

**SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION**

IN RE: _____
An Adult

Intervention Proceeding
No. _____

CONSERVATORSHIP PLAN

I, _____, appointed conservator in the above-captioned proceeding on _____, hereby submit the following conservatorship plan and attached inventory.

THE FOLLOWING SERVICES ARE NECESSARY TO MANAGE THE FINANCIAL RESOURCES DESIGNATED BY THE ORDER OF THE COURT: (Collecting assets; depositing and investing same; continuing or participating in the operations of businesses or other enterprises, etc).

THE MEANS BY WHICH THESE SERVICES WILL BE PROVIDED ARE:
(Employment of persons such as investment advisors to advise or assist with conservator's duties.)

THE MANNER IN WHICH THE INCAPACITATED INDIVIDUAL, GUARDIAN, CONSERVATOR, OR ANY OTHER INDIVIDUAL WHO HAS BEEN APPOINTED TO SERVE IN THAT CAPACITY WILL EXERCISE AND SHARE THEIR DECISION-MAKING AUTHORITY IS: (Report agreements regarding how decision-making authority will be shared.)

THE POLICIES AND PROCEDURES GOVERNING THE EXPENDITURE OF FUNDS ARE: (Report agreements reached regarding expenditures of funds.)

OTHER ITEMS THAT WILL ASSIST IN THE MANAGEMENT OF THE DESIGNATED FINANCIAL RESOURCES AND IN FULFILLING THE NEEDS OF THE INCAPACITATED INDIVIDUAL, THE TERMS OF THE COURT’S ORDER. AND THE DUTIES OF THE CONSERVATOR ARE: (Report the need, if any, for the Court to assign to conservator any duties or powers which the disabled person lacks the capacity to perform.)

Attach a complete inventory of financial resources designated by the order of the Court.

A COPY OF THIS INDIVIDUAL CONSERVATORSHIP PLAN AND INVENTORY HAS BEEN SENT TO (insert names):

The incapacitated individual: _____

Each party and their attorney of record: [anyone given party status by Court order pursuant to SCR-PD 303 (c) (f)]

The individual most closely related to the subject by blood or marriage unless that individual’s name or whereabouts is unknown and cannot be reasonably ascertained:

The individual or facility, if any, having custody of the subject:

The individual, if any, proposed for appointment by *will* as a guardian:

The individual, if any, appointed or proposed for appointment as guardian *ad litem*:

The duly appointed guardian, if any:

If no persons listed above exist, notice should be sent to the previously appointed visitor:

Persons who have filed an effective request for notice pursuant to SCR-PD 304:

The Veterans Administration, if veterans benefits are being received:

I, the undersigned _____ do solemnly swear or affirm that the foregoing report is, to the best of my knowledge and belief, complete and accurate.

Sworn to and subscribed before me this ____ day of _____, 20 ____.

District of Columbia, S.S.

Or

State of _____, Country of _____

Notary Public
Deputy/Register of Wills
Deputy Clerk

Certificate of Service

I hereby certify that on the ____ day of _____, 20____, a copy of the foregoing _____ was served by first class mail, postage prepaid, upon the following parties to the above-captioned case and persons granted permission to participate pursuant to SCR-PD 303 and person who requested notice pursuant to SCR-PD 304.

Signature