**NON-REMOVABLE MILLE LACS BAND OF CHIPPEWA INDIANS**

**DISTRICT \_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **IN THE COURT OF CENTRAL JURISDICTION** |

|  |  |
| --- | --- |
| In the Matter of the[ ]  Guardianship[ ]  Conservatorshipof:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, Ward. | Case File No. \_\_\_\_\_\_\_\_\_\_\_\_\_ **MONTHLY ACCOUNTING** **(ADULT GUARDIANSHIP** **AND/OR CONSERVATORSHIP)** |

**CURRENT REPORTING PERIOD** FROM \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (MM/DD/YYYY) (MM/DD/YYYY)

(Reporting date must be for the past month and may not report into the future).

|  |
| --- |
| **Instructions to Guardian/Conservator:**When answering the questions in this report, you are required to provide details. Answers such as “same as last report” and “no change since last report” are not acceptable answers.  |

**I. CONTACT INFORMATION**

**Ward’s Information:** [ ]  **Check if updated from last report**

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| Phone: ( ) | Sex: |
| Name of Living Facility (if any):  |
| Street Address: |
| City: | State: | Zip Code: |

**Guardian/Conservator’s Information:** [ ]  **Check if updated from last report**

|  |  |
| --- | --- |
| Name: | Date of Birth: |
| Relationship to Ward: |
| Occupation: |
| Phone: ( ) |
| Street Address: |
| City: | State: | Zip Code: |
| Mailing Address, if different:  |
| City: | State: | Zip Code: |

**II. ACCOUNT BALANCES**

**Bank/Credit Union Accounts**

|  |  |  |
| --- | --- | --- |
| Financial Institution’s Name | Account’s Last 4 Numbers | Current Value |
| **1.** |  | $ |
| **2.** |  | $ |

**Investment or Retirement Accounts**

|  |  |  |
| --- | --- | --- |
| Financial Institution’s Name | Account’s Last 4 Numbers | Current Value |
| **1.** |  | $ |
| **2.** |  | $ |

**Real Estate Owned**

|  |  |  |
| --- | --- | --- |
| Address or Description | Estimated Value | Sold in the last month? |
| **1.** | $ | [ ] Yes [ ]  NoSale price: $ |
| **2.** | $ | [ ] Yes [ ]  NoSale price: $ |

**III. INCOME & EXPENSES**

**Ward’s Income During Reporting Period**

|  |  |  |
| --- | --- | --- |
| Source of Income | Gross Amount | Net Amount |
| **1.** | $ | $ |
| **2.** | $ | $ |
| **3.** | $ | $ |
| **4.** | $ | $ |
| **TOTAL NET AMOUNT** | **$** |

**Expenditures Made on Behalf of Ward During Reporting Period** (include funds given to the Ward directly)

|  |  |  |  |
| --- | --- | --- | --- |
| Date | Payee | Description | Amount |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
|  |  |  | $ |
| **TOTAL EXPENDITURES** | **$** |

**Outstanding Debts**

|  |  |
| --- | --- |
| Payee | Amount Owed |
|  | $ |
|  | $ |

|  |
| --- |
| **SUMMARY OF FINANCIAL ACTIVITY** **DURING REPORTING PERIOD** |
| **Beginning balance of all bank accounts** | **$** |  |
|  |
| **Net Income** | **+**$ |  |
|  |
| **Total Expenditures** | **-**$ |  |
|  |
| **Ending balance of all bank accounts** | **$** |  |

**You are required to maintain supporting documentation for all receipts and all disbursements under your control during the duration of your appointment. The Court or the Ward may request copies at any time.**

[ ] By checking this box, I am acknowledging that I have attached to this Monthly Accounting the **monthly bank statement(s)** for each of the Ward’s accounts that I have control and authority over for this reporting period.

[ ] By checking this box, I am acknowledging that I have attached to this Monthly Accounting copies of **receipts for expenditures** made on the Ward’s behalf from account(s) that I have control and authority over for this reporting period.

**VERIFICATION**

I declare under penalty of perjury that the information provided in this Guardian’s Report is true and correct.

Executed on the day of .

 (date) (month) (year)

Guardian/Conservator’s Signature

**CERTIFICATE OF SERVICE**

I certify that a true and correct copy of this Guardian/Conservator’s Monthly Accounting was served as follows on:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Relationship to** **Ward** | **Manner of Service\*** | **Date Served** |
|  | Ward |  |  |
|  |  |  |  |
|  |  |  |  |

\*Insert one of the following: hand delivery, first-class mail, certified mail, email, or fax.

Signature

Printed Name