SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL COURT P.O. Box 1340, Shingle Springs, CA 95682
Telephone: (530) 698 – 1446
Website: https://www.shinglespringsrancheria.com/tribal-court/

INFORMATION OF PERSON FILING FORM:

Name: _____

Address: _____

_____

Phone: ( ) _____

(*Check which apply*) I am:
☐ Conservator
☐ Other: _____
☐ Attorney/Advocate for:

_____

CASE NO.: _____

CONSERVATOR'S REPORT & ACCOUNTING
[FOR COURT USE ONLY]

Name of Conservatee: _____

Pursuant to Family Code Title V, Article 12 (C) failure by the Conservator to provide this Report as required is punishable by a fine of up to $1,000.

1. Conservator Information.

a. Name of Conservator:
_____

b. The Conservator was previously appointed to their position by this Court on the following date:

(*Provide date MM/DD/YEAR*): _____

c. ☐ Check here if the Conservator's contact information has changed since the last report. If changed, provide new contact information here: _____

_____

2. **Report coverage**. The time period covered in this Report is: (*Provide start and end dates*)

From _____ to _____.

Conservatee:	Case No:

3. **Conservator acknowledgments.** I, the Conservator, swear as follows:
    a. I was appointed as Conservator of: (*Check which apply*)
        ☐ The Estate (answer Question 5)
        ☐ The Person (answer Question 4)
        ☐ Both the Estate and the Person (answer Questions 4 &5)
    b. I ☐ have scheduled ☐ have not scheduled a meeting with the Tribal Services Advocate assigned to this case.
    c. I ☐ have fulfilled ☐ have not fulfilled my duties as Conservator during the time period covered in this Report.
4. **Conservator of the Person.** The following is a summary of the status and work done during the time period by the Conservator:
    a. The Conservatee's care and protection. (*Please state what has been done to keep the Conservatee safe and cared for. Attach additional sheets, if needed*) _____
    _____
    _____
    _____
    ☐Check here if additional pages are attached.

    b. Since the last Report, the Conservatee is living ☐ alone ☐ with others. If with others, please state with whom: _____
    c. What type of residence is Conservatee living in: (*check which apply)* ☐House; ☐Apartment; ☐Mobile home; ☐Condominium; ☐Cabin; ☐Assisted Living; ☐Other
    d. Since the last Report, have new arrangements been made for the Conservatee's:
        i. ☐ Healthcare;
        ii. ☐ Meals;
        iii. ☐ Clothing;
        iv. ☐ Personal care;
        v. ☐ Housekeeping;
        vi. ☐ Transportation;
        vii. ☐ Recreation.
        viii. ☐ Other: (*describe*): _____
    e. If any items in (d) were checked, please describe the new arrangements. Use additional sheets, if needed: _____
    _____
    _____
    ☐Check here if additional pages are attached.

Conservatee:	Case No:

5. **Conservator of the Estate.** Please provide a detailed accounting of all transactions and/or statements of accounts involving the Conservatee's Per Capita Distribution/Elders Stipend for the time period of this Report:

DEPOSITS

Date	Description	Amount

TOTAL DEPOSITS

		$ 0.00

EXPENDITURES (You must also attach receipts)		
Date	**Description**	**Amount**

TOTAL EXPENDITURES

		$ 0.00

Conservatee:	Case No:

If any accounting entries need additional explanation that what is in the description, please use the space below the explain the entry: _____

_____

_____

_____

If additional space is needed for additional entries to the accounting sheet, please use *Attachment to Report form FL-526.*

▶NOTE: If you opened a Conservator Account at a bank or financial institution, you **must** attach copies of all statements for the time period of this Report.

I declare under penalty of perjury under the laws of the Shingle Springs Band of Miwok Indians that the foregoing is true and correct.

_____ Date: _____

Conservator Name [*PRINTED OR TYPED*]

_____

Signature

▶ REMEMBER TO ATTACH RECEIPTS, CONSERVATOR ACCOUNT STATEMENTS, ADDITIONAL PAGES, ETC.