

## CONSERVATORSHIP CHECKLIST

Conservatorship of:	Case No.
Respondent's SSN:	
Fiduciary:	Phone:
Address:	
City/State/Zip:	

### ESTABLISHMENT OF PROTECTIVE PROCEEDING

Initial Appointment: <input type="checkbox"/> Intake questionnaire <input type="checkbox"/> Conflict check <input type="checkbox"/> Fee Agreement signed <input type="checkbox"/> Filing fees received <input type="checkbox"/> Source of retainer: _____		
<b>Petition for Conservatorship</b>		
Respondent:	Date of Birth / Age:	
Address:	Current Location:	
Phone:	Address:	
	Phone:	
Interest of Petitioner:		
Petitioner:	Age:	Relationship:
Address:		
Phone:		
Fiduciary:	Age:	Relationship:
Address:		
Phone:		
<input type="checkbox"/> Pre-bond application approved		
Is proposed fiduciary a certified professional (see ORS 125.240(1)(a))?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Does proposed fiduciary have a pecuniary interest in Respondent's estate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
(If yes to either of the above, review ORS 125.240 and ORS 125.221(4) and make necessary disclosures.)		
Required information:		
<input type="checkbox"/> Statement regarding whether fiduciary has been convicted of a crime, filed for bankruptcy, had a professional or occupational license canceled or revoked, or is the parent or former guardian of Respondent who has been the subject of proceedings under ORS chapter 419B of the Juvenile Code (e.g., child abuse, or removal of Respondent from the parent's or former guardian's home)		
<input type="checkbox"/> Statement that fiduciary is willing to serve		
<input type="checkbox"/> Name, address, and phone number of existing fiduciary, trustee, healthcare representative or agent under Power of Attorney		
<input type="checkbox"/> Name, address, and phone number of Respondent's treating physician and any person providing care to Respondent		
<input type="checkbox"/> Specific factual information supporting a finding that Respondent is financially incapable; names, addresses, and phone numbers of persons who have information supporting finding		

; and less-restrictive alternatives to appointment of a fiduciary that have been considered and why the alternatives are inadequate <input type="checkbox"/> General description of estate of Respondent and source and amount of income (court will use information to set bond amount) <input type="checkbox"/> Statement indicating whether nominated fiduciary is a public or private agency or organization providing services <input type="checkbox"/> Consent to serve, if petitioner is not fiduciary <input type="checkbox"/> Dependents of Respondent <input type="checkbox"/> Members of Respondent's household <input type="checkbox"/> Pecuniary conflicts of interest disclosed for court approval <input type="checkbox"/> Principal residence and intent to keep or sell	
Petition Filed:	Fee Paid:
Create agent or rule in email program to duplicate and forward copies of e-notices from attorney-of-record to appropriate staff. <input type="checkbox"/> Done <input type="checkbox"/> N/A (Some electronic case filing systems only generate e-notices to the attorney-of-record. Staff email addresses or firm addresses ( <i>such as</i> docketing@johndoelawfirm.com) may not be permitted.)	

<b>Notice and Order Requirements</b>		
Form of Notice: <input type="checkbox"/> Review ORS 125.060 and ORS 125.070(1), (2), (4), and (5)		
Date of personal service on Respondent (if age 14 or older): Date of personal service on parent (if Respondent is a minor):		
Service to: <input type="checkbox"/> Spouse, parents, and adult children of Respondent (if none, persons most closely related) <input type="checkbox"/> Any person cohabiting with Respondent <input type="checkbox"/> Fiduciary nominated by Respondent <input type="checkbox"/> Fiduciary appointed by court <input type="checkbox"/> Any attorney who is representing the Respondent in any capacity <input type="checkbox"/> Trustee <input type="checkbox"/> Healthcare representative <input type="checkbox"/> Agent under a Power of Attorney <input type="checkbox"/> Notice required by court <input type="checkbox"/> Department of Veterans Affairs, if applicable <input type="checkbox"/> Department of Human Resources, if Respondent is receiving public assistance under ORS chapter 411 or ORS chapter 414 (notice to DHS satisfies requirement of notice to Oregon Health Authority) <input type="checkbox"/> Office of the Long-Term Care Ombudsman, if applicable <input type="checkbox"/> Disability Rights Oregon, if applicable <input type="checkbox"/> Foreign consulate, if Respondent is a foreign national		
For service requirements, review ORS chapter 125. See also the PLF Service of Process Checklist on the PLF website at <a href="http://www.osbplf.org">www.osbplf.org</a> (click on Practice Management, then Forms, and then Litigation).		
If Respondent is a minor: <input type="checkbox"/> Custodian for prior 60 days <input type="checkbox"/> Nominated fiduciary under parent's will		
Last day for objections: (By statute: not less than 15* days after date of service, 21* days if subject to UCCJEA)  *Add 3 days if service is by mail, email, facsimile communication, or electronic service (ORCP 10 B).	Tickled:	Received: <input type="checkbox"/> Yes <input type="checkbox"/> No

Date proof of personal service to Respondent (or parent, if Respondent is a minor) filed:	
Date proof of mailing/personal service to others filed:	
Request for notice of further filings or motions received and noted (attach list including date filed):	
Limited Judgment Appointing Conservator: Date filed: Date signed:	Reminder tickled for:
<hr/> Guardian Partners (nonprofessional fiduciary class required in certain counties) Registration deadline (15 days following appointment): Deadline for completing class (60 days following appointment): Date completed:	
Asset Restrictions:	Due date: Date obtained: Filed with court:
Bond Application:	Date applied for: Fiduciary signature: <input type="checkbox"/>
Letters of Conservatorship*:	Date received from court: Date transmitted to Conservator:
*It is recommended that a copy of the Limited Judgment be attached to the letters.	
Date informational letter sent to Fiduciary explaining duties/responsibilities:	
ANNUAL ACCOUNTING DUE: (Due 60 days after appointment anniversary, along with annual accounting fees)	
Reminder tickled:	
Names and addresses of persons requesting notice: (check with fiduciary and court file)	
_____	_____
_____	_____
_____	_____
_____	_____

**INVENTORY**

Date inventory due (90 days after appointment):	Tickled:
Date inventory information requested:	Date received:
Date attorney fee petition and declaration filed (if adjustment of bond is necessary, do not submit attorney fee petition until bond rider and/or acknowledgment of restricted assets is filed with the court):	
Date inventory filed: Adjustment of bond required <input type="checkbox"/> Yes <input type="checkbox"/> No	Filing fee paid in full:
Date inventory served on Protected Person (if age 14 or older): Date inventory served on parent (if Protected Person is a minor):	
Date proof of mailing/service filed:	
If real property, date certified copy of inventory, or abstract per ORS 125.470(3), recorded in County where situated:	
If bond adjusted, date bond rider filed:	

Alternatively, date petition freezing/restricting assets filed (if applicable):

**ANNUAL ACCOUNTINGS (due 60 days after anniversary of Appointment)**

**Annual Due Date:** \_\_\_\_\_

Date information requested:	Date documentation received:
Adjustment to bond amount: <input type="checkbox"/> Reduced <input type="checkbox"/> Increased	
Bond Rider filed:	
Professional Fiduciary: Include statement regarding the total amount of compensation that investment advisers charged for managing investments.	
Date annual accounting prepared:	Date signed by client: Date filed:
Date notice to Protected Person and those requesting sent:	
Last date to object:	Objections received: <input type="checkbox"/> Yes <input type="checkbox"/> No
Order Approving Annual Accounting:	Date filed: Date approved by court:
Date copy of Order Approving Final Accounting sent to client:	
Date approved costs and fees paid:	

## TERMINATION OF PROCEEDINGS

Notice of a motion for the termination of the protective proceedings, for removal of a fiduciary, for modification of the powers or authority of a fiduciary, for approval of a fiduciary's actions or for protective orders in addition to those sought in the petition must be given by the person making the motion to the persons described in ORS 125.060(3).	
Date notification received from client or triggering event: Reason for termination:	
Date Petition for Termination/Final Accounting signed:	Date filed:
Date General Judgment Approving Termination/Final Accounting filed: Date received from court: Date client notified of termination: Date Receipts filed: Closing Order signed: Date bonding company notified: Date bond exonerated:	
NOTE: Whether a filing fee is necessary for a General Judgment Approving Termination and/or Closing Order is not clear under Oregon Laws 2009, chapter 659 (HB 2287) (specifying filing fee surcharges in certain instances). Check with your local court clerk.	
FILE CLOSED:	Final fees/costs paid:

**NOTE:**

For multistate protective proceeding, refer to ORS125.800 to 125.852 (Uniform Adult Guardianship and Protective Proceedings Jurisdiction Act).

### IMPORTANT NOTICES

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