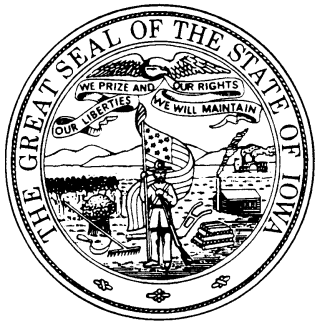
IOWA
COURT RULES

FIFTH EDITION

February 2022 Supplement



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PREFACE

The Fifth Edition of the Iowa Court Rules was published in July 2009 pursuant to Iowa Code section 2B.5(2). Subsequent updates to the Iowa Court Rules, as ordered by the Supreme Court, are published in electronic format only and include chapters that have been amended or adopted.

The Iowa Court Rules and related documents are available at www.legis.iowa.gov/law/courtRules.

To receive e-mail notification of the publication of a Supplement to the Iowa Court Rules, subscribe at www.legis.iowa.gov/subscribe/subscriptions.

Inquiries. Inquiries regarding access to the Iowa Court Rules should be directed to the Legislative Services Agency's Computer Services Division Help Desk at 515.281.6506.

Citation. The rules shall be cited as follows:

Chapter 1	Iowa R. Civ. P.
Chapter 2	Iowa R. Crim. P.
Chapter 5	Iowa R. Evid.
Chapter 6	Iowa R. App. P.
Chapter 16	Iowa R. Elec. P.
Chapter 32	Iowa R. of Prof'l Conduct
Chapter 51	Iowa Code of Judicial Conduct

All other rules shall be cited as "Iowa Ct. R."

Supplements. Supplements to the Fifth Edition of the Iowa Court Rules have been issued as follows:

2009 — August, September, October, November, December
2010 — January, February, March, May, June, August, September, December
2011 — February
2012 — January, May, June, August, September, December
2013 — March, May, June, August, September, November, December
2014 — January, March, April, June, December
2015 — January, April, May, October, December
2016 — February, July, August, December
2017 — January, April, August, September, November, December
2018 — June, August, December
2019 — February, July, August, December
2020 — February, April, June, September, October, December
2021 — April, May, June, July, August, September, October, December
2022 — January

February 2022 Supplement

Changes in this supplement

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INSTRUCTIONS FOR UPDATING THE IOWA COURT RULES

Replace 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***

In the Iowa District Court for _____ County

In the Matter of the Estate of:	Probate no._____
_____ *Full name: first, middle, last* **Deceased.**	**Report of Referee**

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?	☐	☐	☐
2.	Affidavit of Mailing Notice filed as required by:			
	A. Iowa Code sections 633.230 and 633.304?	☐	☐	☐
	B. Iowa Code sections 633.231 and 633.304A (medical assistance claims)?	☐	☐	☐
3.	Fiduciaries fees ordered or waived and affidavit of compensation filed?	☐	☐	☐
4.	Attorney fees ordered and affidavit of compensation filed?	☐	☐	☐
	A. Itemization requested and provided?	☐	☐	☐
	B. If not, statement required by Iowa Code section 633.477(11) made?	☐	☐	☐
5.	Income tax acquittance filed?	☐	☐	☐
6.	Inheritance tax clearance filed or certification required by Iowa Code section 450.58 made? *Note: This is no longer required for decedents dying on or after January 1, 2025 (Iowa Code § 450.98).*	☐	☐	☐
7.	Federal estate tax transcript or federal estate tax closing letter filed or certification required by Iowa Code section 633.477(10) made?	☐	☐	☐
8.	List of distributees shown?	☐	☐	☐
9.	Description of real estate shown?	☐	☐	☐
10.	Certificates of change of title to real estate filed or reference to the transfer of property by Court Officer Deed made, as required?	☐	☐	☐
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?	☐	☐	☐
12.	Notice of hearings on the Final Report waived?	☐	☐	☐
	If not waived, proper proof of service of notice on file and period for filing objection(s) expired?	☐	☐	☐

Continued on next page

Rule 7.4—Form 1: Report of Referee, continued

	Yes	No	N/A
13. Accounting waived?	☐	☐	☐
If not waived, has accounting been provided?	☐	☐	☐
14. Court costs paid, including cost for final order(s)?	☐	☐	☐
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?	☐	☐	☐
16. Receipts for all specific bequests filed?	☐	☐	☐
17. Is there a statement regarding whether decedent left genetic material?	☐	☐	☐
If you checked **No**, *check* **N/A** *for the remaining questions in section 17.*			
A. Decedent:			
(1) Was unmarried.	☐	☐	☐
(2) Left no genetic material.	☐	☐	☐
(3) Left no signed writing authorizing spouse to use the genetic material.	☐	☐	☐
If you checked **Yes** *to any question in section 17(A), check* **N/A** *for the remaining questions in section 17.*			
B. Have sufficient estate assets been reserved to fund distribution to posthumous heirs?	☐	☐	☐
If you checked **No**, *check* **N/A** *for the remaining questions in section 17.*			
C. Does the Final Report state that final distributions will not be made until two years after the decedent's date of death?	☐	☐	☐
If you checked **No**, *check* **N/A** *for the remaining questions in section 17.*			
D. Does the Final Report state that a supplemental report will be submitted after final distributions of the reserved assets?	☐	☐	☐

18. Remarks:

_____

_____

_____

_____

_____

_____

_____

☐ *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

_____ /s/_____
Printed name *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 inventories or reports.

7.6(1) The clerk's report to the presiding judge required by Iowa Code section 633.32, of all delinquent inventories or reports in estates, trusts, guardianships or conservatorships shall contain, in addition to the information required by Iowa Code section 633.32(3), 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 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, guardianship, or conservatorship.

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 inventory or report.

g. The date notice of delinquency was given.

h. A statement that the required report or inventory 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 of the last paper filed by the fiduciary or attorney and the date of filing such paper.

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

7.6(2) The clerk shall submit a copy of the report to the chief judge of the judicial district and the state court administrator in addition to the presiding judge as required by Iowa Code section 633.32(2). 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]

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 Guardian and conservator filing requirements.

7.8(1) The court shall not waive any guardian requirement to file an initial, annual, or final report.

7.8(2) The court shall not waive any conservator requirement to file an inventory, annual report and accounting, or final report.

7.8(3) The court may extend the time for any required filing of a guardian or conservator only upon the showing of good cause.

7.8(4) Upon a failure of a guardian or conservator to make any required filing, and after notice and opportunity to cure the failure, the court may impose sanctions on the guardian or conservator including removal of the guardian or conservator.

[Court Order March 7, 2018, effective January 1, 2019]

Rules 7.9 and **7.10** Reserved.

Rule 7.11 Adult guardianships; forms mandatory for self-represented litigants. An individual serving as guardian for an adult guardianship 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 7.11—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.*

In the Iowa District Court for _____ County

In the Matter of the Guardianship of: _____ *Full name: first, middle, last* **Protected Person.**	Probate no._____ **Protected Information Disclosure**

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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
E. *Additional protected information*	*Full information*	*Partial information*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*

☐ *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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

☐ *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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*

Continued on next page

Rule 7.11—Form 1: Protected Information Disclosure, continued

F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

☐ *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*

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

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

Continued on next page

Rule 7.11—Form 1: Protected Information Disclosure, continued

5. Information provided by:

_____ /s/_____
Printed name *Signature*

_____
Law firm, if applicable

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

_____ _____, 20_____
Month *Day* *Year*
Date signed

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

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

_____	_____	_____
Full first name	*Full middle name (write "N/A" if no middle name)*	*Full last name*

B. Personal identifying information

/ /		- -
Date of birth (month/day/year)	*Gender*	*Social security number*

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

Alternate name #1

_____	_____	_____
Full first name	*Full middle name (write "N/A" if no middle name)*	*Full last name*

Alternate name #2

_____	_____	_____
Full first name	*Full middle name (write "N/A" if no middle name)*	*Full last name*

Continued on next page

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

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

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.

_____	_____	_____	_____
Signature of proposed guardian	*Month*	*Day*	*Year*

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

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

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

Instructions:

- Guardian must complete, sign, and file this form with the court within sixty (60) days of appointment.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.
- The purpose of the Initial Care Plan is to provide the court with a complete picture of Protected Person's current situation, Protected Person's needs, and Guardian's plan to meet those needs.
- Provide as much detailed information as possible.

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._____ **Guardian's Initial Care Plan for Protected Person** Iowa Code § 633.669(1)(*a*)

Guardian states as follows:

1. Guardian's information

A. Guardian's name:

_____
Full name: first, middle, last

B. Guardian is Protected Person's: *Check one*

☐ Spouse

☐ Adult child

☐ Parent

☐ Adult sibling

☐ Other: _____

Continued on next page

2. Protected Person's information

A. Protected Person's age: _____.

B. Reason for guardianship:

_____

_____

_____

_____

_____

_____

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

C. Protected Person's highest education level attained:

☐ High school

☐ College or university

☐ Other: _____

D. Does Protected Person have a Living Will?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) Do you have a copy of Protected Person's Living Will?

☐ Yes ☐ No

(2) Where is the Living Will located?

_____
Full name: first, middle, last / business name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

Continued on next page

E. Does Protected Person have a Healthcare Power of Attorney?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) Who is serving as the agent (attorney-in-fact)?

_____
Full name: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

(2) Where is the Healthcare Power of Attorney located?

_____
Full name: first, middle, last / business name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

3. Protected Person's residence and interaction with Guardian

A. Does Protected Person currently live with Guardian? *Check* Yes *or* No *below.*

☐ Yes

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

Describe Guardian's daily interaction with Protected Person:

_____

_____

_____

_____

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

Continued on next page

☐ No

If you checked No, *complete* (1)–(5).

(1) Protected Person's current residence:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(2) Date Protected Person began living at current residence:

_____ _____, 20____.
Month *Day* *Year*

(3) How often does Guardian plan to visit or have other contacts (e.g., by mail, email, social media, and phone) with Protected Person? *Check all that apply*

☐ Daily

☐ Weekly

☐ Monthly

☐ Other: _____

(4) How does Guardian plan to interact with Protected Person? *Check all that apply*

☐ In person

☐ Mail, email, or social media

☐ Phone

☐ Other: _____

(5) Describe the types of activities with or on behalf of Protected Person that Guardian plans:

_____

_____

_____

_____

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

Continued on next page

B. 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.*

4. Protected Person's expenses

A. Estimate of Protected Person's expenses:

Type of expense	**Amount estimated** *Check one* ☐ **monthly** ☐ **annual**
(1) House payment or rent	$
(2) Food *At home and restaurants*	$
(3) Transportation *(gas, bus fare)* *Not car loan payments – see (14).*	$
(4) Clothing	$
(5) Medical, dental *Not health insurance payments – see (10).*	$
(6) Utilities *(gas, electric, water)*	$
(7) Phone	$
(8) Cable / satellite television / internet	$
(9) Car insurance payment	$

Continued on next page

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

(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 *Identify:*	$
(17) Other expense *Identify:*	$
(18) Other expense *Identify:*	$
(19) Other expense *Identify:*	$
(20) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding expenses.*	$
Total expenses	$

B. Who will pay Protected Person's expenses? *Check all that apply*

☐ Guardian

☐ Spouse

☐ Adult sibling or siblings

☐ One or both of Protected Person's parents

☐ A court-appointed conservator

☐ Other: _____

Continued on next page

C. Information regarding payer of Protected Person's expenses:

_____
Full name: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

D. If Guardian is responsible for paying Protected Person's expenses, describe Guardian's plan for payment of Protected Person's living expenses and other expenses:

_____

_____

_____

_____

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

5. Protected Person's health

A. Protected Person's physical health

(1) Describe Protected Person's current medical health status, identifying any medical concerns:

_____

_____

_____

_____

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

(2) Guardian's plan for meeting Protected Person's medical care needs:

_____

_____

_____

_____

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

Continued on next page

B. Protected Person's dental health

(1) Describe Protected Person's current dental health status, identifying any dental health concerns:

_____

_____

_____

_____

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

(2) Guardian's plan for meeting Protected Person's dental health care needs:

_____

_____

_____

_____

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

C. Protected Person's mental health

(1) Describe 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) Guardian's plan for meeting Protected Person's mental, cognitive, behavioral, or emotional needs:

_____

_____

_____

_____

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

Continued on next page

D. Other health concerns

(1) Identify any other health care concerns related to Protected Person:

_____

_____

_____

_____

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

(2) Guardian's plan for meeting other health care concerns identified:

_____

_____

_____

_____

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

6. Protected Person's education, training, and other vocational services and employment status

A. Is Protected Person enrolled in or attending school?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) School information:

_____
School name where Protected Person is enrolled or attending

_____
School mailing address

_____ _____ _____
City *State* *ZIP code*

(2) Does Protected Person receive or need special education or related services?

☐ Yes ☐ No

If Yes, describe:

_____

_____

_____

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

Continued on next page

B. Is Protected Person employed?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(3).

(1) Protected Person is employed:

☐ Full-time

☐ Part-time

☐ Other: _____

(2) Employer's information:

_____
Employer's name

_____
Employer's mailing address

_____ _____ _____
City *State* *ZIP code*

_____
Supervisor's name

(_____) _____ _____
Supervisor's phone number *Supervisor's email address*

(3) Describe Protected Person's employee duties:

_____

_____

_____

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

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

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) Describe Protected Person's educational, training, and vocational needs:

_____

_____

_____

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

Continued on next page

(2) Guardian's plan for meeting educational, training, and vocational needs identified:

_____

_____

_____

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

7. Other professional services

A. Does Protected Person require any professional services other than those listed above?

☐ Yes ☐ No

If you checked Yes*, complete* B *and* C*, otherwise skip to* **8**.

B. Other professional services Protected Person requires:

_____

_____

_____

_____

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

C. Guardian's plan to provide the professional services required:

_____

_____

_____

_____

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

8. Protected Person's social activities

A. Does Protected Person require assistance with participation in social activities?

☐ Yes ☐ No

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

Continued on next page

B. Guardian's plan for assisting Protected Person's participation in social activities:

_____

_____

_____

_____

_____

_____

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

9. Protected Person's contact with family members and other significant persons

A. Will arrangements be made for regular contacts between Protected Person and Protected Person's family members (e.g., spouse, parents, adult children, and adult spouse)?

☐ Yes

If you checked Yes*, complete the following sections as appropriate.*

(1) Family member's name: _____.

Relationship to Protected Person: _____.

Describe arrangements planned for contact with this person:

_____

_____

_____

_____

_____

_____

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

Continued on next page

(2) Family member's name: _____.

Relationship to Protected Person: _____.

Describe arrangements planned for contact with this person:

_____

_____

_____

_____

_____

_____

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

☐ *Check this box if you have attached a sheet with additional family members.*

☐ No

If you checked No*, complete the next section.*

Explain why:

_____

_____

_____

_____

_____

_____

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

Continued on next page

B. Will arrangements be made for regular contacts between Protected Person and other significant persons (e.g., friends, former co-workers, and clergy)?

☐ Yes

If you checked Yes*, complete the following sections as appropriate.*

(1) Significant person's name: _____.

Relationship to Protected Person: _____.

Describe arrangements planned for contact with this person:

_____

_____

_____

_____

_____

_____

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

(2) Significant person's name: _____.

Relationship to Protected Person: _____.

Describe arrangements planned for contact with this person:

_____

_____

_____

_____

_____

_____

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

☐ *Check this box if you have attached a sheet with additional significant persons.*

Continued on next page

☐ No

If you checked No*, complete the next section.*

Explain why:

_____

_____

_____

_____

_____

_____

☐ *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 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

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

☐ Fees are waived.

12. Fees for Guardian'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.

Continued on next page

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

13. 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*

14. Oath and signature of Guardian

I, _____, have read this Initial Care Plan, and I certify
Print your name

under 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 *Additional email address, if applicable*

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

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

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

Instructions:

- Guardian must complete, sign, and file this form with the court within thirty (30) days of the close of the reporting period.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.
- The purpose of the Annual Report is to provide the court with a complete picture of 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."

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._____ **Guardian's Annual Report for Protected Person** Iowa Code § 633.669(1)(*b*)

Guardian states as follows:

1. Reporting period

This report is for the period from: _____/_____/_____to_____/_____/_____.
Month Day Year Month Day Year

2. Guardian's information

A. Guardian's name:

_____
Full name: first, middle, last

B. Guardian is Protected Person's: *Check one*

☐ Spouse

☐ Adult child

☐ Parent

☐ Adult sibling

☐ Other: _____

Continued on next page

3. Protected Person's information

A. Protected Person's age: _____.

B. Protected Person's highest education level attained:

☐ High school

☐ College or university

☐ Other: _____

C. Does Protected Person have a Living Will?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) Do you have a copy of Protected Person's Living Will?

☐ Yes ☐ No

(2) Where is the Living Will located?

_____
Full name: first, middle, last / business name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

D. Does Protected Person have a Healthcare Power of Attorney?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) Who is serving as the agent (attorney-in-fact)?

_____
Full name: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

Continued on next page

(2) Where is the Healthcare Power of Attorney located?

_____
Full name: first, middle, last / business name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

4. Continuation of guardianship

A. Guardianship is recommended to be: *Check one*

☐ Continued

☐ Terminated

If you checked Terminated, *provide an explanation. A court hearing may be required on the matter of termination.*

_____

_____

_____

_____

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

B. Ability 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. Explain why:

_____

_____

_____

_____

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

Continued on next page

C. Assistance requested:

Identify any assistance Guardian needs in providing or arranging for care of Protected Person.

_____

_____

_____

_____

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

5. Protected Person's residence and interaction with Guardian

A. Does Protected Person currently live with Guardian? *Check* Yes *or* No *below.*

☐ Yes

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

Describe Guardian's daily interaction with Protected Person during the reporting period:

_____

_____

_____

_____

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

☐ No

If you checked No*, complete sections* (1)–(4).

(1) Protected Person's current residence:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(2) Date Protected Person began living at current residence:

_____ _____, 20____.
Month *Day* *Year*

Continued on next page

(3) What types of contacts did Guardian have with Protected Person during the reporting period and how often? *Check all that apply*

☐ In person

☐ Daily

☐ Weekly

☐ Monthly

☐ Other: _____

☐ Mail, email, or social media

☐ Daily

☐ Weekly

☐ Monthly

☐ Other: _____

☐ Phone

☐ Daily

☐ Weekly

☐ Monthly

☐ Other: _____

☐ Other type of contact: _____

☐ Daily

☐ Weekly

☐ Monthly

☐ Other: _____

(4) Summarize the types of activities with or on behalf of Protected Person that Guardian performed during the reporting period:

_____

_____

_____

_____

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

Continued on next page

B. 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.*

6. Protected Person's expenses

A. Estimate of Protected Person's expenses for the next reporting period:

Type of expense	**Amount estimated** *Check one* ☐ **monthly** ☐ **annual**
(1) House payment or rent	$
(2) Food *At home and restaurants*	$
(3) Transportation *(gas, bus fare)* *Not car loan payments – see (14).*	$
(4) Clothing	$
(5) Medical, dental *Not health insurance payments – see (10).*	$
(6) Utilities *(gas, electric, water)*	$
(7) Phone	$
(8) Cable / satellite television / internet	$
(9) Car insurance payment	$

Continued on next page

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

(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 *Identify:*	$
(17) Other expense *Identify:*	$
(18) Other expense *Identify:*	$
(19) Other expense *Identify:*	$
(20) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding expenses.*	$
Total expenses	$

B. Who will pay Protected Person's expenses? *Check all that apply*

☐ Guardian

☐ Spouse

☐ Adult sibling or siblings

☐ One or both of Protected Person's natural parents

☐ A court-appointed conservator

☐ Other: _____

Continued on next page

C. Information regarding payer of Protected Person's expenses:

_____
Full name: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

D. If Guardian is responsible for paying Protected Person's expenses, describe Guardian's plan for payment of Protected Person's living expenses and other expenses during the next reporting period:

_____

_____

_____

_____

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

7. Protected Person's health

A. Protected Person's physical health

(1) Summarize Protected Person's medical health status during the reporting period, identifying any medical concerns that occurred:

_____

_____

_____

_____

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

(2) Guardian's plan for meeting Protected Person's future medical care needs:

_____

_____

_____

_____

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

Continued on next page

B. Protected Person's dental health

(1) Summarize Protected Person's dental health status during the reporting period, identifying any dental concerns that occurred:

_____

_____

_____

_____

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

(2) Guardian's plan for meeting Protected Person's future dental health care needs:

_____

_____

_____

_____

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

C. Protected Person's mental health

(1) 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.*

(2) Guardian's plan for meeting Protected Person's future mental, cognitive, behavioral, or emotional needs:

_____

_____

_____

_____

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

Continued on next page

D. Other health concerns

(1) Summarize any other health care concerns related to Protected Person that occurred during the reporting period:

_____

_____

_____

_____

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

(2) Guardian's plan for meeting other health care concerns identified:

_____

_____

_____

_____

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

8. Protected Person's education, training, and other vocational services and employment status

A. Did Protected Person attend school during the reporting period?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) School information:

_____
School name Protected Person attended

_____
School mailing address

_____ _____ _____
City *State* *ZIP code*

(2) Did Protected Person receive special education or related services during the reporting period?

☐ Yes ☐ No

If Yes, describe what services were received:

_____

_____

_____

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

Continued on next page

B. Was Protected Person employed during the reporting period?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(3).

(1) Protected Person was employed:

☐ Full-time

☐ Part-time

☐ Other: _____

(2) Employer's information:

_____
Employer's name

_____
Employer's mailing address

_____ _____ _____
City *State* *ZIP code*

_____
Supervisor's name

(_____) _____ _____
Supervisor's phone number *Supervisor's email address*

(3) Describe Protected Person's employee duties:

_____

_____

_____

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

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

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) Describe the educational, training, and vocational assistance Protected Person received during the reporting period:

_____

_____

_____

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

Continued on next page

(2) Guardian's plan for meeting Protected Person's future educational, training, and vocational needs, if any:

_____

_____

_____

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

9. Other professional services

A. Did Protected Person receive any professional services other than those listed above during the reporting period?

☐ Yes ☐ No

If Yes, describe the other professional services Protected Person received during the reporting period:

_____

_____

_____

_____

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

B. Does Guardian plan to provide Protected Person with any professional services other than those listed above during the next reporting period?

☐ Yes ☐ No

If Yes, describe the other professional services Guardians plan to provide Protected Person during the next reporting period:

_____

_____

_____

_____

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

Continued on next page

10. Protected Person's social activities

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

☐ Yes ☐ No

If Yes, describe how Guardian assisted Protected Person with participation in social activities:

_____

_____

_____

_____

_____

_____

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

B. Does Guardian plan to provide Protected Person with any assistance with participation in social activities during the next reporting period?

☐ Yes ☐ No

If Yes, describe Guardian's plan for assisting Protected Person's participation in social activities during the next reporting period:

_____

_____

_____

_____

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

Continued on next page

11. Protected Person's contact with family members and other significant persons

A. Did Protected Person interact with any family members (e.g., spouse, natural parents, adult children, and adult spouse) during the reporting period?

☐ Yes

If you checked Yes*, complete the following sections as appropriate.*

(1) Family member's name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

_____

_____

_____

_____

_____

_____

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

Will arrangements be made for regular contacts between Protected Person and this family member during the next reporting period?

☐ Yes ☐ No

If Yes, describe the arrangements. If No, explain why.

_____

_____

_____

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

Continued on next page

(2) Family member's name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

_____

_____

_____

_____

_____

_____

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

Will arrangements be made for regular contacts between Protected Person and this relative during the next reporting period?

☐ Yes ☐ No

If Yes, describe the arrangements. If No, explain why.

_____

_____

_____

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

☐ *Check this box if you have attached a sheet with additional family members.*

Continued on next page

☐ No

If you checked No*, complete the next section.*

Explain why:

_____

_____

_____

_____

_____

_____

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

B. Did Protected Person interact with any other significant persons (e.g., friends, former co-workers, and clergy) during the reporting period?

☐ Yes

If you checked Yes*, complete the following sections as appropriate.*

(1) Significant person's name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

_____

_____

_____

_____

_____

_____

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

Continued on next page

Will arrangements be made for regular contacts between Protected Person and this significant person during the next reporting period?

☐ Yes ☐ No

If Yes, describe the arrangements. If No, explain why.

_____

_____

_____

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

(2) Significant person's name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

_____

_____

_____

_____

_____

_____

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

Will arrangements be made for regular contacts between Protected Person and this significant person during the next reporting period?

☐ Yes ☐ No

If Yes, describe the arrangements. If No, explain why.

_____

_____

_____

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

☐ *Check this box if you have attached a sheet with additional significant persons.*

Continued on next page

☐ No

If you checked No*, complete the next section.*

Explain why:

_____

_____

_____

_____

_____

_____

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

12. 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.*

13. Fees for Guardian

Check one

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

☐ Fees are waived.

14. Fees for Guardian'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.

Continued on next page

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

15. 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*

16. Oath and signature of 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 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 *Additional email address, if applicable*

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

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

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

Instructions:

- Guardian must complete, sign, and file this form with the court within thirty (30) days of the termination of the guardianship.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.
- The purpose of the Final Report is to provide the court with a complete picture of Protected Person's current situation as well as developments that occurred during the reporting period prior to the termination of the guardianship.
- Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."

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._____ **Guardian's Final Report for Protected Person** Iowa Code § 633.669(1)(*c*)

Guardian states as follows:

1. Reporting period

This report is for the period from: _____/_____/_____to_____/_____/_____.
Month Day Year Month Day Year

2. Guardian's information

A. Guardian's name:

_____
Full name: first, middle, last

B. Guardian is Protected Person's: *Check one*

☐ Spouse

☐ Adult child

☐ Parent

☐ Adult sibling

☐ Other: _____

Continued on next page

3. Protected Person's information

A. Protected Person's age: _____.

B. Protected Person's highest education level attained:

☐ High school

☐ College or university

☐ Other: _____

C. Does Protected Person have a Living Will?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) Do you have a copy of Protected Person's Living Will?

☐ Yes ☐ No

(2) Where is the Living Will located?

_____
Full name: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

D. Does Protected Person have a Healthcare Power of Attorney?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) Who is serving as the agent (attorney-in-fact)?

_____
Full name: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

Continued on next page

(2) Where is the Healthcare Power of Attorney located?

_____
Full name: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

4. Termination of guardianship

The guardianship has been or should be terminated because: *Check one*

☐ Protected Person is deceased

☐ A different guardian was appointed

☐ Other reason:

_____

_____

_____

_____

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

5. Protected Person's residence and interaction with Guardian

Does Protected Person currently live with Guardian? *Check* Yes *or* No *below.*

☐ Yes

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

Describe Guardian's daily interaction with Protected Person during the reporting period:

_____

_____

_____

_____

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

Continued on next page

☐ No

If you checked No, *complete sections* (1)–(4).

(1) Protected Person's current residence:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(2) Date Protected Person began living at current residence:

_____ _____, 20____.
Month *Day* *Year*

(3) What types of contacts did Guardian have with Protected Person during the reporting period and how often? *Check all that apply*

☐ In person

☐ Daily

☐ Weekly

☐ Monthly

☐ Other: _____

☐ Mail, email, or social media

☐ Daily

☐ Weekly

☐ Monthly

☐ Other: _____

☐ Phone

☐ Daily

☐ Weekly

☐ Monthly

☐ Other: _____

☐ Other type of contact: _____

☐ Daily

☐ Weekly

☐ Monthly

☐ Other: _____

Continued on next page

(4) Summarize the types of activities with or on behalf of Protected Person that Guardian performed during the reporting period:

_____

_____

_____

_____

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

6. Protected Person's expenses

A. Who will be paying Protected Person's expenses after the termination of this guardianship? *Check all that apply*

☐ Guardian

☐ Another guardian

☐ Spouse

☐ Adult sibling or siblings

☐ One or both of Protected Person's natural parents

☐ A court-appointed conservator

☐ Other: _____

B. Information regarding payer of Protected Person's expenses:

_____
Full name: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

Continued on next page

7. Protected Person's health

A. Protected Person's physical health

Summarize Protected Person's medical health status during the reporting period, identifying any medical concerns that occurred:

_____

_____

_____

_____

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

B. Protected Person's dental health

Summarize Protected Person's dental health status during the reporting period, identifying any dental concerns that occurred:

_____

_____

_____

_____

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

C. Protected Person's mental health

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.*

Continued on next page

D. Other health concerns

Summarize any other health care concerns related to Protected Person that occurred during the reporting period:

_____

_____

_____

_____

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

8. Protected Person's education, training, and other vocational services and employment status

A. Did Protected Person attend school during the reporting period?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(2).

(1) School information:

_____
School name Protected Person attended

_____
School mailing address

_____ _____ _____
City *State* *ZIP code*

(2) Did Protected Person receive special education or related services during the reporting period?

☐ Yes ☐ No

If Yes, describe what services were received:

_____

_____

_____

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

Continued on next page

B. Was Protected Person employed during the reporting period?

☐ Yes ☐ No

If you checked Yes, *complete* (1)–(3).

(1) Protected Person was employed:

☐ Full-time

☐ Part-time

☐ Other: _____

(2) Employer's information:

_____
Employer's name

_____
Employer's mailing address

_____ _____ _____
City *State* *ZIP code*

(3) Describe Protected Person's employee duties:

_____

_____

_____

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

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

☐ Yes ☐ No

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

Describe the educational, training, and vocational assistance Protected Person received during the reporting period:

_____

_____

_____

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

Continued on next page

9. Other professional services

Did Protected Person receive any professional services other than those listed above during the reporting period?

☐ Yes ☐ No

If Yes, describe the other professional services Protected Persons received during the reporting period:

_____

_____

_____

_____

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

10. Protected Person's social activities

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

☐ Yes ☐ No

If Yes, describe how Guardian assisted Protected Person with participation in social activities:

_____

_____

_____

_____

_____

_____

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

Continued on next page

11. Protected Person's contact with family members and other significant persons

A. Did Protected Person interact with any family members (e.g., spouse, natural parents, adult children, and adult spouse) during the reporting period?

☐ Yes

If you checked Yes*, complete the following sections as appropriate.*

(1) Family member's name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

_____

_____

_____

_____

_____

_____

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

(2) Family member's name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

_____

_____

_____

_____

_____

_____

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

☐ *Check this box if you have attached a sheet with additional family members.*

Continued on next page

☐ No

If you checked No*, complete the next section.*

Explain why:

_____

_____

_____

_____

_____

_____

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

B. Did Protected Person interact with any other significant persons (e.g., friends, former co-workers, and clergy) during the reporting period?

☐ Yes

If you checked Yes*, complete the following sections as appropriate.*

(1) Significant person's name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

_____

_____

_____

_____

_____

_____

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

Continued on next page

(2) Significant person's name: _____.

Relationship to Protected Person: _____.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

_____

_____

_____

_____

_____

_____

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

☐ *Check this box if you have attached a sheet with additional significant persons.*

☐ No

If you checked No*, complete the next section.*

Explain why:

_____

_____

_____

_____

_____

_____

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

Continued on next page

12. 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*

13. Fees for Guardian
Check one

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

☐ Fees are waived.

14. Fees for Guardian'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.

15. 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 7.11—Form 5: Guardian's Final Report for Protected Person, continued

16. Oath and signature of 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 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 *Additional email address, if applicable*

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

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

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.*

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._____ **Protected Information Disclosure**

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)	*Full name*	*Initials only*
B. Social security number	- -	*Last four digits only*
C. Date of birth	/ / *mm/dd/yyyy*	*Year only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*

Continued on next page

Rule 7.12—Form 1: Protected Information Disclosure, continued

H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

☐ *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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

☐ *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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*

Continued on next page

Rule 7.12—Form 1: Protected Information Disclosure, continued

C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

4. Additional Parent. *If requesting a conservatorship of a minor, any other 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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

☐ *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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*

Continued on next page

Rule 7.12—Form 1: Protected Information Disclosure, continued

E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

7. Information provided by:

_____ /s/_____
Printed name *Signature*

_____
Law firm, if applicable

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

_____ _____, 20_____
Month *Day* *Year*
Date signed

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

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: _____ *Full name: first, middle, last* *If the protected person is a minor, use initials only.* **Protected Person.**	Probate no._____ **Background Check Information for a Proposed Conservator of a Protected Person** Iowa Code § 633.564

Conservator states as follows:

1. Proposed Conservator's personal information

A. Current legal name

_____	_____	_____
Full first name	*Full middle name (write "N/A" if no middle name)*	*Full last name*

B. Personal identifying information

/ /		- -
Date of birth (month/day/year)	*Gender*	*Social security number*

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

Alternate name #1

_____	_____	_____
Full first name	*Full middle name (write "N/A" if no middle name)*	*Full last name*

Alternate name #2

_____	_____	_____
Full first name	*Full middle name (write "N/A" if no middle name)*	*Full last name*

Continued on next page

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

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

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.

Signature of proposed conservator	*Month*	*Day*	*Year*

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

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

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.

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 Request for Approval for Other Action on Behalf of Protected Person** Iowa Code § 633.642

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

☐ 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

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.*

☐ *Check this box if you have attached a sheet with additional requested actions.*

3. 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 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.*

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

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

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._____ **Notice of Filing Conservator's** ☐ **Initial Plan** ☐ **Amended Plan** Iowa Code § 633.670(1)(*b*)

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

2. Protected Person's information

A. Protected Person's age: _____.

B. Reason for conservatorship:

_____

_____

_____

_____

_____

_____

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

C. Protected Person's residence:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

D. Guardianship: *Check one*

☐ Protected Person does not have a guardian or guardianship.

☐ Protected Person has a natural guardian (legal parent):

_____
Full name of natural guardian: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

☐ Protected Person has a court-appointed guardian:

_____
Full name of court-appointed guardian: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

Continued on next page

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

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

☐ No

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

☐ Yes ☐ No

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

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

☐ Yes, in _____ County, _____.
Name of county *Name of state*

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

_____
Full name: first, middle, last / business name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

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

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

☐ No

Continued on next page

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?* *W,B,M,T*	**Amount**
(1) Wages from employer *Employer name:* *Job title:*		$
(2) Wages from employer *Employer name:* *Job title:*		$
(3) Unemployment assistance		$
(4) Family Investment Program		$
(5) Social Security		$
(6) Other *Identify:*		$
(7) Other *Identify:*		$
(8) Other *Identify:*		$
(9) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's income sources.*		$
Total *Total estimated annual income for Protected Person*		**$**

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?* *W,B,M,T*	**Amount**
(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 *Identify:*		$
(5) Other *Identify:*		$
(6) Other *Identify:*		$
(7) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's debts and liabilities.*		$
Total *Total estimated annual debts and liabilities for Protected Person*		**$**

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

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

C. Monthly or annual budget

Complete a monthly or annual budget for Protected Person.

Type of expense	**Amount estimated** *Check one* ☐ **monthly** ☐ **annual**
(1) House payment or rent	$
(2) Food *At home and restaurants*	$
(3) Transportation *(gas, bus fare)* *Not car loan payments – see (14).*	$
(4) Clothing	$
(5) Medical, dental *Not health insurance payments – see (10).*	$
(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	$
(14) Car loan payments	$
(15) Other loan payments	$
(16) Other expense *Identify:*	$
(17) Other expense *Identify:*	$
(18) Other expense *Identify:*	$

Continued on next page

(19) Other expense *Identify:*	$
(20) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding expenses.*	$
Total *Total monthly or annual budgeted expenditures*	**$**

4. Conservatorship checking and savings account

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

☐ Yes ☐ No

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

(1) Is the checking account interest-bearing?

☐ Yes ☐ No

(2) Location of conservatorship checking account:

_____
Name of financial institution

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

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

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

☐ Yes ☐ No

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

Location of conservatorship savings account:

_____
Name of financial institution

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

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

Continued on next page

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** *Check one* ☐ **hourly** ☐ **monthly** ☐ **annual**
(1)	$
(2)	$
(3)	$
(4)	$
(5) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding conservatorship services.*	$
Total amount of fees Conservator anticipates charging annually for services:	$

6. Asset management plan

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

Asset (1)

Asset:_____

Description of asset

Plan for management of this asset:

_____

_____

_____

_____

☐ *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

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

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

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 5: Conservator's Initial Plan or Amended Plan, continued

13. Fees for Conservator's attorney
Check one

☐ Fees should be set by the court. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

☐ Fees are not requested.

☐ Fees are waived or not applicable.

14. Attorney Help *Check one*

A. ☐ An attorney did not help me prepare or fill in this paper.

B. ☐ An attorney helped me prepare or fill in this paper.

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

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____ _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Fax number*

_____ _____
Email address *Additional email address, if applicable*

15. Oath and signature

I, _____, have read this Initial Plan or Amended Plan, and I
Print Conservator's name
certify under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this plan is believed to be complete and accurate as far as information permits.

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

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

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

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

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

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: _____ *Full name: first, middle, last* *If the protected person is a minor, use initials only.* **Protected Person.**	Probate no._____ **Inventory of Assets of Protected Person** Iowa Code § 633.670(2)

Conservator states as follows:

1. Protected Person's assets

Protected Person owns the following assets:

A. Real estate

Type of real estate	**Jointly owned?** *Check box if jointly owned.*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1) Homestead *Address*	☐	$	$ to:	$
(2) Other real estate *Address*	☐	$	$ 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

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

Vehicles *Make (e.g., Ford) Year*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net Value** *Market value minus debt owed*
(1)	☐	$	$ to:	$
(2)	☐	$	$ to:	$
(3)	☐	$	$ to:	$

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

C. Securities, stocks, & bonds

Securities, stocks, & bonds *Company name*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1)	☐	$	$ to:	$
(2)	☐	$	$ to:	$
(3)	☐	$	$ 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

Life insurance *Company name*	**Jointly owned?** *Check box if jointly owned*	**Cash value** *Not death benefit*	**Loan from cash value** *Total amount still owed on loan*	**Cash value** *Minus loan owed*
(1)	☐	$	$	$
(2)	☐	$	$	$
(3)	☐	$	$	$

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

E. Bank accounts

Checking & savings accounts *Bank or Credit Union name* *If you do not use bank accounts, write "Cash"*	**Jointly owned?** *Check box if jointly owned*	**Cash value**	**Personal loans or overdraft accounts** *Total amount still owed, if any*	**Net value** *Cash value minus loan / overdraft owed*
(1)	☐	$	$	$
(2)	☐	$	$	$
(3)	☐	$	$	$

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

F. Household

Household contents *Describe*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1) Furniture a.	☐	$	$ to:	$
b.	☐	$	$ to:	$
c.	☐	$	$ to:	$
d.	☐	$	$ to:	$

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

(2) Appliances / Electronics a.	☐	$	$ to:	$
b.	☐	$	$ to:	$
c.	☐	$	$ to:	$
d.	☐	$	$ to:	$
(3) Other contents a.	☐	$	$ to:	$
b.	☐	$	$ to:	$
c.	☐	$	$ to:	$

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

G. Retirement assets

Retirement assets *Examples: Pensions, IRAs, 401(k)s, annuities, etc.*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Loan from retirement account** *Total amount still owed, if any* **and to whom owed**	**Net value** *Market value minus loan owed*
(1)	☐	$	$ to:	$
(2)	☐	$	$ to:	$
(3)	☐	$	$ to:	$

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

Continued on next page

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

Other assets *Describe*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1)	☐	$	$ to:	$
(2)	☐	$	$ to:	$
(3)	☐	$	$ to:	$

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

I. Totals

(1) Total from attached sheets *Listed in 1A-H.*	$
(2) **Total net value of assets** *Listed in 1A-H.*	$

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

2. Other assets

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

Other assets *Describe*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1)	☐	$	$ to:	$
(2)	☐	$	$ to:	$
(3)	☐	$	$ to:	$
(4)	☐	$	$ to:	$
(5)	☐	$	$ to:	$
(6)	☐	$	$ 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

B. Provide a complete list of any assets **not owned solely** by Protected Person that will be transferred into conservatorship's name.

Other assets *Describe*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1)	$	$ to:	$
(2)	$	$ to:	$
(3)	$	$ to:	$
(4)	$	$ to:	$
(5)	$	$ to:	$
(6)	$	$ to:	$

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

3. 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 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.

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

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: _____ *Full name: first, middle, last* *If the protected person is a minor, use initials only.* **Protected Person.**	Probate no._____ **Conservator's Annual Report** 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/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

3. Protected Person's information

A. Protected Person's age: _____.

B. Reason for conservatorship:

_____

_____

_____

_____

_____

_____

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

C. Protected Person's residence:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

D. Guardianship: *Check one*

☐ Protected Person does not have a guardian or guardianship.

☐ Protected Person has a natural guardian (legal parent):

_____
Full name of natural guardian: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

☐ Protected Person has a court-appointed guardian:

_____
Full name of court-appointed guardian: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

Continued on next page

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

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

☐ No

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

☐ Yes ☐ No

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

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

☐ Yes, in _____ County, _____.
Name of county *Name of state*

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

_____
Full name: first, middle, last / business name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

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

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

☐ No

H. Protected Person's health during reporting period

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

_____

_____

_____

_____

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

Continued on next page

(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?* *W,B,M,T*	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 *Employer name:* *Job title:*		$
(3) Unemployment assistance		$
(4) Family Investment Program		$
(5) Social Security		$
(6) Other *Identify:*		$
(7) Other *Identify:*		$
(8) Other *Identify:*		$
(9) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's income sources.*		$
Total *Income received for Protected Person during reporting period*		**$**

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

Continued on next page

D. Expenditures during reporting period:

Type of expense	**Amount** *Check one* ☐ **monthly** ☐ **annual**
(1) House payment or rent	$
(2) Food *At home and restaurants*	$
(3) Transportation *(gas, bus fare)* *Not car loan payments – see (14).*	$
(4) Clothing	$
(5) Medical, dental *Not health insurance payments – see (10).*	$
(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	$
(14) Car loan payments	$
(15) Other loan payments	$
(16) Other expense *Identify:*	$
(17) Other expense *Identify:*	$
(18) Other expense *Identify:*	$

Continued on next page

(19) Other expense *Identify:*	$
(20) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding expenses.*	$
Total *Total expenditures during reporting period*	**$**

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.

Conservatorship service	**Amount charged during reporting**
(1)	$
(2)	$
(3)	$
(4)	$
(5) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding conservatorship services.*	$
Total amount of fees Conservator charged for services during reporting period:	$

Continued on next page

7. Annual budget for next reporting period

A. Income sources

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

**How often is income received?*
W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

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

Continued on next page

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?* *W,B,M,T*	**Amount**
(1) Mortgage		$
(2) Car loan payments		$
(3) Credit card debt		$
(4) Other *Identify:*		$
(5) Other *Identify:*		$
(6) Other *Identify:*		$
(7) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's debts and liabilities.*		$
Total *Total estimated debts and liabilities for Protected Person during the next reporting period*		**$**

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

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* ☐ **monthly** ☐ **annual**
(1) House payment or rent	$
(2) Food *At home and restaurants*	$
(3) Transportation *(gas, bus fare)* *Not car loan payments – see (14).*	$
(4) Clothing	$
(5) Medical, dental *Not health insurance payments – see (10).*	$
(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 *Identify:*	$
(17) Other expense *Identify:*	$
(18) Other expense *Identify:*	$
(19) Other expense *Identify:*	$
(20) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding expenses.*	$
Total *Total monthly or annual budgeted expenditures for next reporting period*	**$**

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:

_____

_____

_____

_____

_____

_____

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

Continued on next page

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:

New Asset (1)

Asset:_____
Description of asset

Estimated value: $_____

Plan for management of this asset:

_____

_____

_____

_____

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

New Asset (2)

Asset:_____
Description of asset

Estimated value: $_____

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

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:

Asset (1)

Asset:_____
Description of asset

Plan for management of this asset:

_____

_____

_____

_____

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

Asset (2)

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

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

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

☐ Yes ☐ No

If Yes, describe what modifications are necessary and why:

_____

_____

_____

_____

_____

_____

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

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

Is there a bond for Conservator?

☐ Yes

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

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

(2) Surety's information:

_____
Surety's name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

Continued on next page

☐ No

If No, explain why:

_____

_____

_____

_____

_____

_____

☐ *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:

_____

_____

_____

_____

☐ *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

☐ Authority to use conservatorship income and assets for payment of attorney fees and other professional fees related to administration of the conservatorship.

☐ Authority to use conservatorship income and assets for payment of Protected Person's miscellaneous expenses not to exceed $_____ per month without further order of the court.

☐ Authority to file Protected Person's federal and state income tax returns and pay Protected Person's income taxes and local property taxes from conservatorship income and assets.

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

12. Fees for Conservator
Check one

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

☐ Fees are waived.

13. Fees for Conservator's attorney
Check one

☐ Fees should be set by the court. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

☐ Fees are not requested.

☐ Fees are waived or not applicable.

14. Attorney Help *Check one*

A. ☐ An attorney did not help me prepare or fill in this paper.

B. ☐ An attorney helped me prepare or fill in this paper.

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

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____ _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Fax number*

_____ _____
Email address *Additional email address, if applicable*

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*

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

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

Instructions:

- Conservators must complete, sign, and file this form:
  - Within thirty (30) days following removal of Conservator.
  - Upon Conservator's filing of a resignation and before the court accepts the resignation.
  - Within sixty (60) days following the termination of conservatorship.
- Once filed, Conservator must serve a copy of this Final 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 Final 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.
- 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: _____ *Full name: first, middle, last* *If the protected person is a minor, use initials only.* **Protected Person.**	Probate no._____ **Conservator's Final Report** 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/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

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*

_____

_____

_____

_____

☐ *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*

_____

_____

_____

_____

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

Continued on next page

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*

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

(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.*

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.

Asset (1)

Asset:_____

Description of asset

Estimated value: $_____

Asset (2)

Asset:_____

Description of asset

Estimated value: $_____

Continued on next page

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

Asset (3)

Asset:_____

Description of asset

Estimated value: $_____

☐ *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?* *W,B,M,T*	Amount
(1) Wages from employer *Employer name:* *Job title:*		$
(2) Wages from employer *Employer name:* *Job title:*		$
(3) Unemployment assistance		$
(4) Family Investment Program		$
(5) Social Security		$
(6) Other *Identify:*		$
(7) Other *Identify:*		$

Continued on next page

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

(8) Other *Identify:*		$
(9) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's income sources.*		$
Total *Income received for Protected Person during reporting period*		**$**

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

D. Expenditures during reporting period:

Type of expense	**Amount** *Check one* ☐ **monthly** ☐ **annual**
(1) House payment or rent	$
(2) Food *At home and restaurants*	$
(3) Transportation *(gas, bus fare)* *Not car loan payments – see (14).*	$

Continued on next page

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

(4) Clothing	$
(5) Medical, dental *Not health insurance payments – see (10).*	$
(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	$
(14) Car loan payments	$
(15) Other loan payments	$
(16) Other expense *Identify:*	$
(17) Other expense *Identify:*	$
(18) Other expense *Identify:*	$
(19) Other expense *Identify:*	$
(20) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding expenses.*	$
Total *Total expenditures during reporting period*	**$**

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

Continued on next page

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 ☐ *Check this box if you have attached a sheet with additional information regarding conservatorship services.*	$
Total amount of fees Conservator charged for services during reporting period:	$

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:

_____

_____

_____

_____

_____

_____

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

Continued on next page

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:

Asset (1)

Asset:_____

Description of asset

Estimated value: $_____

Person or entity the asset will be transferred to:

_____

Full name of person or name or entity

Relationship to Protected Person (if a person):_____

Describe relationship

Asset (2)

Asset:_____

Description of asset

Estimated value: $_____

Person or entity the asset will be transferred to:

_____

Full name of person or name or entity

Relationship to Protected Person (if a person):_____

Describe relationship

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

Continued on next page

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

Is there a bond for Conservator?

☐ Yes

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

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

(2) Surety's information:

_____
Surety's name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*

☐ No

If No, explain why:

_____

_____

_____

_____

_____

_____

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

12. 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.*

Continued on next page

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*

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