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

### ESTABLISHMENT OF PROTECTIVE PROCEEDING

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| Initial Appointment:  🞎 Intake questionnaire 🞎 Conflict check 🞎 Fee Agreement signed  🞎 Filing fees received 🞎 Source of retainer:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| Petition for Conservatorship | |
| Respondent: | Date of Birth / Age: |
| Address:  Phone: | Current Location:  Address:  Phone: |
| Interest of Petitioner: | |
| Petitioner: Age: | Relationship: |
| Address:  Phone: | |
| Fiduciary: Age: | Relationship: |
| Address:  Phone:  🞎 Pre-bond application approved | |
| Is proposed fiduciary a certified professional? (*See* ORS 125.240~~)~~ 🞎 Yes 🞎 No  Does proposed fiduciary have a pecuniary interest in Respondent’s estate? 🞎 Yes 🞎 No  (If yes to either of the above, review ORS 125.240 and ORS 125.221~~(4)~~ and make necessary disclosures.) | |
| Required information: ORS 125.055(2)   * Statement regarding whether fiduciary has been convicted of a crime, filed for bankruptcy, or had a professional or occupational license canceled or revoked. * Statement that fiduciary is willing to serve * Name, address, and phone number of existing fiduciary, trustee, healthcare representative or agent under Power of Attorney * Name, address, and phone number of Respondent’s treating physician and any person providing care to Respondent * 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 * General description of estate of Respondent and source and amount of income (court will use information to set bond amount) * Statement indicating whether nominated fiduciary is a public or private agency or organization providing services * Consent to serve, if petitioner is not fiduciary * Dependents of Respondent * Members of Respondent’s household * Pecuniary conflicts of interest disclosed for court approval * Principal residence and intent to keep or sell | |
| Petition Filed: | Fee Paid: |
| Create agent or rule in email program to duplicate and forward copies 🞎 Done 🞎 N/A of e-notices from attorney-of-record to appropriate staff.  (Some electronic case filing systems only generate e-notices to the attorney-of-record. Staff email addresses or firm addresses (*such as* docketing@johndoelawfirm.com) may not be permitted.) | |

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| Notice and Order Requirements | | |
| Form of Notice:  🞎 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 should be made to the following individuals or entities: ORS 125.060(2)   * Spouse, parents, and adult children of Respondent (if none, persons most closely related) * Any person cohabiting with Respondent * Fiduciary nominated by Respondent * Fiduciary appointed by court * If Respondent is a minor, the person who has exercised principal responsibility for the care and custody of the Respondent during the 60-day period before filing the petition. * If the Respondent is a minor and has no living parents, any person nominated to act as fiduciary for the minor in a will or other written instrument prepared by a parent of the minor. * Any attorney who is representing the Respondent in any capacity * Trustee * Healthcare representative * Agent under a Power of Attorney * Notice required by court * Department of Veterans Affairs, if Respondent is receiving money from DVA. * Department of Human Resources, if Respondent is receiving public assistance under ORS chapter 411 * Oregon Health Authority if the Respondent is receiving moneys paid or payable for medical assistance provided under ORS chapter 414 * The Department of Corrections, The Attorney General, and the superintendent or other officer in charge of the facility in which the Respondent is confined~~e to Oregon Health Authority)~~ * Office of the Long-Term Care Ombudsman, if applicable * Disability Rights Oregon, if applicable * 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 [www.osbplf.org](http://www.osbplf.org) (click on Practice Management, then Forms, and then Litigation).  If Respondent is a minor:  🞎 Custodian for prior 60 days  🞎 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: 🞎 Yes 🞎 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: Reminder tickled for:  Date filed:  Date signed:  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: Date obtained:  Fiduciary signature: 🞎 Filed with court: | | |
| 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: Reminder tickled:  (Due 60 days after appointment anniversary, along with annual accounting fees)  Names and addresses of persons requesting notice: (check with fiduciary and court file) | | |

INVENTORY

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| 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: Filing fee paid in full:  Adjustment of bond required 🞎 Yes 🞎 No |
| 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: \_\_\_\_\_\_\_\_\_\_

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| Date information requested: Date documentation received: |
| Adjustment to bond amount: 🞎 Reduced 🞎 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: 🞎 Yes 🞎 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**

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| 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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