

IN THE CIRCUIT COURT OF \_\_\_\_\_ COUNTY, WEST VIRGINIA

IN RE: \_\_\_\_\_ Case No.: \_\_\_\_\_ - G - \_\_\_\_\_

\_\_\_\_\_  
AN ALLEGED PROTECTED PERSON DATE FILED: \_\_\_\_\_

---

**ACCOUNTING OF CONSERVATOR**

---

*West Virginia Code §§ 44A-3-9 and 11*

**INSTRUCTIONS FOR COMPLETION OF ACCOUNTING**

- A.** This form is a required submission under *West Virginia Code: § 44A-3-9*. Pursuant to the provisions of *West Virginia Code: § 44A-3-11*, the first accounting form must be completed and filed within six months of your appointment as a conservator, and thereafter by December 31 of each following calendar year. You are also required to file an accounting if you resign or are removed from your appointment as a conservator. If the appointment of a conservator is terminated, you are required to file an accounting unless all persons entitled to any proceeds of the estate consent otherwise. The Court may order the filing of additional accountings. This accounting, and any subsequent accountings, must be filed with the Circuit Court Clerk on or before the due date above, and also with the fiduciary commissioner or other person to whom the Court may have referred this matter. Failure to file an accounting as required by law or by the Court is a misdemeanor criminal offense and can result in a fine of \$100 to \$500 per infraction.
- B.** If a fiduciary commissioner or other person has been referred this matter by the Court, you must provide a copy of this accounting to him/her. The fiduciary commissioner or other person is responsible for reviewing the accounting, may request additional information from you, and is required by law to notify the Court or mental hygiene commissioner if any questions or discrepancies appear in an accounting or if an accounting is not filed when due. The Court or mental hygiene commissioner is also required to serve a copy of the accounting on the protected person and all individuals and entities given notice of the petition for appointment of a conservator, as well as any other persons or entities found to be interested in the affairs of the protected person. All of these individuals and entities have standing to file exceptions to or falsify the accounting before the fiduciary commissioner.
- C.** All information provided in this accounting must be printed or typed and be clearly readable.
- D.** All information requested *MUST* be provided, if know. If unknown, you must state it is unknown.
- E.** Please be sure you read and answer all questions carefully and in as much detail as possible.
- F.** Answers to some questions may require more space than provided. If so, attach additional pages as needed and label each response on such page(s) with the number of the applicable question.

Name of Protected Person: \_\_\_\_\_ Court Case Number: \_\_\_\_\_ -G -

Name of Conservator: \_\_\_\_\_ Date of Appointment: \_\_\_\_\_

This accounting is your: *[check any applicable category]*

first accounting      periodic annual accounting      final accounting      other accounting ordered by Court

Date of this accounting: \_\_\_\_\_ covering a time period from \_\_\_\_\_ to \_\_\_\_\_

Date of last accounting: *[if applicable]* \_\_\_\_\_ covering \_\_\_\_\_ to \_\_\_\_\_

**PART 1: RECEIPTS.** List any and all receipts of income, cash, checks, interest, dividends or other money received during the reporting period. Include any property received and the fair market value thereof unless you have filed an amended inventory with the Court which describes the property and value of such property.

DESCRIPTION AND SOURCE OF RECEIPT	AMOUNT OR VALUE
SUBTOTAL RECEIPTS (THIS PAGE)	
SUBTOTAL RECEIPTS (ATTACHED PAGES)	
TOTAL RECEIPTS. Total of all receipts in this part including any amounts or values on attached pages.	

**PART 2: DISBURSEMENTS or DISTRIBUTIONS.** List any and all disbursements or distributions of cash, checks or other money or property during the reporting period. If property was given, disbursed, or distributed in addition to indicating the payee and purpose, also indicate the specific item of property given in column 1 and the fair market value of the property in column 2.

PAYEE AND PURPOSE OF DISBURSEMENT OR DISTRIBUTION	AMOUNT OR VALUE
SUBTOTAL OF ALL DISBURSEMENTS AND/OR DISTRIBUTIONS (THIS PAGE)	
SUBTOTAL OF ALL DISBURSEMENTS AND/OR DISTRIBUTIONS (ATTACHED PAGES)	
TOTAL OF ALL DISBURSEMENTS AND/OR DISTRIBUTIONS in this part, including any amounts or values on attached pages.	

**PART 3: ASSETS OF THE ESTATE.** List all known assets of the Estate of the Protected Person and the approximate amount or fair market value of each item as of the closing date of this accounting.

DESCRIPTION OF ASSET	AMOUNT OR VALUE
SUBTOTAL ASSETS (THIS PAGE)	
SUBTOTAL ASSETS (ATTACHED PAGES)	
TOTAL ASSETS. Total of all assets in this part, including any amounts or values on attached pages.	

**PART 4: LIABILITIES OF THE ESTATE.** List all known liabilities of the Estate of the Protected Person as on the closing date of this accounting.

DESCRIPTION OF LIABILITY	AMOUNT OR VALUE
SUBTOTAL LIABILITIES (THIS PAGE)	
SUBTOTAL LIABILITIES (ATTACHED PAGES)	
TOTAL LIABILITIES. Total of all liabilities in this part, including any amounts or values on attached pages.	

**PART 5: OTHER INFORMATION.** Answer each of the following questions in as much detail as possible.

1. Describe the services being provided to the Protected Person during the time period covered by this accounting:

---

---

---

---

---

---

2. Describe the significant actions taken by the conservator during the time period covered by this accounting:

---

---

---

---

---

---

3. What is your recommendation as to the need for continued conservatorship? Explain your response.

---

---

---

---

---

---

4. Do you recommend any changes in the *scope* of the conservatorship? If so, detail the changes recommended and explain the reasons for recommending such changes.

---

---

---

---

---

---

5. In the space below, provide any information requested by the Court but not otherwise requested in this form:

---

---

---

---

6. In the space below, provide any further information, which, in your opinion, the Court may find useful in reviewing the case of the Protected Person:

---

---

---

---

7. Are you requesting compensation for your services as conservator? YES NO  
If you responded with "YES," what is the amount of your request? \$ \_\_\_\_\_
8. What are the reasonable and necessary expenses you have incurred as conservator \$ \_\_\_\_\_  
*[If you listed an amount in this question, attach an itemized listing of your reasonable and necessary expenses.]*

STATE OF \_\_\_\_\_,  
COUNTY OF \_\_\_\_\_, to wit:

I, \_\_\_\_\_, the conservator named in this accounting, do hereby certify that the information provided in this **ACCOUNTING OF CONSERVATOR** is true, correct and complete to the best of my knowledge, information and belief.

Given under my hand this \_\_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year].

\_\_\_\_\_  
**CONSERVATOR'S SIGNATURE**

The foregoing was taken, subscribed and sworn to before me by the said \_\_\_\_\_,  
in my said county and state on this, the \_\_\_\_\_ day of \_\_\_\_\_ [month], \_\_\_\_\_ [year].

Given under my hand and **NOTARIAL SEAL**.

**[AFFIX NOTARIAL SEAL]**

\_\_\_\_\_  
**NOTARY PUBLIC**

My Commission Expires: \_\_\_\_\_.

**CONTINUATION FOR PART 1: RECEIPTS.** To be used **only** if Part 1 above has been completely filled in.

DESCRIPTION AND SOURCE OF RECEIPT	AMOUNT OR VALUE
SUBTOTAL RECEIPTS: Total of all receipts on this page only.	

**CONTINUATION FOR PART 2: DISBURSMENTS or DISTRIBUTIONS.** To be used **only** if Part 2 above has been completely filled in.

PAYEE AND PURPOSE OF DISBURSEMENT OR DISTRIBUTION	AMOUNT OR VALUE
SUBTOTAL DISBURSEMENTS AND/OR DISTRIBUTIONS included on this page only.	

**CONTINUATION FOR PART 3: ASSETS.** To be used **only** if Part 3 above has been completely filled in.

DESCRIPTION OF ASSET	AMOUNT OR VALUE
SUBTOTAL ASSETS (Total of all assets included on this page only.	

**CONTINUATION FOR PART 4: LIABILITIES.** To be used **only** if Part 4 above has been completely filled in.

DESCRIPTION OF LIABILITY	AMOUNT OR VALUE
SUBTOTAL LIABILITIES (THIS PAGE)	

**CONTINUATION FOR PART 5: OTHER INFORMATION.** To be used **only** if Part 5 above has been completely filled in.

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

**ITEMIZED LISTING OF EXPENSES:** *[continued from Part 5, Item 8]* To be used **only** if an amount has been entered in Part 5, Item 8 above.

DESCRIPTION OF EXPENSE	AMOUNT OR VALUE
TOTAL EXPENSES. This total must match amount listed in Part 5, Item 8 above.	