

If additional space is needed please attach a separate page to this form.



IN THE 39TH JUDICIAL CIRCUIT, LAWRENCE, COUNTY, MISSOURI

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

**Conservator's Annual Status Report – Disabled Person
Supplemental Report to Annual Settlement**

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

- State the present address of the protectee: _____

- State your present address: _____

Please check here if your address has changed since filing your last report.
- State the services being provided to the protectee: _____

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

- In your opinion, should the conservatorship continue and if any recommended changes need to be made to the conservatorship: _____
- What compensation are you requesting and what reasonable and necessary expenses have you incurred involving this conservatorship: _____

- Do you have a financial plan in place for the coming year for the protectee? _____
- If you do have a financial plan in place, what are the provisions of the plan?

- Any other information requested by the court or useful to the court in your opinion:

- Pursuant to section 475.270 RSMo. An annual settlement shall also be filed with the court providing the following information:
 - A statement of any money or property received during the preceding year including the date, source and amount or value;

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- (2) A statement of disbursements made and the purpose;
- (3) The total amount of money or property on hand; and
- (4) The name and address of any depository where estate funds are deposited and the amounts thereof.

11. Does the ward have life insurance for burial expenses or a burial plan? Yes No

If so, state the name of the company and the amount of the benefit: _____

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

The undersigned swears that the answers set forth above are true and correct to the best knowledge and belief of the undersigned, subject to the penalties for making a false affidavit or declaration.

Return to:

LAWRENCE COUNTY PROBATE DIVISION
JUSTICE CENTER
240 NORTH MAIN ST
SUITE 110
MOUNT VERNON, MO 65712

Signed this _____ day of _____, 20____

Signature of Conservator/Co-Conservators

Printed Name of Conservator/Co-Conservators

Street Address

City State Zip Code

Telephone Number

Email Address

FOR COURT USE ONLY

Reviewed: _____
Date

Judge