

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

INT
IDD

In re:

An Adult

CONSERVATOR'S REPORT

Name of conservator:

Address of conservator:

Describe significant changes, if any, in the capacity of the subject of this proceeding to meet the essential requirements for the subject's physical health or safety: _____

The services being provided to the subject of this proceeding are: _____

The significant actions taken by the conservator during this reporting period are: _____

The significant problems relating to the conservatorship which have arisen during the reporting period are: _____

The reasonable and necessary expenses incurred by the conservator are: _____

The reason, if any, why the appointment should not be terminated or why no less restrictive alternative will permit the subject of this proceeding to meet the essential requirements for the subject's physical health or safety are: _____

Attached is an accounting of the financial resources under the control of the conservator for the period indicated.

VERIFICATION

I, _____, being first duly sworn, on oath, depose and say that that I have read the foregoing pleading by me subscribed and that the facts therein stated are true to the best of my knowledge, information, and belief.

Signature of conservator

Typed name of conservator

Address (actual address/not Post Office Box)

Telephone number

Email address

Unified Bar number (if conservator is an attorney)

Subscribed and sworn to before me this ____ day of _____, 20____.

Notary Public/Clerk

CERTIFICATE OF SERVICE

I certify that on the ____ day of _____, 20____, a copy of this filing was either eServed in accordance with the provisions of Administrative Order 13-15 or served by first class mail, postage prepaid, on the following persons (list names and complete mailing addresses):

Signature