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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 🞎 NoDoes 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
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| Petition Filed: | Fee Paid: |
| Create agent or rule in email program to duplicate and forward copies 🞎 Done 🞎 N/Aof 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 🞎 IncreasedBond 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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