _____	Probate no. _____
<i>Full name: first, middle, last</i>	<b>Report of Referee</b>
<b>Deceased.</b>	

The undersigned Referee verifies that the Final Report has been filed in this estate and that the Referee has examined the Final Report and reports to the court as follows:

*All questions must be answered. If Yes or No is not appropriate, check N/A.*

	Yes	No	N/A
1. Proof of publication filed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Affidavit of Mailing Notice filed as required by:			
A. Iowa Code sections 633.230 and 633.304?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. Iowa Code sections 633.231 and 633.304A (medical assistance claims)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fiduciaries fees ordered or waived and affidavit of compensation filed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Attorney fees ordered and affidavit of compensation filed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A. Itemization requested and provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. If not, statement required by Iowa Code section 633.477(11) made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Income tax acquittance filed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Inheritance tax clearance filed or certification required by Iowa Code section 450.58 made? <i>Note: This is no longer required for decedents dying on or after January 1, 2025 (Iowa Code § 450.98).</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Federal estate tax transcript or federal estate tax closing letter filed or certification required by Iowa Code section 633.477(10) made?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. List of distributees shown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Description of real estate shown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Certificates of change of title to real estate filed or reference to the transfer of property by Court Officer Deed made, as required?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. All claims filed have been paid, disallowed, or released, or a classification of debts and charges has been made pursuant to Iowa Code section 633.425 and approved by the Court?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Notice of hearings on the Final Report waived?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If not waived, proper proof of service of notice on file and period for filing objection(s) expired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Continued on next page*

Rule 7.4—Form 1: Report of Referee, continued

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 13. Accounting waived?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If not waived, has accounting been provided?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Court costs paid, including cost for final order(s)?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Election filed by or for surviving spouse under Iowa Code section 633.236 or notice filed and time period for filing election under Iowa Code section 633.237 expired? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Receipts for all specific bequests filed?  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Is there a statement regarding whether decedent left genetic material?   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*If you checked No, check N/A for the remaining questions in section 17.*

**A. Decedent:**

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| (1) Was unmarried.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Left no genetic material.  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Left no signed writing authorizing spouse to use the genetic material. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

*If you checked Yes to any question in section 17(A), check N/A for the remaining questions in section 17.*

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| <b>B. Have sufficient estate assets been reserved to fund distribution to posthumous heirs?</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

*If you checked No, check N/A for the remaining questions in section 17.*

- |   |                          |                          |                          |
|---|--------------------------|--------------------------|--------------------------|
| <b>C. Does the Final Report state that final distributions will not be made until two years after the decedent's date of death?</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

*If you checked No, check N/A for the remaining questions in section 17.*

- |  |                          |                          |                          |
|--|--------------------------|--------------------------|--------------------------|
| <b>D. Does the Final Report state that a supplemental report will be submitted after final distributions of the reserved assets?</b> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

**18. Remarks:**

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

*Continued on next page*

Rule 7.4—Form 1: Report of Referee, continued

**19. Filer's information:**

\_\_\_\_\_, 20\_\_\_\_  
Month Day Year  
Date signed

\_\_\_\_\_  
Printed name /s/\_\_\_\_\_  
Referee in probate signature

\_\_\_\_\_  
Law firm, if applicable

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

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
City State ZIP code

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

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

[Court Order November 14, 1979; December 3, 1981; November 14, 1984, effective November 26, 1984; Report September 5, 1985, effective November 15, 1985; February 18, 1987, effective July 1, 1987; September 23, 1994, effective January 3, 1995; November 9, 2001, effective February 15, 2002; July 23, 2003, effective October 1, 2003; November 30, 2005, effective March 1, 2006; April 11, 2008, effective July 1, 2008; May 23, 2014, effective August 16, 2014; December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; December 17, 2021; February 24, 2022, temporarily effective February 24, 2022; permanently effective April 26, 2022]

**Rule 7.5 Referees in probate.****7.5(1) Duties.**

*a. Referees as masters.* Unless otherwise directed by the court, a referee in probate appointed by the district court pursuant to Iowa Code section 633.20, and determined by the court to be qualified to serve as a master, shall have the powers to perform all the duties required of masters appointed by the court in civil actions (Iowa Rs.Civ. P. 1.935 - 1.942) and shall examine all reports, applications and petitions in probate and in trusts requiring action by the court.

*b. Other referees.* A referee in probate not determined by the court to be qualified to serve as a master shall have authority to examine probate files to make the report provided by rule 7.4.

*c. Referee reports.* The report of the referee shall be in writing on a form which substantially complies with the form that accompanies these rules and shall contain such matters as the court may request as shown by the files and reports in the clerk's office. If the referee is authorized to act as a master, the report shall also contain recommendations of the referee as to what ought to be done relative to the reports when considered by the court. No final report will be approved until the report of the referee is presented to the court, it being contemplated that such presentation shall be made expeditiously and without delay.

*d. Other duties.* In addition to the powers and duties of the referee in probate prescribed by this rule, the referee shall perform such duties as the court may require.

**7.5(2) Fees.**

*a.* The referee shall be paid a fee for services as permitted under a schedule established under Iowa Code section 633.21, unless a referee and any assistant are appointed for the county for all matters in probate in the county and are paid an annual compensation.

*b.* Referee fees shall be taxed and collected by the clerk as other costs, and such fees shall be in addition to all other fees charged and collected by the clerk in probate matters as required by Iowa Code section 633.31.

*c.* In such cases where a referee and any assistant are paid an annual compensation, any excess of fees remaining after payment of such other expenses as are approved by the court shall be disbursed pursuant to the Code.

[Court Order December 18, 1980, effective January 1, 1981; Report November 9, 2001, effective February 15, 2002]

**Rule 7.6 Reports of delinquent initial plans, inventories, and reports.**

**7.6(1)** The clerk's report to the presiding judge required by Iowa Code section 633.32 of all delinquent initial plans, inventories, and reports in estates, trusts, conservatorships, and adult guardianships shall contain, in addition to the information required by Iowa Code section 633.32(3) for estates, trusts, and conservatorships, a copy of each delinquency notice and, if they do not appear on the face of the delinquency notice, the following information for each delinquent initial plan, inventory, or report:

*a.* The probate number of the matter.

*b.* The title of the matter.

*c.* An indication of whether the matter is an estate, trust, conservatorship, or adult guardianship.

*d.* The name and address of the fiduciary.

*e.* The name and address of the attorney, if any, for the fiduciary.

*f.* The type of delinquent initial plan, inventory, or report.

*g.* The date notice of delinquency was given.

*h.* A statement that the required initial plan, inventory, or report, or an order extending time for a specified period, was not filed within 60 days after the giving of notice of delinquency.

*i.* The date the matter was opened.

*j.* The name and date of filing of the last submission filed by the fiduciary or attorney in the case.

*k.* The number, including "zero" if appropriate, of previous delinquency notices given in the matter and ignored.

**7.6(2)** In addition to submitting the report to the presiding judge as required by Iowa Code section 633.32(2), the clerk shall submit a copy of the report to the chief judge of the judicial district and the state court administrator. If an order extending time for a specified period was filed but not complied with, the clerk shall proceed as in instances in which an order is not filed.

**7.6(3)** The state court administrator shall utilize the reports in the discharge of the duties prescribed in Iowa Code section 602.1209 and, in addition, shall prepare a list of the attorneys for

fiduciaries who have received and ignored a notice of delinquency. The state court administrator shall transmit the list of attorneys, together with other relevant information, to the Iowa Supreme Court Attorney Disciplinary Board and to the Client Security Commission.

**7.6(4)** The Iowa Supreme Court Attorney Disciplinary Board, as a commission of the supreme court pursuant to Iowa Ct. R. 35.2, shall communicate with each attorney licensed to practice law in Iowa whose name appears on the list transmitted to the board pursuant to rule 7.6(3). If the board determines there is reasonable cause to believe an attorney for a fiduciary has violated Iowa R. of Prof'l Conduct 32:1.3 or 32:3.2 for failure to file a required inventory or report within 60 days after receiving notice of delinquency, or within an extension of time for a specified period granted by order, the board shall initiate appropriate disciplinary action. The board chairperson shall include the number of attorneys investigated and complaints initiated and processed pursuant to this rule, a synopsis of each such complaint, and the disposition thereof, in the annual board report to the supreme court required by Iowa Ct. R. 35.25.

**7.6(5)** The assistant court administrator of the disciplinary system is authorized to inquire into the status of any delinquent probate inventory or report.

[Court Order March 13, 1980; October 20, 1981; 1983 Iowa Acts, chapter 186, §10151; January 17, 1995, effective April 3, 1995; Report November 9, 2001, effective February 15, 2002; August 29, 2002, effective December 1, 2002; April 20, 2005, and July 1, 2005, effective July 1, 2005; February 20, 2012; September 8, 2025, effective November 10, 2025]

**Rule 7.7 Interlocutory report.** If the final report of the personal representative required by Iowa Code section 633.477 is not filed within 18 months after the date of the second publication of the notice to creditors, the personal representative shall at that time file an interlocutory report in accordance with Iowa Code section 633.469. The report shall identify the work remaining to be done in the estate and shall include an estimate of the period within which the work will be completed. The personal representative shall provide copies of the report to all interested parties by mailing, and proof of mailing shall be filed with the clerk. An order of the court approving the report shall not be required unless hearing on the report is held upon request of the personal representative or an interested party. The provisions of Iowa Code section 633.32 and rule 7.6 shall apply to the report required by this rule.

[Report August 22, 1985, effective November 1, 1985; November 9, 2001, effective February 15, 2002]

**Rule 7.8 Adult guardianship and conservatorship required filings.**

**7.8(1)** The court shall not waive the requirement to file an initial care plan, annual report, or final report in an adult guardianship proceeding.

**7.8(2)** The court shall not waive the requirement to file an initial plan, inventory of assets of the protected person, annual report, or final report in a conservatorship proceeding.

**7.8(3)** The court may extend the time for submitting any filing listed in rule 7.8(1) or 7.8(2) only upon the showing of good cause.

**7.8(4)** If a guardian fails to submit any filing listed in rule 7.8(1) or 7.8(2), the court may, after notice and an opportunity to cure the failure, impose sanctions, including removal of the guardian or conservator.

[Court Order March 7, 2018, effective January 1, 2019; September 8, 2025, effective November 10, 2025]

**Rules 7.9 and 7.10 Reserved.**

**Rule 7.11 Adult guardianships forms.**

**7.11(1) Forms mandatory.** An individual serving as guardian for an adult guardianship must use forms contained in this rule for required filings.

**7.11(2) Background check form confidential.** Rule 7.11—Form 2: *Background Check Information for a Proposed Guardian of a Protected Person* is confidential.

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025]

**Rule 7.11 — Form 1: *Protected Information Disclosure***

- *If information is abbreviated on other rule 7.11 forms, use this form to include the protected information in full.*

<b>In the Iowa District Court for _____ County</b>	
<b>In the Matter of the Guardianship of:</b>  _____ <i>Full name: first, middle, last</i>	Probate no. _____  <p style="text-align: center;"><b>Protected Information Disclosure</b></p>
<b>Protected Person.</b>	

**When protected information, as defined in Iowa Court Rule 16.602, is required by law or is material to the case and is therefore included in nonconfidential documents on nonconfidential cases, a party must record the protected information on this form.**

For an explanation of a filer’s responsibility and the procedures to use for protecting personal information, refer to Iowa Court Rules: Chapter 16, Rules of Electronic Procedure, Division VI, Protection of Personal Privacy. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted or partially provided.

**1. Protected Person.** *The person who is the subject of the guardianship.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
                     *First*                                    *Middle*                                    *Last*

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
E. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

- Check this box if you are attaching a separate sheet listing additional information for Protected Person.*

***Continued on next page***

Rule 7.11—Form 1: Protected Information Disclosure, continued

**2. Petitioner.** *The person filing the petition for appointment of a guardian.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
*First Middle Last*

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

*Check this box if you are attaching a separate sheet listing additional information for Petitioner.*

**3. Proposed Guardian or Guardian.** *The proposed, or current, guardian of the protected person.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
*First Middle Last*

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>

***Continued on next page***

Rule 7.11—Form 1: Protected Information Disclosure, continued

F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

Check this box if you are attaching a separate sheet listing additional information for Proposed Guardian or Guardian.

**4. Other Persons.** Any other person with information redacted in the documents you file.

Provide the complete version of protected information and the redacted version included in documents you file.

Name \_\_\_\_\_  
                     *First*  *Middle*  *Last*

<b>Protected information type</b>	<b>Complete information</b> (See rules 16.602 and 16.604)	<b>Redacted information</b> (See rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

Check this box if you are attaching a separate sheet listing additional information for Other Person.

*Continued on next page*



**Rule 7.11 — Form 2: Background Check Information for a Proposed Guardian of a Protected Person**

**Instructions:**

- Iowa Code section 633.564 requires the court to conduct a criminal records check and checks of the child abuse, dependent adult abuse, and sex offender registry for a proposed guardian of a protected person, and requires the proposed guardian to pay the background check fee (\$15.00). *Note: The clerk of court will keep this information form confidential.*
- Do not give copies of this form to anyone except the clerk of court or your attorney, if you have one.
- If there is no existing conservatorship approved by the court, file this form and a Petition to Establish a Guardianship for a Protected Person with the clerk of court.

*If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.*

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

**In the Matter of the Guardianship of:**

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

**Protected Person.**

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

**Background Check Information for a Proposed Guardian of a Protected Person**

Iowa Code § 633.564

Guardian states as follows:

**1. Proposed Guardian's personal information**

**A. Current legal name:**

_____ <i>Full first name</i>	_____ <i>Full middle name (full name, not middle initial; write "N/A" if no middle name)</i>	_____ <i>Full last name</i>
---------------------------------	---	--------------------------------

**B. Personal identifying information:**

_____/_____/_____ <i>Date of birth (month/day/year)</i>	_____ <i>Gender</i>	_____-_____-_____ <i>Social security number</i>
--	------------------------	--

**C. All other names ever used, including any other previous legal names and nicknames (if none, write "N/A" in the first blank below):**

Alternate name #1

_____ <i>Full first name</i>	_____ <i>Full middle name (write "N/A" if no middle name)</i>	_____ <i>Full last name</i>
---------------------------------	--	--------------------------------

Alternate name #2

_____ <i>Full first name</i>	_____ <i>Full middle name (write "N/A" if no middle name)</i>	_____ <i>Full last name</i>
---------------------------------	--	--------------------------------

Alternate name #3 \_\_\_\_\_  
*Full first name*                      *Full middle name*                      *Full last name*  
 (write "N/A" if no middle name)

Alternate name #4 \_\_\_\_\_  
*Full first name*                      *Full middle name*                      *Full last name*  
 (write "N/A" if no middle name)

Check this box if you have additional alternate names. Provide the information above for all additional alternates names on an attached sheet.

**2. Certification and release authorization**

**Certification:** I confirm that the information provided above is true and correct.

**Release Authorization:** I give permission for the court to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me maintained by the DCI may be released as allowed by law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, and arrests without dispositions.

\_\_\_\_\_, 20\_\_\_\_  
*Month*                      *Day*                      *Year*                      *Proposed guardian's signature\**

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

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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*    *Email address*

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*

**Rule 7.11 — Form 3: Guardian’s Initial Care Plan for Protected Person**

**Instructions:**

- A guardian must complete, sign, and file this form with the court within 60 days of appointment.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the protected person’s current situation and needs and the guardian’s plan to meet those needs. Provide as much detailed information as possible.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.

*If you do not understand how to use this form or if you are unsure whether you should use this form, talk to an attorney.*

In the Iowa District Court for _____ County	
<p><b>In the Matter of the Guardianship of</b></p> <p>_____</p> <p><i>Full name: first, middle, last</i></p> <p><b>Protected Person.</b></p>	<p>Probate no. _____</p> <p style="text-align: center;"><b>Guardian’s Initial Care Plan for Protected Person</b></p> <p style="text-align: right; font-size: small;">Iowa Code § 633.669(1)(b)</p>

Guardian states as follows:

**1. Guardian information**

A. Guardian’s name: \_\_\_\_\_

B. Guardian’s relationship to Protected Person: \_\_\_\_\_

*(Spouse, adult child, parent, sibling, etc.)*

**⚠** *Skip to section 1(E) if there is only one guardian.*

C. Co-Guardian’s name: \_\_\_\_\_

D. Co-Guardian’s relationship to Protected Person: \_\_\_\_\_

*(Spouse, adult child, parent, sibling, etc.)*

*Check this box if there are additional co-guardians and provide the information requested in section 2 for all additional co-guardians on an attached sheet.*

E. Identify an emergency contact who knows information about Protected Person and the guardianship in case Guardian or Co-Guardian cannot be reached:


\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_

*Name Phone Number*

 Rule 7.11—Form 3: Guardian’s Initial Care Plan for Protected Person, continued

**2. Protected Person’s information**

- A. Protected Person’s age: \_\_\_\_\_
- B. Does Protected Person have a living will (also known as an advance healthcare directive)?  
 Yes  No  Unsure
- C. Does Protected Person have a medical power of attorney (also known as a healthcare power of attorney or healthcare proxy)?  
 Yes  No  Unsure

 *If No or Unsure, skip to section 3*

Is Guardian the person designated in Protected Person’s medical power of attorney (often called the healthcare agent or proxy)?

Yes  No

If No, who is designated in Protected Person’s medical power of attorney?

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

\_\_\_\_\_  
*Relationship to Protected Person*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

**3. Protected Person’s residence and interaction with Guardian**

A. Where does Protected Person currently reside:

*Check one*

With Guardian

Independently in \_\_\_\_\_  
*City*

In a group or host home managed by:

\_\_\_\_\_ in \_\_\_\_\_  
*Organization name City*

In a hospital, nursing home, or other residential care facility:

\_\_\_\_\_ in \_\_\_\_\_  
*Organization name City*

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

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



Rule 7.11—Form 3: Guardian’s Initial Care Plan for Protected Person, continued

B. Date Protected Person began living at their current residence, if known:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Day Year

C. Does Protected Person’s current living situation best meet Protected Person’s needs?

Yes  No

If No, describe Guardian’s plan for meeting those needs:

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

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

D. Summarize the nature and extent of Guardian’s plan for contact with, and activities on behalf of, Protected Person:

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

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

**4. Protected Person’s living expenses and income**

A. Has the Court appointed a conservator to manage the financial affairs of Protected Person?


Yes  No

If No, has a petition to appoint a conservator been filed or is the filing of such a petition planned for the future?


Yes  No

Is Guardian the conservator or does Guardian plan to be the conservator?

Yes  No

 Rule 7.11—Form 3: Guardian’s Initial Care Plan for Protected Person, continued

B. Information regarding Protected Person’s living expenses:

 Skip section 4(B) if you indicated that Protected Person is under a conservatorship in section 4(A).

Identify the sources of payment for the Protected Person’s living expenses:

Check all that apply

- Protected Person will pay their own living expenses
- Guardian
- Family member (spouse, adult child, parent, sibling, etc.)

If family member, identify that person’s:

---

*Full name: first, middle, last*

---

*Relationship to Protected Person*

(\_\_\_\_\_) \_\_\_\_\_

*Phone number* *Email address*

Check this box if there is more than one family member paying Protected Person’s expenses and provide the information requested for all additional payers on an attached sheet.

- Social Security benefits

Who is the payee?

- Guardian
- Other

If Other, identify the Social Security benefits payee:

---

*Full name: first, middle, last*

---

*Relationship to Protected Person*

(\_\_\_\_\_) \_\_\_\_\_

*Phone number* *Email address*

- Other: \_\_\_\_\_
- Check this box if you have attached a sheet with additional information.

 Rule 7.11—Form 3: Guardian’s Initial Care Plan for Protected Person, continued

**5. Protected Person’s health**

**A. Medical and dental health**

(1) Summarize Protected Person’s current medical and dental health status, identifying any medical or dental concerns:

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

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

(2) Summarize Guardian’s plan for meeting Protected Person’s medical and dental needs:

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

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

**B. Mental health**

(1) Summarize Protected Person’s current mental health status, identifying any mental, cognitive, behavioral, or emotional concerns:


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

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

(2) Summarize Guardian’s plan for meeting Protected Person’s mental healthcare needs:

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

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

 Rule 7.11—Form 3: Guardian’s Initial Care Plan for Protected Person, continued

C. Other healthcare needs

(1) Summarize any other healthcare concerns related to Protected Person, identifying any ongoing healthcare concerns not described in sections 5(A)–(B):

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

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

(2) Summarize Guardian’s plan for addressing any other healthcare concerns identified in section C(1):

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

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

D. Does Guardian plan to arrange for Protected Person to receive any health-related professional services other than those identified above?

Yes  No

If Yes, describe the other health-related professional services Guardian plans to arrange for Protected Person:


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

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

**6. Protected Person’s employment status and education, training, or other vocational needs**

A. Is Protected Person currently employed?

Yes  No

 If No, skip to section 6(B)

(1) Protected Person is employed:

Check one

Full-time

Part-time

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



Rule 7.11—Form 3: Guardian’s Initial Care Plan for Protected Person, continued

(2) Employer’s name: \_\_\_\_\_

(3) Summarize Protected Person’s work duties:  
\_\_\_\_\_  
\_\_\_\_\_

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

B. Does Protected Person need educational, training, or other vocational assistance?

Yes  No

If Yes, summarize Guardian’s plan for providing needed educational, training, or vocational assistance:

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

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

**7. Protected Person’s social activities**

Does Protected Person require assistance with participation in social activities?

Yes  No

If Yes, summarize what assistance Protected Person needs and what assistance Guardian plans to provide:

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

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

**8. Protected Person’s contact with family members and other significant individuals**

A. Briefly describe Guardian’s plan for facilitating contact between Protected Person and family members and other individuals significant to Protected Person. Identify any such individuals the Court should be aware of, including their relationship to Protected Person.

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

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



Rule 7.11—Form 3: Guardian’s Initial Care Plan for Protected Person, continued

B. Does Guardian plan to place any time, place, or manner restrictions on Protected Person’s communication, visitation, or interaction with anyone?

Yes  No

If Yes, identify whom and what restrictions Guardian plans to put in place and briefly describe why:

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

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

**9. Guardian powers**

Identify any guardian powers requiring court approval necessary to carry out the care plan for Protected Person: *Check all that apply.*

- None
- Changing Protected Person’s permanent residence to a nursing home, other secure facility, or secure portion of a facility that restricts Protected Person’s ability to leave or have visitors.
- Consenting to the withholding or withdrawal of life-sustaining procedures from Protected Person in accordance with Iowa Code chapter 144A or 144D.
- Consenting to performance of an abortion on Protected Person.
- Consenting to sterilization of Protected Person.
- Denying Protected Person’s communication, visitation, or interaction with a person with whom Protected Person has expressed a desire to communicate, visit, or interact or with a person who seeks to communicate, visit, or interact with Protected Person.

Other:

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

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

**▲ NOTE**

If you have identified additional guardian powers necessary to carry out the care plan for a protected person, these powers will not be granted until you file a separate motion requesting the power, and the court approves that motion.

 Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

**10. Additional information**

Additional information that may be useful for the Court to know in determining what is in Protected Person's best interest:

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

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

**11. Fees for Guardian**

*Check one*

- Guardian fees are waived.
- Guardian fees are applied for and will be submitted in a separate application.

**12. Fees for Guardian's attorney**

*Check one*

- Attorney fees are waived or not applicable.
- Attorney fees should be set by the Court and will be submitted in a separate application.

**13. Attorney help**

Did an attorney help you prepare or fill out this form?

- Yes     No

If Yes, please complete the following:

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

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

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

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

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

 Rule 7.11—Form 3: Guardian’s Initial Care Plan for Protected Person, continued

**14. Oath and signature of Guardian**

**A. Guardian’s oath and signature**

I, \_\_\_\_\_, have read this Initial Care Plan, and I certify under  
*Print your name*  
penalty of perjury and pursuant to the laws of the State of Iowa that the information I  
have provided in this Initial Care Plan is true and correct.

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

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

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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

Is Guardian’s home address the same as the mailing address above?

Yes  No

If No, what is Guardian’s home address?

\_\_\_\_\_  
*Street address*

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

**B. Co-Guardian’s oath and signature** *Leave blank if there is only one guardian*

I, \_\_\_\_\_, have read this Initial Care Plan, and I certify under  
*Print your name*  
penalty of perjury and pursuant to the laws of the State of Iowa that the information  
provided in this Initial Care Plan is true and correct.

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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

Is your mailing address the same as Guardian’s in section 14(A)?

Yes  No

If No, complete the following:

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

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

Check this box if there are more than two guardians and provide the information requested in section 14(B) for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section 14(B).

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*

**Rule 7.11 — Form 4: Guardian’s Annual Report for Protected Person**

**Instructions:**

- A guardian must complete, sign, and file this form with the court within 60 days of the close of the reporting period.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the protected person’s current situation as well as developments that occurred during the reporting period. Provide as much detailed information as possible. Do not include responses such as “same as last report” or “no change since last report.”
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.

*If you do not understand how to use this form or if you are unsure whether you should use this form, talk to an attorney.*

In the Iowa District Court for _____ County	
<p><b>In the Matter of the Guardianship of</b></p> <p>_____</p> <p><i>Full name: first, middle, last</i></p> <p><b>Protected Person.</b></p>	<p>Probate no. _____</p> <p style="text-align: center;"><b>Guardian’s Annual Report for Protected Person</b></p> <p style="text-align: right; font-size: small;">Iowa Code § 633.669(1)(c)</p>

Guardian states as follows:

**1. Reporting period**

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

**2. Guardian information**

A. Guardian’s name: \_\_\_\_\_

B. Guardian’s relationship to Protected Person:  
\_\_\_\_\_  
*(Spouse, adult child, parent, sibling, etc.)*

**⚠** *Skip to section 2(E) if there is only one guardian.*


C. Co-Guardian’s name: \_\_\_\_\_

D. Co-Guardian’s relationship to Protected Person:  
\_\_\_\_\_  
*(Spouse, adult child, parent, sibling, etc.)*

*Check this box if there are additional co-guardians and provide the information requested in section 2 for all additional co-guardians on an attached sheet.*

E. Identify an emergency contact who knows information about Protected Person and the guardianship in case Guardian or Co-Guardian cannot be reached:

\_\_\_\_\_  
*Name* (\_\_\_\_\_) \_\_\_\_\_  
*Phone Number*

 Rule 7.11—Form 4: Guardian’s Annual Report for Protected Person, continued

**3. Protected Person’s information**

Protected Person’s age: \_\_\_\_\_

**4. Protected Person’s residence and interaction with Guardian**

A. During the reporting period, Protected Person resided:

*Check one*

With Guardian

Independently in \_\_\_\_\_  
*City*

In a group or host home managed by:

\_\_\_\_\_ in \_\_\_\_\_  
*Organization name City*

In a hospital, nursing home, or other residential care facility:

\_\_\_\_\_ in \_\_\_\_\_  
*Organization name City*

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

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

B. Date Protected Person began living at the residence identified in section 4(A), if known:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Month Day Year*

C. Does Protected Person’s current living situation best meet Protected Person’s future needs?

Yes  No

If No, describe Guardian’s plan for meeting those needs:


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

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

D. Summarize the nature and extent of Guardian’s visits with, and activities on behalf of, Protected Person during the reporting period:

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


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

 Rule 7.11—Form 4: Guardian’s Annual Report for Protected Person, continued

**5. Protected Person’s living expenses and income**

A. Has the Court appointed a conservator to manage the financial affairs of Protected Person?


Yes  No

 *If No, skip to section 5(B)*

Is Guardian the conservator?

Yes  No

B. Information regarding Protected Person’s living expenses:

 *Skip section 5(B) if you indicated that Protected Person is under a conservatorship in section 5(A).*

Identify the sources of payment for the Protected Person’s living expenses during the reporting period:

*Check all that apply*

Protected Person paid their own living expenses

Guardian

Family member (spouse, adult child, parent, sibling, etc.)

If family member, identify that person’s:	
_____	
<i>Full name: first, middle, last</i>	
_____	
<i>Relationship to Protected Person</i>	
(____) _____	
<i>Phone number</i>	<i>Email address</i>
<input type="checkbox"/> <i>Check this box if there is more than one family member paying Protected Person’s expenses and provide the information requested for all additional payers on an attached sheet.</i>	

Social Security benefits

Who is the payee?


Guardian

Other

If Other, identify the Social Security benefits payee:	
_____	
<i>Full name: first, middle, last</i>	
_____	
<i>Relationship to Protected Person</i>	
(____) _____	
<i>Phone number</i>	<i>Email address</i>

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

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

 Rule 7.11—Form 4: Guardian’s Annual Report for Protected Person, continued

**6. Protected Person’s health**

A. Summarize Protected Person’s medical and dental health status during the reporting period, identifying any medical or dental concerns that occurred:

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

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

B. Summarize Protected Person’s mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

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

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

C. Summarize any other healthcare concerns related to Protected Person during the reporting period, identifying any new or ongoing healthcare concerns not described in sections 6(A)–(B):

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

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

D. Did Protected Person receive any health-related professional services other than those identified above during the reporting period?

Yes    No

If Yes, describe the other health-related professional services Protected Person received:

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

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



Rule 7.11—Form 4: Guardian’s Annual Report for Protected Person, continued

E. Does Guardian plan to arrange for Protected Person to receive any health-related professional services other than those identified above during the next reporting period?

Yes  No

If Yes, describe the other health-related professional services Guardian plans to arrange for Protected Person during the next reporting period:

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

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

**7. Protected Person’s employment status and education, training, or other vocational services received**

A. Was Protected Person employed during the reporting period?

Yes  No

**!** If No, skip to section 7(B)

(1) Protected Person was employed:

Check one

Full-time

Part-time

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

(2) Employer’s name: \_\_\_\_\_

(3) Summarize Protected Person’s work duties:

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

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


B. Did Protected Person receive educational, training, or other vocational assistance during the reporting period?

Yes  No

If Yes, summarize the educational, training, or vocational assistance received:

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

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

 Rule 7.11—Form 4: Guardian’s Annual Report for Protected Person, continued

**8. Protected Person’s social activities**

Did Protected Person require assistance with participation in social activities during the reporting period?

Yes    No

If Yes, summarize what assistance Protected Person received, including assistance Guardian provided:

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

**9. Protected Person’s contact with family members and other significant individuals**

A. Briefly describe Protected Person’s contact with family members and other individuals significant to Protected Person during the reporting period. Identify any such individuals, their relationship to Protected Person, and the nature and frequency of contact, if known.

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

B. Did Guardian place any time, place, or manner restrictions on Protected Person’s communication, visitation, or interaction with anyone during the reporting period?

Yes    No

If Yes, identify with whom and what restrictions were put in place and briefly describe why:


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

 Rule 7.11—Form 4: Guardian’s Annual Report for Protected Person, continued

**10. Continuation of guardianship**

A. Guardianship is recommended to be:

*Check one*

Continued

Terminated because:

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

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

B. Ability and willingness of Guardian to continue as guardian:

*Check one*

Guardian is able and willing to continue as guardian.


Guardian is unable or unwilling to continue as guardian because:

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

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

**▲ NOTE**

If you believe the guardianship should be terminated or someone else should be appointed as guardian, you must file a motion asking the court to approve the change. The guardianship will stay in place until the court orders otherwise. You must continue your duties as guardian until the court approves the change and files a written order.

 Rule 7.11—Form 4: Guardian’s Annual Report for Protected Person, continued

**8. Protected Person’s social activities**

Did Protected Person require assistance with participation in social activities during the reporting period?

Yes     No

If Yes, summarize what assistance Protected Person received, including assistance Guardian provided:

---

---

---

---

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

**9. Protected Person’s contact with family members and other significant individuals**

A. Briefly describe Protected Person’s contact with family members and other individuals significant to Protected Person during the reporting period. Identify any such individuals, their relationship to Protected Person, and the nature and frequency of contact, if known.

---

---

---

---

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

B. Did Guardian place any time, place, or manner restrictions on Protected Person’s communication, visitation, or interaction with anyone during the reporting period?

Yes     No

If Yes, identify with whom and what restrictions were put in place and briefly describe why:


---

---

---

---

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

 *Rule 7.11—Form 4: Guardian’s Annual Report for Protected Person, continued*

B. Are there any difficulties that Guardian or Protected Person is having with the guardianship or any need for assistance that Guardian would like to make the Court aware of?

Yes  No

If Yes, describe the difficulties or needed assistance:

---

---

---

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

C. Additional information that may be useful for the Court to know in determining what is in Protected Person’s best interest:

---

---

---

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

**13. Fees for Guardian** *Check one*

- Guardian fees are waived.
- Guardian fees are applied for and will be submitted in a separate application.

**14. Fees for Guardian’s attorney** *Check one*

- Attorney fees are waived or not applicable.
- Attorney fees should be set by the Court and will be submitted in a separate application.

**15. Attorney help**

Did an attorney help you prepare or fill out this form?

Yes  No

If Yes, please complete the following:


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

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

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

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

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

 Rule 7.11—Form 4: Guardian’s Annual Report for Protected Person, continued

**16. Oath and signature of Guardian**

**A. Guardian’s oath and signature**

I, \_\_\_\_\_, have read this Annual Report, and I certify under  
*Print your 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 true and correct.

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

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

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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

Is Guardian’s home address the same as the mailing address above?

Yes  No

If No, what is Guardian’s home address?

\_\_\_\_\_  
*Street address*

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

**B. Co-Guardian’s oath and signature** *Leave blank if there is only one guardian*

I, \_\_\_\_\_, have read this Annual Report, and I certify under  
*Print your name*

penalty of perjury and pursuant to the laws of the State of Iowa that the information provided in this Annual Report is true and correct.

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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

Is your mailing address the same as Guardian’s in section 16(A)?

Yes  No

If No, complete the following:

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

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

Check this box if there are more than two guardians and provide the information requested in section 16(B) for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section 16(B).

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*

**Rule 7.11 — Form 5: Guardian’s Final Report for Protected Person**

**Instructions:**

- A guardian must complete, sign, and file this form with the court within 30 days of the termination of the guardianship.
- All appointed guardians must sign this form.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.

*If you do not understand how to use this form or if you are unsure whether you should use this form, talk to an attorney.*

<b>In the Iowa District Court for _____ County</b>	
<b>In the Matter of the Guardianship of</b>  _____ <i>Full name: first, middle, last</i>  <b>Protected Person.</b>	Probate no. _____  <div style="text-align: center;"><b>Guardian’s Final Report for Protected Person</b></div>    <div style="text-align: right; font-size: small;">Iowa Code § 633.669(1)(d) &amp; § 633.675</div>

Guardian states as follows:

**1. Reporting period**

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

**2. Guardian information**

A. Guardian’s name: \_\_\_\_\_

B. Guardian’s relationship to Protected Person: \_\_\_\_\_

*(Spouse, adult child, parent, sibling, etc.)*

**!** *Skip to section 3 if there is only one guardian.*

C. Co-Guardian’s name: \_\_\_\_\_


D. Co-Guardian’s relationship to Protected Person: \_\_\_\_\_

*(Spouse, adult child, parent, sibling, etc.)*

*Check this box if there are additional co-guardians and provide the information requested in section 2 for all additional co-guardians on an attached sheet.*

**3. Protected Person’s information**

Protected Person’s age: \_\_\_\_\_

 Rule 7.11—Form 5: Guardian’s Final Report for Protected Person, continued

**4. Termination of guardianship**

The guardianship was terminated because: *Check one*

Protected Person is deceased.

Date of death: \_\_\_\_\_

The court determined that the guardianship is no longer necessary for another reason.

**5. Fees for Guardian** *Check one*

Guardian fees are waived.

Guardian fees are applied for and will be submitted in a separate application.

**6. Fees for Guardian’s attorney** *Check one*

Attorney fees are waived or not applicable.

Attorney fees should be set by the Court and will be submitted in a separate application.

**7. Attorney help**

Did an attorney help you prepare or fill out this form?

Yes    No

If Yes, please complete the following:

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


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

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

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

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

*Continued on next page*

 Rule 7.11—Form 5: Guardian’s Final Report for Protected Person, continued

**8. Oath and signature of Guardian**

**A. Guardian’s oath and signature**

I, \_\_\_\_\_, have read this Final Report, and I certify under  
*Print your name*

penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Final Report is true and correct.

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

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

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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

Is Guardian’s home address the same as the mailing address above?

Yes  No

If No, what is Guardian’s home address?

\_\_\_\_\_  
*Street address*

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

**B. Co-Guardian’s oath and signature** *Leave blank if there is only one guardian*

I, \_\_\_\_\_, have read this Final Report, and I certify under  
*Print your name*

penalty of perjury and pursuant to the laws of the State of Iowa that the information provided in this Final Report is true and correct.

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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

Is your mailing address the same as Guardian’s in section 8(A)?

Yes  No

If No, complete the following:

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

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

Check this box if there are more than two guardians and provide the information requested in section 8(B) for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section 8(B).

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*

**Rule 7.11 — Form 6: Court Officer’s Oath (Guardianship)**

<b>In the Iowa District Court for _____ County</b>	
<b>In the Matter of the Guardianship of</b> _____ <i>Full name: first, middle, last</i> <b>Protected Person.</b>	Probate no. _____  <b>Court Officer's Oath (Guardianship)</b>  <div style="text-align: right; font-size: small;">Iowa Code § 633.168 &amp; § 633.633</div>

I, \_\_\_\_\_, *Print your name*, certify under penalty of perjury and pursuant to the laws of the State of Iowa that I, the undersigned, do solemnly swear (or affirm) that as a Court Officer and as Guardian in the above matter, I will faithfully discharge the duties imposed by law, including the duty to account, to the best of my ability.

**Signature**

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

---

*Mailing address*

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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*

[Court Order September 8, 2025, effective November 10, 2025]

**Rule 7.12 Conservatorships; forms mandatory for self-represented litigants.** An individual serving as conservator for a conservatorship without attorney representation must use forms contained in this rule for required filings. An attorney may use these forms but is not required to do so.

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020]

**Rule 7.12 — Form 1: *Protected Information Disclosure***

• *If information is abbreviated on other rule 7.12 forms, use this form to include the protected information in full.*

<b>In the Iowa District Court for _____ County</b>	
<b>In the Matter of the Conservatorship of:</b>  _____ <i>Full name: first, middle, last</i> <i>If the protected person is a minor, use initials only.</i> <b>Protected Person.</b>	Probate no. _____  <p style="text-align: center;"><b>Protected Information Disclosure</b></p>

**When protected information, as defined in Iowa Court Rule 16.602, is required by law or is material to the case and is therefore included in nonconfidential documents on nonconfidential cases, a party must record the protected information on this form.**

For an explanation of a filer’s responsibility and the procedures to use for protecting personal information, refer to Iowa Court Rules: Chapter 16, Rules of Electronic Procedure, Division VI, Protection of Personal Privacy. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted or partially provided.

**1. Protected Person.** *The person who is the subject of the conservatorship.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
*First*
*Middle*
*Last*

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Protected Person’s full name (if minor)	<i>Full name</i>	<i>Initials only</i>
B. Social security number	- -	<i>Last four digits only</i>
C. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

*Continued on next page*

Rule 7.12—Form 1: Protected Information Disclosure, continued

H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

Check this box if you are attaching a separate sheet listing additional information for Protected Person.

**2. Petitioner.** *The person filing the petition for appointment of a conservator.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
*First Middle Last*

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

Check this box if you are attaching a separate sheet listing additional information for Petitioner.

**3. Parent.** *If requesting a conservatorship of a minor, the person who has legal custody of the minor.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
*First Middle Last*

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

**Continued on next page**



Rule 7.12—Form 1: Protected Information Disclosure, continued

**5. Proposed Conservator or Conservator.** *The proposed, or current, conservator of the protected person.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
*First Middle Last*

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

*Check this box if you are attaching a separate sheet listing additional information for Proposed Conseravtor or Conservator.*

**6. Other Persons.** *Any other person with information redacted in the documents you file.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
*First Middle Last*

Protected information type	Complete information (See rules 16.602 and 16.604)	Redacted information (See rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>

*Continued on next page*



**Rule 7.12 — Form 2: Background Check Information for a Proposed Conservator of a Protected Person**

**Instructions:**

- Iowa Code section 633.564 requires the court to conduct a criminal records check and checks of the child abuse, dependent adult abuse, and sex offender registry for a proposed conservator of a protected person, and requires the proposed conservator to pay the background check fee (\$15.00). *Note: The clerk of court will keep this information form confidential.*
- Do not give copies of this form to anyone except the clerk of court or your attorney, if you have one.
- If there is no existing conservatorship approved by the court, file this form and a Petition to Establish a Conservatorship for a Protected Person with the clerk of court.

*If you do not understand how to use this form, or if you are unsure whether you should use this form, talk to an attorney.*

In the Iowa District Court for _____ County	
In the Matter of the Conservatorship of:  _____  <i>Full name: first, middle, last</i> <i>If the protected person is a minor, use initials only.</i> <b>Protected Person.</b>	Probate no. _____  <p style="text-align: center;"><b>Background Check Information for a Proposed Conservator of a Protected Person</b></p> <p style="text-align: right; font-size: small;">Iowa Code § 633.564</p>

Conservator states as follows:

**1. Proposed Conservator’s personal information**

**A. Current legal name**

_____ <i>Full first name</i>	_____ <i>Full middle name</i> <i>(write “N/A” if no middle name)</i>	_____ <i>Full last name</i>
---------------------------------	--	--------------------------------

**B. Personal identifying information**

____ / ____ / ____ <i>Date of birth (month/day/year)</i>	_____ <i>Gender</i>	- - - <i>Social security number</i>
---	------------------------	--

**C. All other names ever used (including any other previous legal names and nicknames)**

Alternate name #1	_____ <i>Full first name</i>	_____ <i>Full middle name</i> <i>(write “N/A” if no middle name)</i>	_____ <i>Full last name</i>
Alternate name #2	_____ <i>Full first name</i>	_____ <i>Full middle name</i> <i>(write “N/A” if no middle name)</i>	_____ <i>Full last name</i>

*Continued on next page*

Rule 7.12—Form 2: Background Check Information for a Proposed Conservator of a Protected Person, continued

Alternate name #3	_____	_____	_____
	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #4	_____	_____	_____
	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #5	_____	_____	_____
	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #6	_____	_____	_____
	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #7	_____	_____	_____
	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #8	_____	_____	_____
	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #9	_____	_____	_____
	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>

**2. Certification and release authorization**

**Certification:** I confirm that the information provided above is true and correct.

**Release Authorization:** I give permission for the court to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me maintained by the DCI may be released as allowed by law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, and arrests without dispositions.

_____	_____	_____	_____
<i>Signature of proposed conservator</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>

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

**Rule 7.12 — Form 3: Conservator’s Request for Approval for Other Action on Behalf of Protected Person**

**Instructions:** Copies of this Request must be provided to Protected Person, Protected Person’s attorney and court advisor, if any, and others as the court directs.

<b>In the Iowa District Court for _____ County</b>	
<p><b>In the Matter of the Conservatorship of:</b></p> <hr style="border: 0; border-top: 1px solid black; margin: 5px 0;"/> <p><i>Full name: first, middle, last</i> <i>If the protected person is a minor, use initials only.</i></p> <p><b>Protected Person.</b></p>	<p>Probate no. _____</p> <p style="text-align: center;"><b>Conservator’s Request for Approval for Other Action on Behalf of Protected Person</b></p> <p style="text-align: right; font-size: small;">Iowa Code § 633.642</p>

**1. Requested actions**

I, \_\_\_\_\_, as Conservator of  
*Name of Conservator or financial institution*

\_\_\_\_\_, request authorization from the court to  
*Name of Protected Person or Initials of Protected Minor*

take the following action on behalf of Protected Person: *Mark all that apply*

- Invest Protected Person’s assets consistent with Iowa Code section 633.123.
- Make gifts on Protected Person’s behalf from conservatorship assets to persons or charitable, educational, religious, scientific, or other nonprofit organizations to whom or to which such gifts were regularly made prior to Conservator’s appointment.
- Make gifts upon a showing that such gifts would benefit Protected Person from the perspective of gift, estate, inheritance, or other taxes.
- Make payments consistent with Conservator’s Initial Plan or Amended Plan directly to Protected Person or to others for Protected Person’s education and training needs.
- Use Protected Person’s income or assets to provide support for any person Protected Person is legally obligated to support.
- Compromise, adjust, arbitrate, or settle any claim by or against Protected Person or Conservator due to Conservator’s reasonable actions on behalf of the conservatorship.

*Continued on next page*

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.**

Rule 7.12—Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person, continued

- Make elections for Protected Person who is the surviving spouse as provided in Iowa Code sections 633.236 and 633.240.
- Exercise the right to disclaim on behalf of Protected Person as provided in Iowa Code section 633E.5.
- Sell, mortgage, exchange, pledge, or lease Protected Person's real and personal property consistent with Iowa Code sections 633.383–.403 regarding sale of property from a decedent's estate.
- Other action. *Describe and explain below.*

**2. Explanation of actions for which Conservator is seeking court approval**

Action: \_\_\_\_\_  
*Describe action for which Conservator is seeking the court's approval.*

Explain how this action benefits Protected Person:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Action: \_\_\_\_\_  
*Describe action for which Conservator is seeking the court's approval.*

Explain how this action benefits Protected Person:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

*Continued on next page*



Rule 7.12—Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person, continued

**4. Oath and signature of Conservator**

I, \_\_\_\_\_, have read this Request, 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 Request is true and correct.

\_\_\_\_\_, 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.*

**Rule 7.12 — Form 4: Notice of Filing Conservator’s Initial Plan or Amended Plan**

<b>In the Iowa District Court for _____ County</b>	
<p><b>In the Matter of the Conservatorship of:</b></p> <p>_____</p> <p><i>Full name: first, middle, last</i></p> <p><i>If the protected person is a minor, use initials only.</i></p> <p><b>Protected Person.</b></p>	<p>Probate no. _____</p> <p style="text-align: center;"><b>Notice of Filing Conservator’s</b></p> <p style="text-align: center;"><input type="checkbox"/> <b>Initial Plan</b></p> <p style="text-align: center;"><input type="checkbox"/> <b>Amended Plan</b></p> <p style="text-align: right; font-size: small;">Iowa Code § 633.670(1)(b)</p>

To: \_\_\_\_\_  
*Name of Protected Person*

\_\_\_\_\_   
*Name of Protected Person’s Attorney (if applicable)*

\_\_\_\_\_   
*Name of Court Advisor (if applicable)*

You are notified that \_\_\_\_\_,  
*Name of Conservator or financial institution*

as conservator of \_\_\_\_\_,  
*Name of Protected Person*

filed a Conservator’s *Check one*

- Initial Plan
- Amended Plan

on \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

All initial plans or amended plans must outline Conservator’s plan for protecting, managing, investing, expending, and distributing the assets of the conservatorship. The plan must be based on the needs of Protected Person and take into account the best interest of Protected Person as well as Protected Person’s preference, values, and prior directions to the extent known to, or reasonably ascertainable by, Conservator.

*Continued on next page*

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.**

Rule 7.12—Form 4: Notice of Filing Conservator’s Initial Plan or Amended Plan, continued

At a minimum, all initial plans or amended plans must include:

- (1) A budget containing projected expenses and resources for Protected Person, including an estimate of the total amount of fees Conservator anticipates charging per year and a statement or list of the amount Conservator proposes to charge for each service Conservator anticipates providing to Protected Person.
- (2) A statement as to how Conservator will involve Protected Person in decisions about management of conservatorship assets.
- (3) If ordered by the court, any steps Conservator plans to take to develop or restore the ability of Protected Person to manage conservatorship assets.
- (4) An estimate of the duration of the conservatorship.

A copy of the filed plan is included with this notice.

**Any person entitled to a copy of the plan must file any objections to the plan not later than fifteen days after it is filed.**

Conservator’s Information:

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

\_\_\_\_\_  
 Conservator’s printed name

\_\_\_\_\_  
 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

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020]

**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: \_\_\_\_\_

*Continued on next page*

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.**

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

**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***

Rule 7.12—Form 5: Conservator’s Initial Plan or Amended Plan, continued

**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**

***Continued on next page***

Rule 7.12—Form 5: Conservator’s Initial Plan or Amended Plan, continued

**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
	<i>W, B, M, T</i>	
(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 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
	<i>W, B, M, T</i>	
(1) Mortgage		\$
(2) Car loan payments		\$

*Continued on next page*

Rule 7.12—Form 5: Conservator’s Initial Plan or Amended Plan, continued

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

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*

**Continued on next page**

Rule 7.12—Form 5: Conservator’s Initial Plan or Amended Plan, continued

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.

***Continued on next page***

Rule 7.12—Form 5: Conservator’s Initial Plan or Amended Plan, continued

**C. Monthly or annual budget**

*Complete a monthly or annual budget for Protected Person.*

<b>Type of expense</b>	<b>Amount estimated</b> <i>Check one</i> <input type="checkbox"/> <b>monthly</b> <input type="checkbox"/> <b>annual</b>
(1) House payment or rent	\$
(2) Food <i>At home and restaurants</i>	\$
(3) Transportation ( <i>gas, bus fare</i> ) <i>Not car loan payments – see (14).</i>	\$
(4) Clothing	\$
(5) Medical, dental <i>Not health insurance payments – see (10).</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*



Rule 7.12—Form 5: Conservator’s Initial Plan or Amended Plan, continued

**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"/> Check this box if you have attached a sheet with additional information regarding conservatorship services.	\$
<b>Total amount of fees Conservator anticipates charging <u>annually</u> for services:</b>	\$

**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><b>Asset (1)</b></p> <p>Asset: _____ <i>Description of asset</i></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>
---

*Continued on next page*

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

**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.

*Continued on next page*

Rule 7.12—Form 5: Conservator’s Initial Plan or Amended Plan, continued

**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.

*Continued on next page*

Rule 7.12—Form 5: Conservator’s Initial Plan or Amended Plan, continued

**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*



**Rule 7.12 — Form 6: *Inventory of Assets of Protected Person***

**Instructions:**

- Conservators must complete, sign, and file this form with the court within ninety (90) days of appointment. Once the conservatorship is approved, Conservators must also file this form with all Conservator’s Annual Reports and Final Reports, identifying Protected Person’s assets at the close of the reporting period.
- The purpose of the Inventory is to provide the court with a complete picture of Protected Person’s current assets.
- Copies of this Inventory must be provided to Protected Person, Protected Person’s attorney and court advisor, if any, and others as the court directs.

In the Iowa District Court for _____ County	
In the Matter of the Conservatorship of: _____  <i>Full name: first, middle, last</i> <i>If the protected person is a minor, use initials only.</i>  <b>Protected Person.</b>	Probate no. _____  <p style="text-align: center;"><b>Inventory of Assets of Protected Person</b></p> <p style="text-align: right; font-size: small;">Iowa Code § 633.670(2)</p>

Conservator states as follows:

**1. Protected Person’s assets**

Protected Person owns the following assets:

A. Real estate

Type of real estate	Jointly owned? <i>Check box if jointly owned.</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount owed on debt and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Homestead <i>Address</i>	<input type="checkbox"/>	\$	\$ to:	\$
(2) Other real estate <i>Address</i>	<input type="checkbox"/>	\$	\$ to:	\$

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

*Continued on next page*

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.**

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

**B. Vehicles** *Includes cars, trucks, motorcycles, and other motorized vehicles.*

<b>Vehicles</b> <i>Make (e.g., Ford)</i> <i>Year</i>	<b>Jointly owned?</b> <i>Check box if jointly owned</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount owed on debt and to whom owed</i>	<b>Net Value</b> <i>Market value minus debt owed</i>
(1)	<input type="checkbox"/>	\$	\$ to:	\$
(2)	<input type="checkbox"/>	\$	\$ to:	\$
(3)	<input type="checkbox"/>	\$	\$ to:	\$

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

**C. Securities, stocks, & bonds**

<b>Securities, stocks, &amp; bonds</b> <i>Company name</i>	<b>Jointly owned?</b> <i>Check box if jointly owned</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount owed on debt and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1)	<input type="checkbox"/>	\$	\$ to:	\$
(2)	<input type="checkbox"/>	\$	\$ to:	\$
(3)	<input type="checkbox"/>	\$	\$ to:	\$

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

*Continued on next page*

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

**D. Life insurance**

<b>Life insurance</b> <i>Company name</i>	<b>Jointly owned?</b> <i>Check box if jointly owned</i>	<b>Cash value</b> <i>Not death benefit</i>	<b>Loan from cash value</b> <i>Total amount still owed on loan</i>	<b>Cash value</b> <i>Minus loan owed</i>
(1)	<input type="checkbox"/>	\$	\$	\$
(2)	<input type="checkbox"/>	\$	\$	\$
(3)	<input type="checkbox"/>	\$	\$	\$

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

**E. Bank accounts**

<b>Checking &amp; savings accounts</b> <i>Bank or Credit Union name</i> <i>If you do not use bank accounts, write "Cash"</i>	<b>Jointly owned?</b> <i>Check box if jointly owned</i>	<b>Cash value</b>	<b>Personal loans or overdraft accounts</b> <i>Total amount still owed, if any</i>	<b>Net value</b> <i>Cash value minus loan / overdraft owed</i>
(1)	<input type="checkbox"/>	\$	\$	\$
(2)	<input type="checkbox"/>	\$	\$	\$
(3)	<input type="checkbox"/>	\$	\$	\$

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

**F. Household**

<b>Household contents</b> <i>Describe</i>	<b>Jointly owned?</b> <i>Check box if jointly owned</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount owed on debt and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1) Furniture a.	<input type="checkbox"/>	\$	\$ to:	\$
b.	<input type="checkbox"/>	\$	\$ to:	\$
c.	<input type="checkbox"/>	\$	\$ to:	\$
d.	<input type="checkbox"/>	\$	\$ to:	\$

*Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued*

(2) Appliances / Electronics	<input type="checkbox"/>	\$	\$	\$
a.	<input type="checkbox"/>	\$	to:	\$
b.	<input type="checkbox"/>	\$	to:	\$
c.	<input type="checkbox"/>	\$	to:	\$
d.	<input type="checkbox"/>	\$	to:	\$
(3) Other contents	<input type="checkbox"/>	\$	\$	\$
a.	<input type="checkbox"/>	\$	to:	\$
b.	<input type="checkbox"/>	\$	to:	\$
c.	<input type="checkbox"/>	\$	to:	\$

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

**G. Retirement assets**

<b>Retirement assets</b> <i>Examples: Pensions, IRAs, 401(k)s, annuities, etc.</i>	<b>Jointly owned?</b> <i>Check box if jointly owned</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Loan from retirement account</b> <i>Total amount still owed, if any and to whom owed</i>	<b>Net value</b> <i>Market value minus loan owed</i>
(1)	<input type="checkbox"/>	\$	\$ to:	\$
(2)	<input type="checkbox"/>	\$	\$ to:	\$
(3)	<input type="checkbox"/>	\$	\$ to:	\$

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

***Continued on next page***

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

**H. Other assets** *Items not listed in the other boxes should be listed here. For example: jewelry, furs, guns, sporting goods, farm animals.*

<b>Other assets</b> <i>Describe</i>	<b>Jointly owned?</b> <i>Check box if jointly owned</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount owed on debt and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1)	<input type="checkbox"/>	\$	\$ to:	\$
(2)	<input type="checkbox"/>	\$	\$ to:	\$
(3)	<input type="checkbox"/>	\$	\$ to:	\$

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

**I. Totals**

(1) Total from attached sheets <i>Listed in 1A-H.</i>	\$
(2) <b>Total net value of assets</b> <i>Listed in 1A-H.</i>	\$

**J. Jointly owned assets**

For each jointly owned asset, identify:

Asset: \_\_\_\_\_  
*Description of jointly owned asset*

a. Person responsible for management of asset:

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

b. Person responsible for payments (if any):

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

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 asset*

***Continued on next page***

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

Asset: \_\_\_\_\_  
*Description of jointly owned asset*

a. Person responsible for management of asset:

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

b. Person responsible for payments (if any):

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

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 asset*

Asset: \_\_\_\_\_  
*Description of jointly owned asset*

a. Person responsible for management of asset:

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

b. Person responsible for payments (if any):

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

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 asset*

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

*Continued on next page*

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

**2. Other assets**

A. Provide a complete list of Protected Person's assets **not transferred** into conservatorship's name.

<b>Other assets</b> <i>Describe</i>	<b>Jointly owned?</b> <i>Check box if jointly owned</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount owed on debt and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1)	<input type="checkbox"/>	\$	\$ to:	\$
(2)	<input type="checkbox"/>	\$	\$ to:	\$
(3)	<input type="checkbox"/>	\$	\$ to:	\$
(4)	<input type="checkbox"/>	\$	\$ to:	\$
(5)	<input type="checkbox"/>	\$	\$ to:	\$
(6)	<input type="checkbox"/>	\$	\$ to:	\$

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

For each jointly owned asset, identify:

Asset: \_\_\_\_\_

*Description of jointly owned asset*

a. Person responsible for management of asset:

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

b. Person responsible for payments (if any):

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

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 asset*

**Continued on next page**

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

Asset: \_\_\_\_\_  
*Description of jointly owned asset*

a. Person responsible for management of asset:

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

b. Person responsible for payments (if any):

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

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 asset*

Asset: \_\_\_\_\_  
*Description of jointly owned asset*

a. Person responsible for management of asset:

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

b. Person responsible for payments (if any):

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

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 asset*

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

***Continued on next page***



Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

**4. Oath and signature of Conservator**

I, \_\_\_\_\_, have read this Inventory, 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 Inventory 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.*

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

**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: \_\_\_\_\_

*Continued on next page*

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.**

Rule 7.12—Form 7: Conservator's Annual Report, continued

**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***

Rule 7.12—Form 7: Conservator’s Annual Report, continued

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.*

***Continued on next page***

Rule 7.12—Form 7: Conservator's Annual Report, continued

(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:

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

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:

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

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
(1) Wages from employer Employer name: Job title:		\$

*Continued on next page*

Rule 7.12—Form 7: Conservator’s Annual Report, continued

(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
	<i>W,B,M,T</i>	
(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*

Rule 7.12—Form 7: Conservator's Annual Report, continued

**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 and restaurants</i>	\$
(3) Transportation ( <i>gas, bus fare</i> ) <i>Not car loan payments – see (14).</i>	\$
(4) Clothing	\$
(5) Medical, dental <i>Not health insurance payments – see (10).</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*

Rule 7.12—Form 7: Conservator's Annual Report, continued

(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 for which Conservator charged fees 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*

Rule 7.12—Form 7: Conservator’s Annual Report, continued

**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
	<i>W,B,M,T</i>	
(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>		\$

*Continued on next page*

Rule 7.12—Form 7: Conservator’s Annual Report, continued

**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
	<i>W,B,M,T</i>	
(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>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***

Rule 7.12—Form 7: Conservator's Annual Report, continued

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*

**Continued on next page**

Rule 7.12—Form 7: Conservator's Annual Report, continued

**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 and restaurants</i>	\$
(3) Transportation (gas, bus fare) <i>Not car loan payments – see (14).</i>	\$
(4) Clothing	\$
(5) Medical, dental <i>Not health insurance payments – see (10).</i>	\$
(6) Utilities (gas, electric, water)	\$
(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	\$

*Continued on next page*

Rule 7.12—Form 7: Conservator’s Annual Report, continued

(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>	<b>\$</b>

**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.*

*Continued on next page*

Rule 7.12—Form 7: Conservator’s Annual Report, continued

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

Yes  No

If Yes, identify each new asset and 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.

*Continued on next page*

Rule 7.12—Form 7: Conservator’s Annual Report, continued

**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:

<p><b>Asset (1)</b></p> <p>Asset: _____  <i>Description of asset</i></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>Asset (2)</b></p> <p>Asset: _____  <i>Description of asset</i></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.

***Continued on next page***



Rule 7.12—Form 7: Conservator's Annual Report, continued

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)).

*Continued on next page*



Rule 7.12—Form 7: Conservator's Annual Report, continued

**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*



Rule 7.12—Form 8: Conservator’s Final Report, continued

**3. Type of report**

*Check one*

- Report filed within thirty (30) days following removal of Conservator.
- Report filed with Conservator’s filing of a resignation and before the court’s acceptance of the resignation.
- Report filed within sixty (60) days following termination of the conservatorship.
- Other. *Explain*

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

**4. Status of the conservatorship**

Identify status of the conservatorship at close of this reporting period. *Check one*

- The conservatorship has been or should be terminated because Protected Person was a minor who is no longer a minor and no longer benefits from a conservatorship.
- The conservatorship has been or should be terminated because Protected Person is deceased.
- The conservatorship will continue but a different conservator has been or will be appointed.
- Other. *Explain*

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

*Continued on next page*

Rule 7.12—Form 8: Conservator's Final Report, continued

**5. Protected Person's information**

*If Protected Person is deceased, fill out only sections F and G.*

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*

Rule 7.12—Form 8: Conservator's Final Report, continued

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 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.*

***Continued on next page***

Rule 7.12—Form 8: Conservator's Final Report, continued

- (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.

**6. Conservatorship assets**

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

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

Yes  No

If Yes, identify each new asset and its estimated value.

<p><b>Asset (1)</b></p> <p>Asset: _____ <i>Description of asset</i></p> <p>Estimated value: \$ _____</p>
--

<p><b>Asset (2)</b></p> <p>Asset: _____ <i>Description of asset</i></p> <p>Estimated value: \$ _____</p>
--

*Continued on next page*

Rule 7.12—Form 8: Conservator's Final Report, continued

<p><b>Asset (3)</b></p> <p>Asset: _____  <i>Description of asset</i></p> <p>Estimated value: \$ _____</p>
---

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

**C. 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.*

**7. 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
(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>		\$

*Continued on next page*

Rule 7.12—Form 8: Conservator's Final Report, continued

(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>		<b>\$</b>

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
	<i>W,B,M,T</i>	
(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>		<b>\$</b>

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 and restaurants</i>	\$
(3) Transportation ( <i>gas, bus fare</i> ) <i>Not car loan payments – see (14).</i>	\$

*Continued on next page*

Rule 7.12—Form 8: Conservator's Final Report, continued

(4) Clothing	\$
(5) Medical, dental <i>Not health insurance payments – see (10).</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>	\$
(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>	<b>\$</b>

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

*Continued on next page*

Rule 7.12—Form 8: Conservator's Final Report, continued

**8. 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 **9**.

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

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

**9. Changes in investments**

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.

*Continued on next page*

Rule 7.12—Form 8: Conservator’s Final Report, continued

**10. Proposed plan for conservatorship’s assets upon termination of conservatorship**

*Complete this section if the conservatorship has been or should be terminated.*

How will the conservatorship’s assets be distributed upon termination of conservatorship?

- Conservatorship assets will be transferred to Protected Person.
- Conservatorship assets will be transferred into an estate.
- Conservatorship assets will be transferred as follows:

<p><b>Asset (1)</b></p> <p>Asset: _____ <i>Description of asset</i></p> <p>Estimated value: \$ _____</p> <p>Person or entity the asset will be transferred to: _____</p> <p><i>Full name of person or name or entity</i></p> <p>Relationship to Protected Person (if a person): _____ <i>Describe relationship</i></p>
--

<p><b>Asset (2)</b></p> <p>Asset: _____ <i>Description of asset</i></p> <p>Estimated value: \$ _____</p> <p>Person or entity the asset will be transferred to: _____</p> <p><i>Full name of person or name or entity</i></p> <p>Relationship to Protected Person (if a person): _____ <i>Describe relationship</i></p>
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*Check this box if you have attached a sheet with additional assets.*

*Continued on next page*



*Rule 7.12—Form 8: Conservator's Final Report, continued*

### 13. Request for approval of proposed budget and general conservatorship powers

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

- Approve Conservator's final accounting as detailed in this Final Report and the accompanying Inventory.
- Discharge Conservator from the conservatorship.
- Terminate the conservatorship.
- Cancel Conservator's bond and exonerate the surety on Conservator's bond.
- Approve Conservator's proposed plan regarding the conservatorship's 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.*

### 14. Fees for Conservator

*Check one*

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

### 15. 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.

### 16. 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*

*Continued on next page*

Rule 7.12—Form 8: Conservator's Final Report, continued

**17. Oath and signature**

I, \_\_\_\_\_, have read this Final 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 Final 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*

**Rule 7.12 — Form 9: Court Officer's Oath (Conservatorship, Individual)**

In the Iowa District Court for _____ County	
<p><b>In the Matter of the Conservatorship of</b></p> <p>_____,</p> <p><i>Full name: first, middle, last</i></p> <p><b>Protected Person.</b></p>	<p>Probate no. _____</p> <p style="text-align: center;"><b>Court Officer's Oath (Conservatorship, Individual)</b></p> <p style="text-align: right; font-size: small;">Iowa Code § 633.168 &amp; § 633.633</p>

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the laws  
*Print your name*

of the State of Iowa that I, the undersigned, do solemnly swear (or affirm) that as a Court Officer and as Conservator in the above matter, I will faithfully discharge the duties imposed by law, including the duty to account, to the best of my ability.

**Signature**

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

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

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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*

