

SUPERIOR COURT OF THE DISTRICT OF COLUMBIA
PROBATE DIVISION

INT
IDD

In re:

An Adult

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 assets, 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.

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