WELCOME TO TODAY'S VAP CLE ECHO SESSION

May 8, 2025

Beyond the Appointment:
A Guide to a Guardian's & Conservator's Annual Reporting Requirements

Agenda

Introduction: Andoe Arathoon, Statewide Pro Bono Coordinator, New Mexico Legal Aid Volunteer Attorney Program

Announcements: Marissa Gonzalez, Paralegal, New Mexico Legal Aid Volunteer Attorney Program

Presentation: A Guide to a Guardian's & Conservator's Annual Reporting Requirements

Joseph Turk, Office of Guardianship Legal Director, New Mexico Developmental Disabilities Council

Case Analysis and Q&A: Joseph Turk, Office of Guardianship Legal Director, New Mexico Developmental Disabilities Council

Closing Remarks: Volunteer Attorney Program, New Mexico Legal Aid, Inc.

BEYOND THE APPOINTMENT

A Guide to a Guardian's and Conservator's Annual Reporting Requirements

Joseph Turk
Legal Director
NM Office of Guardianship

Reporting Basics

- Statutory Basis
- Significance
- Deadlines
- Penalties

Reporting:
The Fundamentals

- Guardianship
  - NMSA 1978, § 45-5-314
    - Initial, Annual, and Final Reports
    - Initial Report due within 90 days of appointment
    - Annual Report due within 30 days of anniversary of appointment
    - $25/day fine for failure to file
    - Form 4-996 NMRA

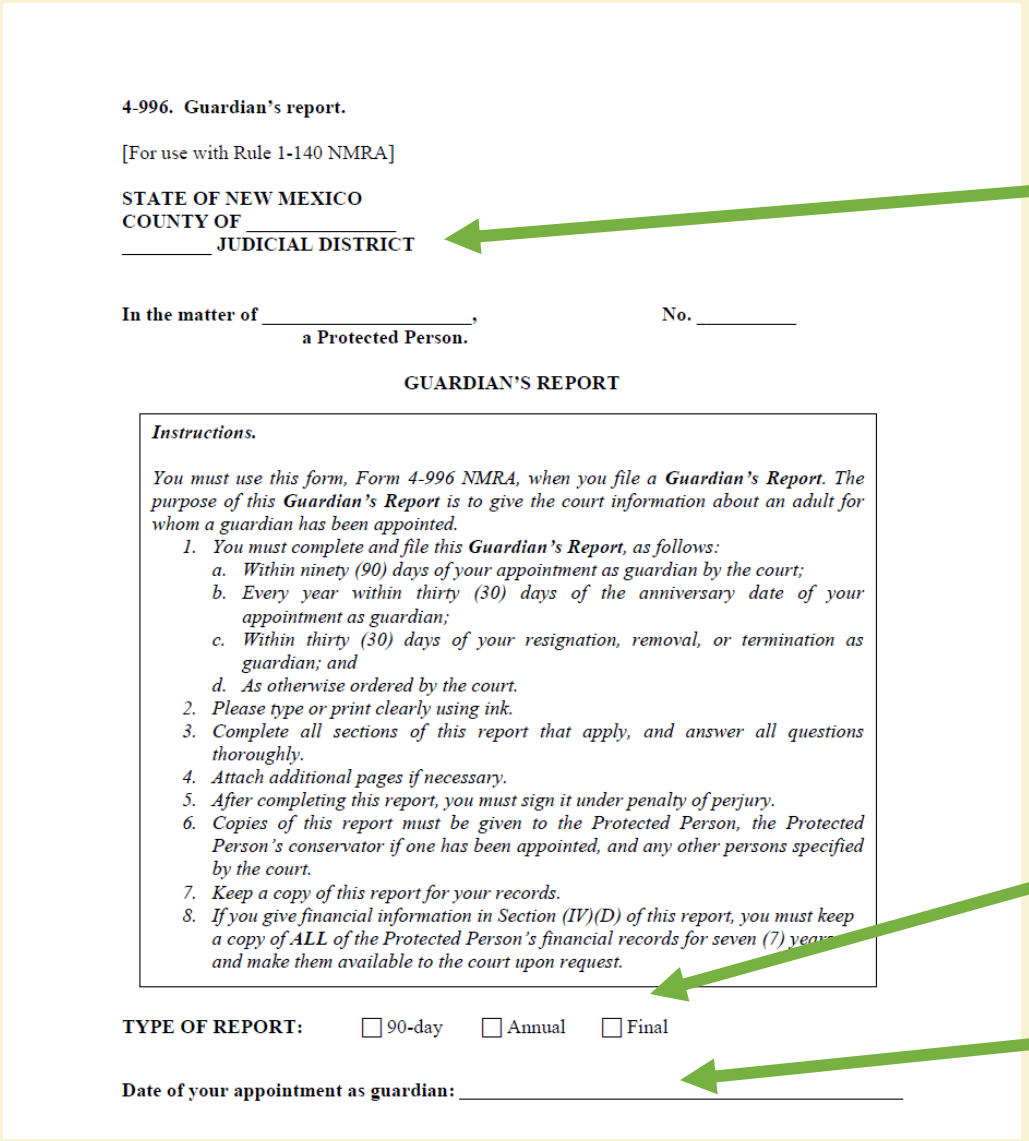
- Conservatorship
  - NMSA 1978, § 45-5-418
    - Accounting due within 90 days of appointment
    - Form 4-997
  - NMSA 1978, § 45-5-409
    - Annual Report due within 30 days of anniversary of appointment
    - Accounting due within 30 days of anniversary of appointment
    - $25/day fine for failure to file
    - Form 4-998

All forms available at:
https://adultguardianship.nmcourts.gov/laws-rules/supreme-court-approved-forms/

Guardian Reports

- Required Information
- Pitfalls to Avoid
- Signing and Serving

Completing Guardianship Reports



4-996. Guardian's report.

[For use with Rule 1-140 NMRA]

STATE OF NEW MEXICO
COUNTY OF _____
_____ JUDICIAL DISTRICT

In the matter of _____, **No. _____**
a Protected Person.

GUARDIAN'S REPORT

Instructions.

*You must use this form, Form 4-996 NMRA, when you file a **Guardian's Report**. The purpose of this **Guardian's Report** is to give the court information about an adult for whom a guardian has been appointed.*

1. *You must complete and file this **Guardian's Report**, as follows:*
   a. *Within ninety (90) days of your appointment as guardian by the court;*
   b. *Every year within thirty (30) days of the anniversary date of your appointment as guardian;*
   c. *Within thirty (30) days of your resignation, removal, or termination as guardian; and*
   d. *As otherwise ordered by the court.*
2. *Please type or print clearly using ink.*
3. *Complete all sections of this report that apply, and answer all questions thoroughly.*
4. *Attach additional pages if necessary.*
5. *After completing this report, you must sign it under penalty of perjury.*
6. *Copies of this report must be given to the Protected Person, the Protected Person's conservator if one has been appointed, and any other persons specified by the court.*
7. *Keep a copy of this report for your records.*
8. *If you give financial information in Section (IV)(D) of this report, you must keep a copy of **ALL** of the Protected Person's financial records for seven (7) years and make them available to the court upon request.*

TYPE OF REPORT: ☐ 90-day ☐ Annual ☐ Final

Date of your appointment as guardian: _____

Case Caption

Select the type of report

Date of Appointment as Guardian

Completing Guardianship Reports, p. 2

*If this is a **Final Report**, please check the box below that explains why you are filing a **Final Report**, and fill in the requested information. If this is not a Final Report, skip to Section I.*

☐ The Protected Person has died (*attach a copy of the death certificate if available*).
Date and place of death: _____

Name of personal representative, if appointed: _____
Address: _____

☐ The court has appointed a new guardian.
Name of new guardian: _____
Address and phone number of new guardian: _____

☐ The court has issued an order ending the guardianship.
☐ Other (*please explain*): _____

SECTION I – Information about the Protected Person.

A. Protected Person's name: _____
B. Protected Person's age: _____
C. Protected Person's physical address: _____
Mailing address (if different): _____
D. Protected Person's telephone number(s) and other contact information:
Home: _____ Cell: _____
Work: _____ Fax: _____
Email: _____
E. Has the Protected Person's residence changed in the last 12 months?
☐ Yes ☐ No
If yes, please explain why: _____
F. Will the Protected Person's residence change in the next 12 months?
☐ Yes ☐ No ☐ Unknown
If yes, please explain why: _____
G. Does the Protected Person live in a facility?
☐ Yes If yes, complete Part A, below (do not complete Part B).
☐ No If no, complete Part B, below (do not complete Part A).

PART A
Complete Part A only if the Protected Person lives in a facility.

H. What type of facility does the Protected Person live in?
☐ Assisted Living Facility
☐ Group Home

2

Only complete if this is a Final Report

Basic Biographical Information

Complete if Protected Person lives in a "facility"

Completing Guardianship Reports, p. 3

Information and details about the facility where the Protected person lives

Restrictions on the Protected Person's communications

☐ Licensed Nursing Facility
☐ Other (*please explain*) _____

I. Name of Facility: _____
Facility contact person's name: _____
Facility's physical address: _____
Facility's contact information:
Telephone: _____ Email: _____

J. How is the facility paid for? _____

K. Do you have any concerns about the quality of care that the Protected Person is receiving in the following areas?

Cleanliness	☐ Yes	☐ No
Nutrition/Meals	☐ Yes	☐ No
Personal Care	☐ Yes	☐ No
Privacy	☐ Yes	☐ No
Individualized Care Plans	☐ Yes	☐ No
Safety	☐ Yes	☐ No
Other: _____	☐ Yes	☐ No

If you marked yes to any of the above, please explain: _____

L. Has the Protected Person been restricted from communicating, visiting, or interacting with others? ☐ Yes ☐ No
If yes, describe the restrictions: _____

What are the reasons for the restrictions? _____

Who imposed the restrictions? _____
When were the restrictions imposed? _____
Are the restrictions still in place? ☐ Yes ☐ No

M. Have others been restricted from communicating, visiting, or interacting with the Protected Person? ☐ Yes ☐ No
If yes, describe the restrictions: _____

What are the reasons for the restrictions? _____

Who imposed the restrictions? _____
When were the restrictions imposed? _____
Are the restrictions still in place? ☐ Yes ☐ No

N. Why was this facility chosen for the Protected Person? _____

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Completing Guardianship Reports, p. 4

O. How does the Protected Person feel about the placement? _____

P. Do you believe the Protected Person could live and function more independently in a different type of setting? ☐ Yes ☐ No
Please explain your answer: _____

Q. Have you tried to change the Protected Person's residence in the past year?
☐ Yes ☐ No
If yes, what was the outcome? _____

How does the Protected Person feel about the change of residence? _____

END OF PART A – If you filled out Part A, skip to Section II.

PART B
Complete Part B only if the Protected Person does not live in a facility.

H. Describe the Protected Person's living arrangement: _____

I. Who takes care of the Protected Person? _____
Caregiver's physical address: _____
Caregiver's contact information:
Telephone: _____ Email: _____

J. Do you have any concerns about the quality of care that the Protected Person is receiving in the following areas?

Cleanliness	☐ Yes	☐ No
Nutrition/Meals	☐ Yes	☐ No
Personal Care	☐ Yes	☐ No
Privacy	☐ Yes	☐ No
Safety	☐ Yes	☐ No
Other: _____	☐ Yes	☐ No

If you marked yes to any of the above, please explain: _____

K. List all people living with the Protected Person and their relationship to the Protected Person: _____

L. Has anyone moved into or out of the Protected Person's residence during the last 12 months? ☐ Yes ☐ No
If yes, please explain: _____

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Additional information on the facility and the Protected Person's autonomy

Alternative to Part A: if the Protected Person does *not* live in a "facility"

Completing Guardianship Reports, p. 5

Information and details about where the Protected person lives

Restrictions on the Protected Person's communications

M. List any person who lives with the Protected Person and is paid to provide services for the Protected Person. (*attach additional pages if necessary*)
Name:_____
Relationship to Protected Person:_____
Types of Services:_____
Payment:_____ Source of Payment:_____

N. Do you have concerns about anyone who lives with the Protected Person?
☐ Yes ☐ No
If yes, please explain:_____

O. Why was this living arrangement chosen for the Protected Person? _____

P. How does the Protected Person feel about the living arrangement?_____

Q. Do you believe the Protected Person could live and function more independently in a different type of setting? ☐ Yes ☐ No
Please explain your answer: _____

R. Have you tried to change the Protected Person's residence in the past year?
☐ Yes ☐ No
If yes, what was the outcome?_____

How does the Protected Person feel about the change of residence? _____

S. Has the Protected Person been restricted from communicating, visiting, or interacting with others? ☐ Yes ☐ No
If yes, describe the restrictions:_____

What are the reasons for the restrictions? _____

Who imposed the restrictions? _____
When were the restrictions imposed? _____
Are the restrictions still in place? ☐ Yes ☐ No

T. Have others been restricted from communicating, visiting, or interacting with the Protected Person? ☐ Yes ☐ No
If yes, describe the restrictions:_____

5

What are the reasons for the restrictions? _____

_____

_____

Who imposed the restrictions? _____

When were the restrictions imposed? _____

Are the restrictions still in place? ☐ Yes ☐ No

END OF PART B – Continue to Section II.

SECTION II - Protected Person's Health.

A. Please describe the Protected Person's current physical health:
☐ Poor ☐ Fair ☐ Good ☐ Excellent
Please explain: _____

_____

Please describe any changes to the Protected Person's physical health in the last 12 months: _____

_____

_____

Please describe any medical treatment the Protected Person received in the last 12 months: _____

_____

_____

B. Please describe the Protected Person's current mental health:
☐ Poor ☐ Fair ☐ Good ☐ Excellent
Please explain: _____

_____

Please describe any changes to the Protected Person's mental health in the last 12 months: _____

_____

_____

Please describe any mental health treatment the Protected Person received in the last 12 months: _____

_____

_____

C. Is the Protected Person under a healthcare provider's regular care?
☐ Yes ☐ No
If yes, please identify the Protected Person's healthcare providers:
Primary care provider: _____
Dentist: _____
Mental health professional: _____
Other: _____

D. How does the Protected Person feel about these healthcare providers? _____

_____

E. Do you attend the Protected Person's medical and/or mental health appointments?
☐ Yes ☐ No

6

Completing Guardianship Reports, p. 6

Information on the Protected Person's health

- Current physical and mental health
- Treatment provided in the past year
- Healthcare providers

Completing Guardianship Reports, p. 7

Services provided to the Protected Person

- DD Waiver services, if applicable
- Developing guardianship plan

Financial Information

- Required *if* the Guardian is responsible for the Protected Person's finances

If no, why not? _____

SECTION III - Protected Person's Services and Activities.

A. Is the Protected Person receiving support services, including public benefits?
☐ Yes ☐ No
If yes, please list: _____

B. Are you in regular contact with the Protected Person's support-service providers?
☐ Yes ☐ No
If yes, how often and in what manner? _____
If no, why not? _____

C. Is the Protected Person involved in selecting the Protected Person's services?
☐ Yes ☐ No
If no, please explain: _____

D. Is the Protected Person involved in developing the Protected Person's care plan or service plan? ☐ Yes ☐ No
If no, why not? _____

E. Does the Protected Person participate in social activities, such as family gatherings, local events, worship services, or community groups? ☐ Yes ☐ No
If yes, please describe: _____
If no, why not? _____

SECTION IV - Protected Person's Financial Status.

A. Does the Protected Person have a conservator? ☐ Yes ☐ No
If yes, what is the conservator's name and contact information? _____

B. Are you responsible for the Protected Person's money in your role as guardian?
☐ Yes ☐ No
If yes, are you keeping the Protected Person's money and your money in separate accounts? ☐ Yes ☐ No
If no, why not? _____

C. Are you responsible for the Protected Person's money in any other capacity or role (e.g., Representative Payee, VA Fiduciary, Power of Attorney, Trustee)?
☐ Yes ☐ No

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If yes, please describe: _____

D. If you are responsible for the Protected Person's money, please complete the following summary of financial activity **since your appointment or last report**:

Balance of Protected Person's bank accounts on date of your appointment or last report (savings, checking, CDs, money market, etc.)	$	
Plus (+) money received from any source on behalf of the Protected Person (Social Security, SSI, pension, disability, interest, etc.)	+	
Less (-) total fees to care providers	-	
Less (-) total monies paid to the Protected Person (personal needs, etc.)	-	
Less (-) total fees paid to guardian	-	
Less (-) any other expenses (housing, insurance, maintenance, etc.)	-	
Ending balance of bank accounts	$	

If you are responsible for the Protected Person's money, you must keep a copy of ALL of the Protected Person's financial records for seven years and make them available to the court upon request.

E. Is the Protected Person employed? ☐ Yes ☐ No
If yes, identify the Protected Person's employer, job title, and wages: _____
_____
Does the Protected Person have control of these wages? ☐ Yes ☐ No
If no, why not? _____
_____

F. Describe efforts to allow the Protected Person to make financial decisions: _____
_____
_____

G. Have there been any significant changes in the Protected Person's ability to manage finances? ☐ Yes ☐ No
If yes, describe: _____
_____

H. Have there been any significant changes in the Protected Person's financial situation, such as a settlement, inheritance, lottery winnings, reverse mortgage, etc.?
☐ Yes ☐ No
If yes, describe: _____
_____

SECTION V – Information about the Guardianship.

A. Describe significant decisions you have made for the Protected Person in the last 12 months (e.g., change in healthcare providers, enrollment in hospice, discontinuation of treatment, surgery, etc.): _____
_____
_____

8

Completing Guardianship Reports, p. 8

Table of Financial Activity

- Tracks the Protected Person's finances since the last Report
- Keep records for at least seven years

Additional information about the Protected Person's finances, employment, etc.

Information on the Guardianship

- *Not* information on the Guardian

Completing Guardianship Reports, p. 9

Additional Information on the Guardianship

- Frequency of contact
- Protected Person's feelings about the guardianship
- Guardian's opinion on whether guardianship should be modified

Guardian's Information

- Payment received (if any)
- Issues that would prevent Guardian from fulfilling obligations

B. How often and in what way(s) are you in contact with the Protected Person?_____

C. When was the last time you were in contact with the Protected Person? _____

D. Describe any significant problems or unmet needs of the Protected Person not described elsewhere:_____

E. Does the Protected Person believe that the guardianship should be changed or terminated? ☐ Yes ☐ No
If yes, please explain: _____

Have you informed the Protected Person that the Protected Person may contact the court to request changing or terminating the guardianship? ☐ Yes ☐ No
If no, why not? _____

F. Do you believe that the guardianship should be changed or terminated?
☐ Yes ☐ No
If yes, you have a duty to file a separate written request asking the court to schedule a status conference to review the guardianship.

G. How does the Protected Person feel about the guardianship?_____

H. Is there anything else you would like to tell the court about the guardianship?_____

SECTION VI – Information about the Guardian.

For purposes of this section, "guardian" means an individual or a corporate entity appointed by the court, and includes any individual working for a corporate entity who is responsible for the Protected Person.

A. Does the guardian have any significant physical or mental health problems that would interfere with the ability to continue as guardian in the next year? ☐ Yes ☐ No
If yes, please explain: _____

B. Does the guardian charge a fee or receive payment for acting as the Protected Person's guardian? ☐ Yes ☐ No
If yes, how much have has the guardian received since the guardian's last report (or since the guardian's appointment if this is the guardian's first report)? _____

How is the guardian's fee or payment calculated? _____

Who pays the guardian's fee? _____

9

C. Since the guardian's last report (or since the guardian's appointment if this is the guardian's first report), has the guardian,

1. Been arrested for, charged with, or convicted of any felony or misdemeanor?
   ☐ Yes ☐ No
   If yes, please explain: _____
2. Been investigated by the Children, Youth and Families Department (CYFD), Adult Protective Services (APS), Internal Revenue Service (IRS), or any other governmental agency?
   ☐ Yes ☐ No
   If yes, please explain: _____
3. Filed for bankruptcy or received protection from creditors?
   ☐ Yes ☐ No
   If yes, please explain: _____
4. Had any professional or occupational license revoked or suspended?
   ☐ Yes ☐ No
   If yes, please explain: _____
5. Had the guardian's driver's license suspended or revoked?
   ☐ Yes ☐ No
   If yes, please explain: _____
6. Delegated any powers over the Protected Person to another person?
   ☐ Yes ☐ No
   If yes, who were power(s) delegated to? _____
   What power(s) were delegated? _____
   For what period(s) of time? _____
7. Received any special training or certification as a guardian?
   ☐ Yes ☐ No
   If yes, please explain: _____

D. Is the guardian a court-appointed guardian or conservator for any other person?
☐ Yes ☐ No
If yes, please list the court and case number(s) for each (*attach additional pages if necessary*): _____

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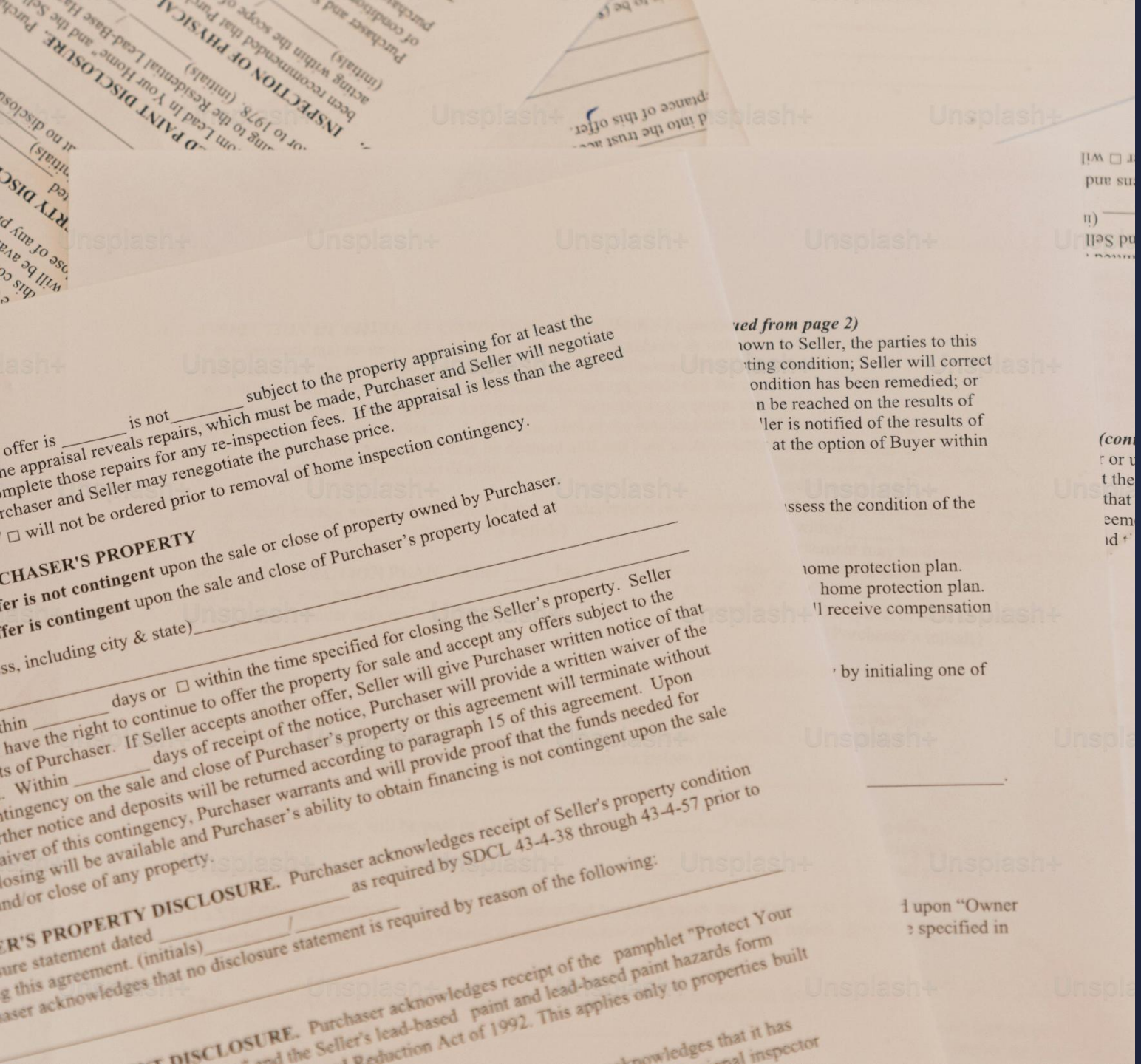
Completing Guardianship Reports, p. 10

Information about the Guardian, contd.

- Charged with a crime?
- Filed for bankruptcy?
- Professional license suspended or revoked?
- Driver's license suspended or revoked?
- Appointed as Guardian for anyone else?

Sign, File, and Serve

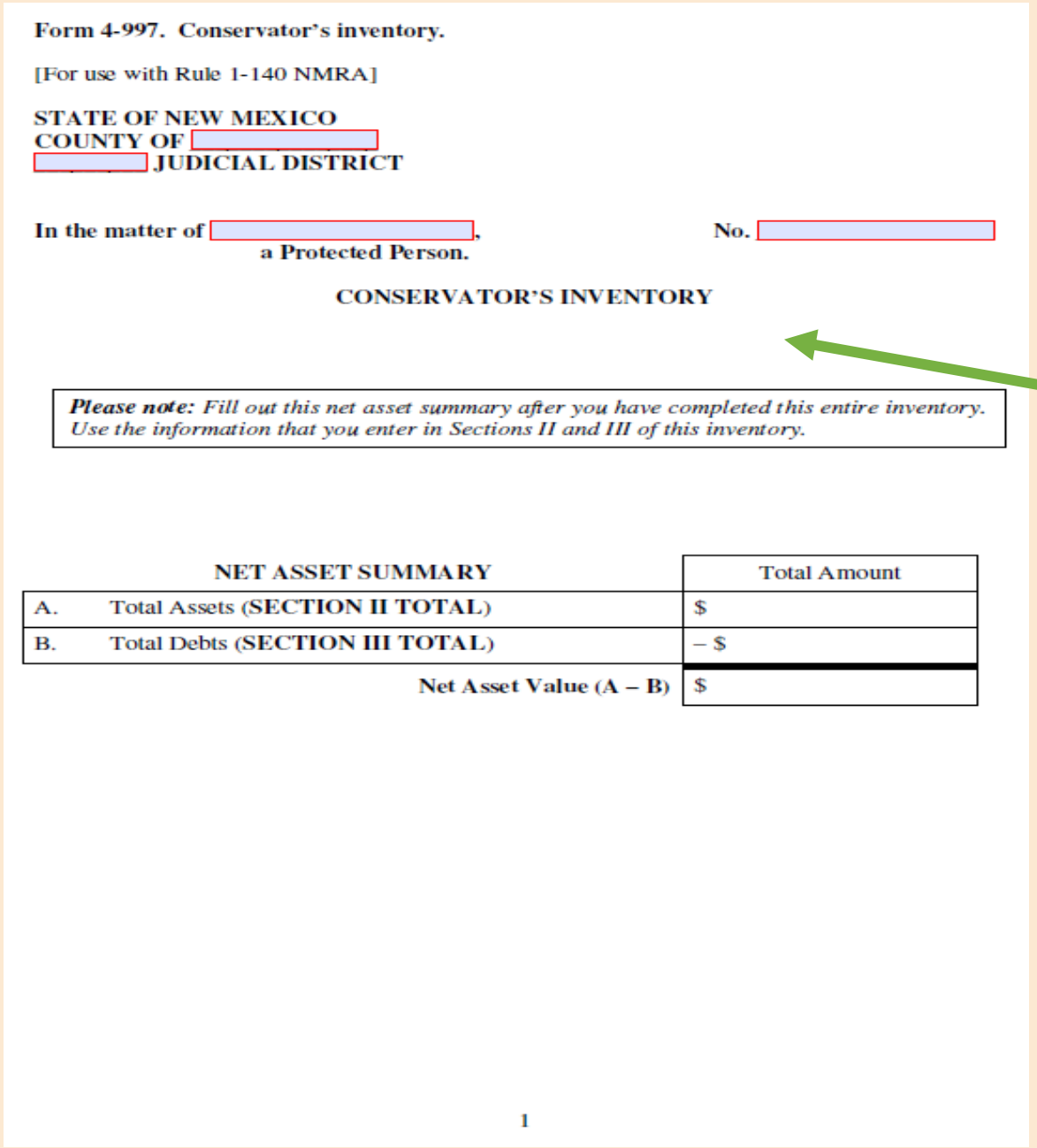
- Sign, date, and enter Guardian's address in signature block
- Signature made under Rule 1-011(B) NMRA, need not be notarized
- File completed Report with Court Clerk
- Serve completed Report on the Protected Person, the Judge hearing the case, and the Protected Person's conservator
  - NMSA 1978, 45-5-314(A)
- Reports reviewed by AOC's Guardianship Annual Report Review Division ("GARRD")



Conservator Reports

- Inventory, Reports, and Bond Information
- Required Information
- Signing and Serving

Completing Conservator's Inventory



Form 4-997. Conservator's inventory.

[For use with Rule 1-140 NMRA]

STATE OF NEW MEXICO
COUNTY OF _____
_____ **JUDICIAL DISTRICT**

In the matter of _____, **No.** _____
a Protected Person.

CONSERVATOR'S INVENTORY

Please note: *Fill out this net asset summary after you have completed this entire inventory. Use the information that you enter in Sections II and III of this inventory.*

NET ASSET SUMMARY		Total Amount
A.	Total Assets (**SECTION II TOTAL**)	$
B.	Total Debts (**SECTION III TOTAL**)	– $
	Net Asset Value (A – B)	$

1

Form 4-997

Case Caption

Summary of Financial Information

Completing Conservator's Inventory , p.2

Basic biographical information about the Protected Person

Instructions.

You must use this form, Form 4-997 NMRA, when you file a ***Conservator's Inventory****. The purpose of a* ***Conservator's Inventory*** *is to give the court as complete a picture as possible of the financial situation of the person under conservatorship, also called the Protected Person.*

1. *This* ***Conservator's Inventory*** *is due within ninety (90) days of your appointment as conservator.*
2. *As conservator you will also be required to complete and file a* ***Conservator's Report*** *using Form 4-998 NMRA as follows:*
   a. *Every year within thirty (30) days after the anniversary date of your appointment.*
   b. *Within sixty (60) days after your resignation, removal, or termination as conservator.*
3. *Please type or print clearly using ink.*
4. *Complete all sections of this inventory.*
5. *Attach additional pages if necessary.*
6. *After completing this inventory, you must sign it under penalty of perjury.*
7. *Copies of this inventory must be given to the Protected Person, the Protected Person's guardian if one has been appointed, and any other persons specified by the court.*
8. *Keep a copy of this inventory for your records.*
9. *You must keep a copy of* ***ALL*** *of the Protected Person's financial records for seven (7) years and make them available to the court upon request.*

SECTION I – Information about the Protected Person.

1. Protected Person's name: _____
2. Protected Person's age: _____
3. Protected Person's physical address: _____

   Mailing address (if different): _____
4. Protected Person's telephone number(s) and other contact information:

   Home: _____ Cell: _____

   Work: _____ Fax: _____

   Email: _____

2

Completing Conservator's Inventory, pp. 3 & 4

5. Has a guardian also been appointed for the Protected Person?

☐ Yes ☐ No

If yes, name of guardian _____

Address _____

Phone number of guardian _____

6. What date were you appointed conservator? _____

7. Is the Protected Person the beneficiary of a trust? ☐ Yes ☐ No

If yes, what is the name of the trust? _____

What is the current value of the trust? _____

Who is the trustee? _____

What is the trustee's contact information? _____

_____

Please note: *The information you fill out in Sections II through IV below will show the value of the Protected Person's estate on the date you were appointed.*

SECTION II – Assets.

Please provide information about all of the assets of the Protected Person as of the date of your appointment as conservator. Assets are anything of value owned by the Protected Person. Attach additional pages if necessary.

A. Are you holding cash on hand on behalf of the Protected Person?

☐ Yes ☐ No Amount $ _____

If yes, why is cash kept on hand? _____

_____

3

B. Bank Accounts.

Name of Bank/Institution	Type of Account (Examples: checking, savings, certificates of deposit, etc.)	Value on Date of Appointment
		$
		$
		$
	TOTAL	$

C. Investment Accounts.

Name of Bank/Institution	Type of Account (Examples: brokerage, investment, money market, stocks, bonds, IRAs, 401(k) plan, etc.)	Value on Date of Appointment
		$
		$
	TOTAL	$

D. Life Insurance Policies.

Name Of Company	Type of Insurance (Examples: whole, term or universal, etc.)	Cash Value on Date of Appointment
		$
		$
	TOTAL	$

4

Completing Conservator's Inventory, p. 5 & 6

E. Real Estate.

Address of Property (*List all land and buildings*)	Method for Determining Value (Examples: appraisal, tax assessment, market value, etc.)	Value
		$
		$
	TOTAL	$

F. Vehicles.

Make, Model, and Year (*List all cars, boats, ATVs, etc.*)	Value
	$
	$
	$
TOTAL	$

G. Other Property Not Listed Above. (*Attach additional pages if necessary.*)

Detailed Description of Item or Collection (*Only list items or collections that are worth more than $500.00*)	Method for Determining Value (Examples: appraisal, market value)	Value
		$
		$
		$
	TOTAL	$

5

H. Total value of assets listed above. (*The sum of all "Totals" reported in Section II.*)

SECTION II TOTAL	$

Section III – Debts.

A. Real Estate Debts.

Address of Property and Name of Lender	Amount Owed on Date of Appointment
	$
	$
TOTAL	$

B. Other Loans.

Lender/Creditor Name	Purpose of Loan (Examples: automobile loan or personal payday loan, etc.)	Amount Owed on Date of Appointment
		$
		$
	TOTAL	$

C. Credit Cards.

Company Name and Address	Amount Owed on Date of Appointment
	$
	$
	$
TOTAL	$

6

Completing Conservator's Inventory, pp. 7 & 8

D. Judgments/Liens.

Judgment/Lien Description	Amount Owed On Date Of Appointment
	$
	$
TOTAL	$

E. Other Liabilities/Debts.

Description	Amount Owed On Date Of Appointment
	$
	$
	$
TOTAL	$

F. Total amount of debts listed above. (*The sum of all "TOTALS" reported in Section III.*)

SECTION III TOTAL	$

G. Explain any personal or professional relationship between the conservator and any lender/creditor listed in any section above: _____

H. Explain any personal or professional relationship between the Protected Person and any lender/creditor listed in any section above: _____

7

SECTION IV – Management of estate.

A. What are the Protected Person's expected sources of income? (e.g., Pension, Social Security, SSI, etc.) _____

B. What are the Protected Person's expected expenses? (e.g., housing, care, household, etc.)

C. If expected expenses will exceed expected income, what is your plan to meet the basic needs of the Protected Person? _____

D. Do you anticipate significant one-time income over the next 12 months? (e.g., sale of house or car, back payment of social security, insurance proceeds, etc.)

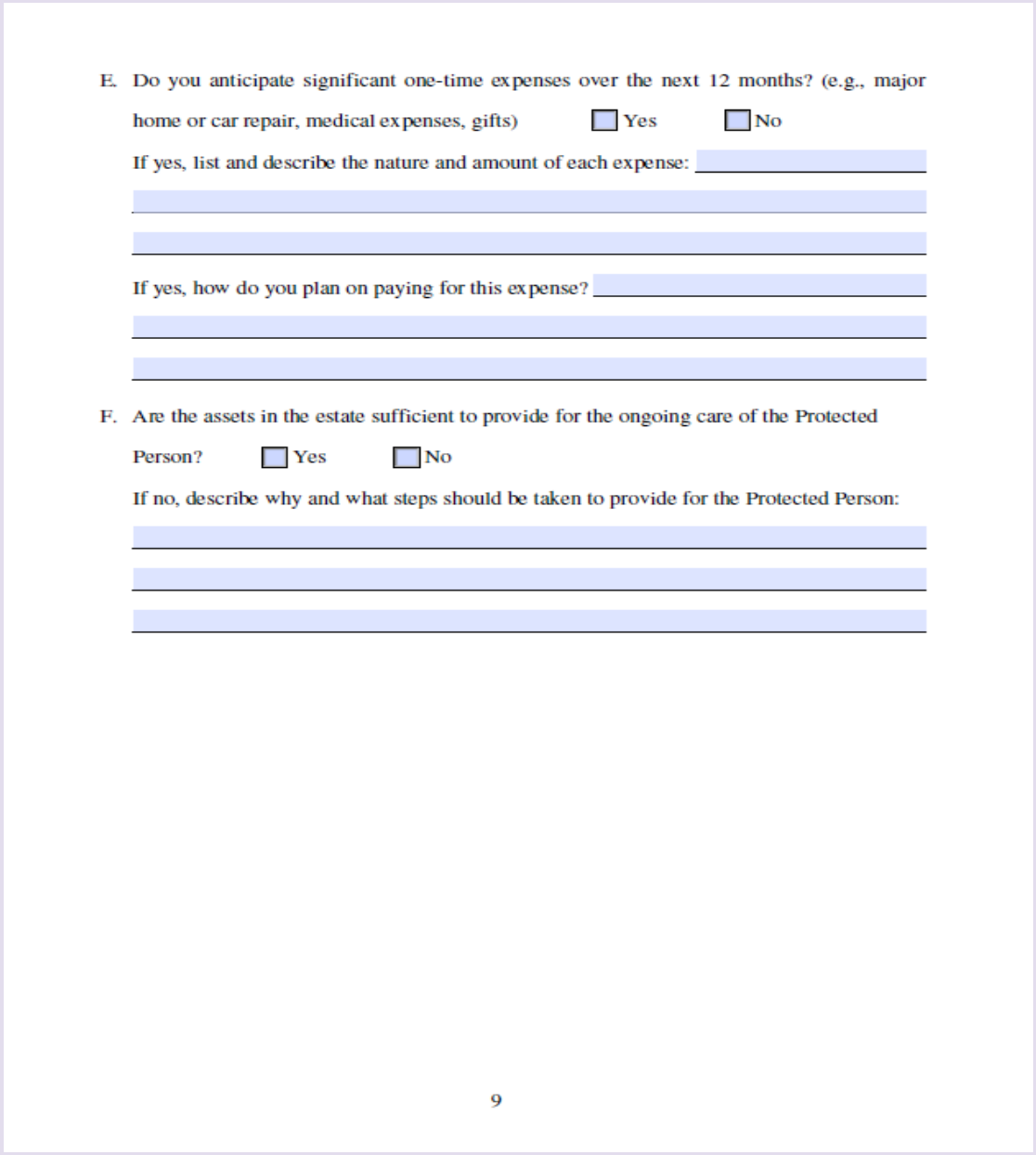
☐ Yes ☐ No

If yes, list and describe each income source and amount separately: _____

If yes, what do you plan on doing with this income? (e.g., pay off debt, invest) _____

8

Completing Conservator's Inventory, p. 9



E. Do you anticipate significant one-time expenses over the next 12 months? (e.g., major home or car repair, medical expenses, gifts) ☐ Yes ☐ No

If yes, list and describe the nature and amount of each expense: _____

If yes, how do you plan on paying for this expense? _____

F. Are the assets in the estate sufficient to provide for the ongoing care of the Protected Person? ☐ Yes ☐ No

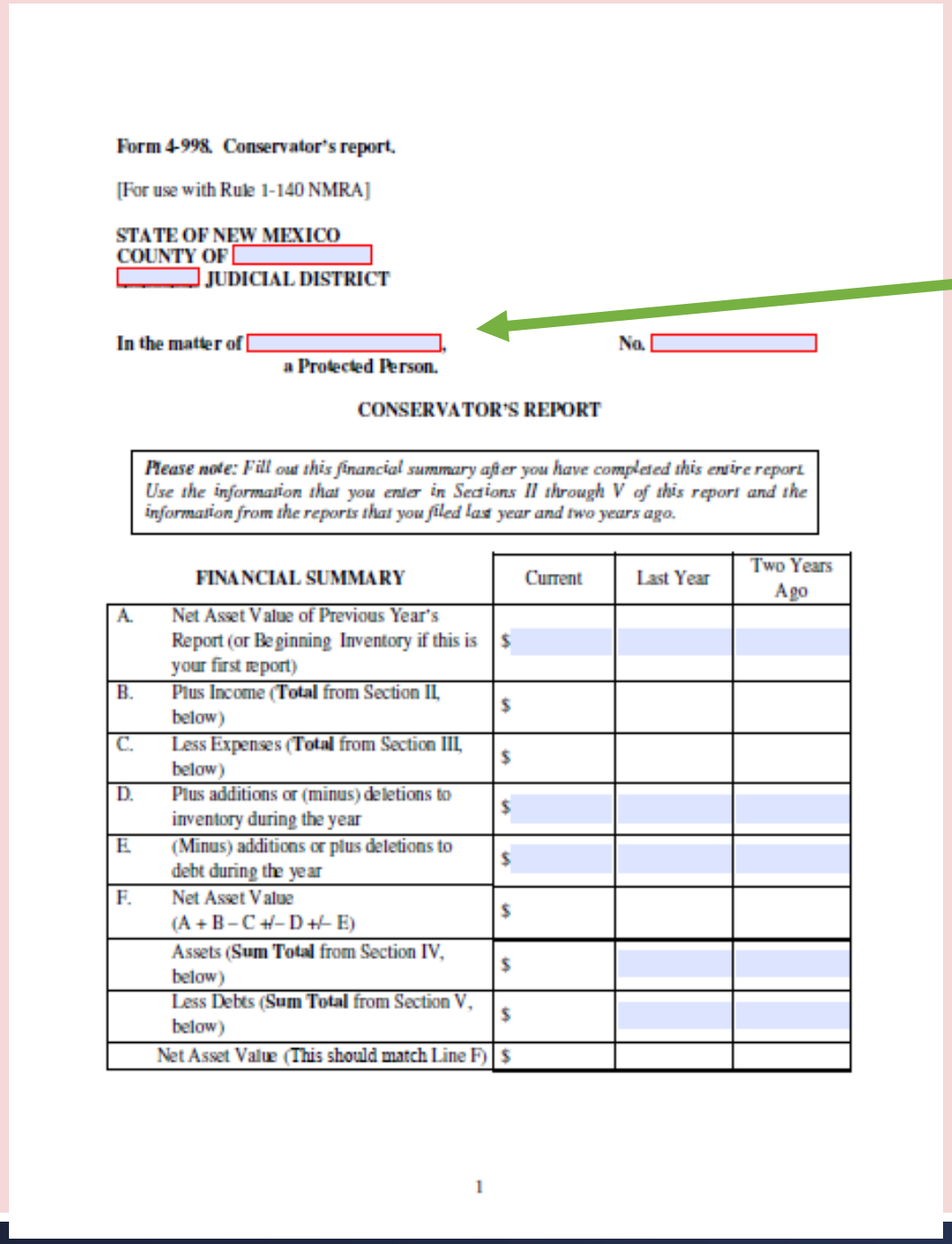
If no, describe why and what steps should be taken to provide for the Protected Person:

9

Once completed, sign, file, and serve

- No notary necessary under Rule 1-011 NMRA
- File with Court Clerk, and serve copies on the Protected Person and their Guardian
- Attachments do not need to be filed, but must be saved for seven years.

Completing Conservator's Report



Form 4-998. Conservator's report.

[For use with Rule 1-140 NMRA]

STATE OF NEW MEXICO
COUNTY OF
JUDICIAL DISTRICT

In the matter of , **No.**
a Protected Person.

CONSERVATOR'S REPORT

Please note: *Fill out this financial summary after you have completed this entire report. Use the information that you enter in Sections II through V of this report and the information from the reports that you filed last year and two years ago.*

FINANCIAL SUMMARY		Current	Last Year	Two Years Ago
A.	Net Asset Value of Previous Year's Report (or Beginning Inventory if this is your first report)	$		
B.	Plus Income (**Total** from Section II, below)	$		
C.	Less Expenses (**Total** from Section III, below)	$		
D.	Plus additions or (minus) deletions to inventory during the year	$		
E.	(Minus) additions or plus deletions to debt during the year	$		
F.	Net Asset Value (A + B – C +/– D +/– E)	$		
	Assets (**Sum Total** from Section IV, below)	$		
	Less Debts (**Sum Total** from Section V, below)	$		
	Net Asset Value (**This should match** Line F)	$		

1

Case Caption

Table of Financial Information

- Summary of information contained in the rest of the Report
- If this is the Conservator's first or second report, enter "N/A" as appropriate in Last Year's and Two Years Ago columns

Completing Conservator's Report, p. 2

Information about this Report

Instructions.

*If you were appointed conservator within the past ninety (90) days, **do not use this form.** The first report that you must file is a **Conservator's Inventory, Form 4-997 NMRA**. The Conservator's Inventory is due within ninety (90) days of your appointment.*

*You must use this form, Form 4-998 NMRA, when you file a **Conservator's Report.** The purpose of a **Conservator's Report** is to give the court as complete a picture as possible of the current financial situation for the person under conservatorship, also called the Protected Person.*

1. *This **Conservator's Report** is due as follows:*
   a. *You must complete and file this **Conservator's Report** every year within thirty (30) days of the anniversary date of your appointment as conservator.*
   b. *You must complete and file this **Conservator's Report** within sixty (60) days of your resignation, removal, or termination as conservator.*
2. *Please type or print clearly using ink.*
3. *Complete all sections of this report.*
4. *Attach additional pages if necessary.*
5. *After completing this report, you must sign it under penalty of perjury.*
6. *Copies of this report must be given to the Protected Person, the Protected Person's guardian if one has been appointed, and any other persons specified by the court.*
7. *Keep a copy of this report for your records.*
8. *You must keep a copy of **ALL** of the Protected Person's financial records for seven (7) years and make them available to the court upon request.*

REPORTING PERIOD.

This report covers the dates beginning _____ and ending _____.

Is this a Final Report? ☐ Yes ☐ No

If yes, please check the box that explains why you are filing a Final Report and fill in the requested information.

☐ The Protected Person has died (*attach a copy of the death certificate if available*).

Date and place of death: _____

_____

Completing Conservator's Report, p.3

Name of personal representative, if appointed: _____

Address: _____

_____

☐ The court has appointed a new conservator.

Name of new conservator: _____

Address and phone number of new conservator: _____

_____

☐ The court has issued an order ending the conservatorship.

☐ Other (*please explain*): _____

SECTION I - Information about the Protected Person.

A. Protected Person's name: _____

B. Protected Person's age: _____

C. Protected Person's physical address: _____

Mailing address (if different): _____

D. Protected Person's telephone number(s) and other contact information:

Home: _____ Cell: _____

Work: _____ Fax: _____

Email: _____

E. Has a guardian also been appointed for the Protected Person?

☐ Yes ☐ No

If yes, name of guardian: _____

Address: _____

Phone: _____

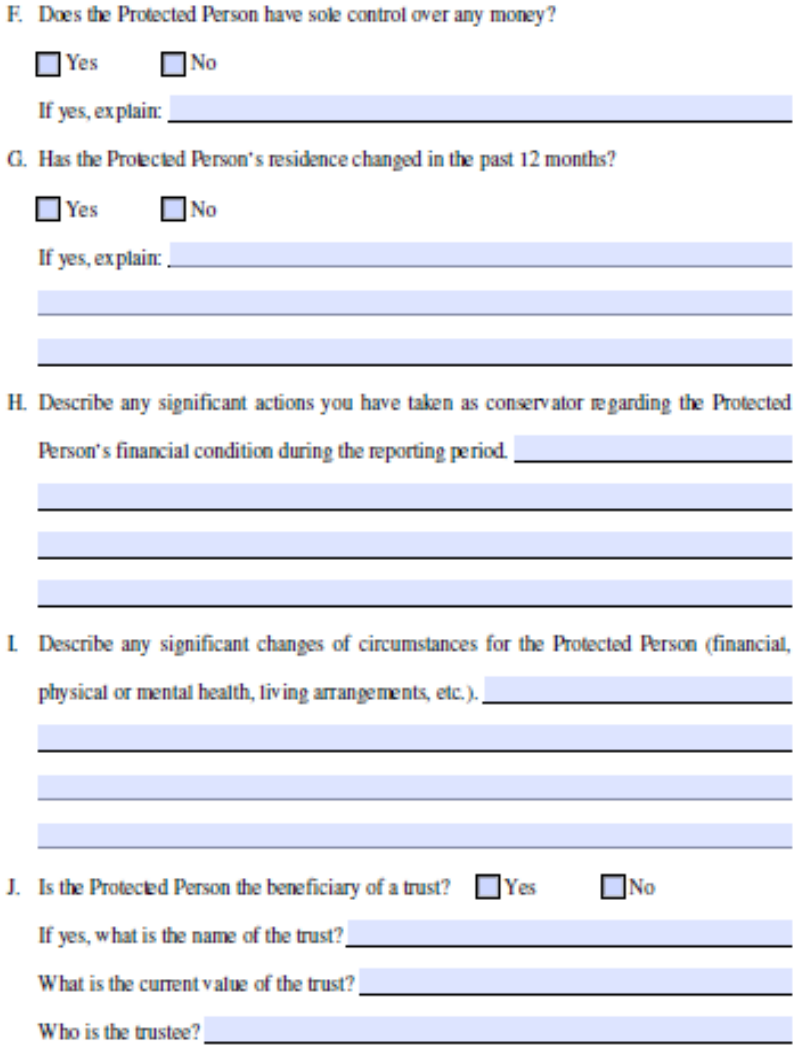
3

Basic biographical information about the Protected Person

Completing Conservator's Report, p. 4

Information on the Protected Person

- Significant changes
- Significant actions taken by the Conservator
- Existence of any Trusts



F. Does the Protected Person have sole control over any money?

☐ Yes ☐ No

If yes, explain: _____

G. Has the Protected Person's residence changed in the past 12 months?

☐ Yes ☐ No

If yes, explain: _____

H. Describe any significant actions you have taken as conservator regarding the Protected Person's financial condition during the reporting period. _____

I. Describe any significant changes of circumstances for the Protected Person (financial, physical or mental health, living arrangements, etc.). _____

J. Is the Protected Person the beneficiary of a trust? ☐ Yes ☐ No

If yes, what is the name of the trust? _____

What is the current value of the trust? _____

Who is the trustee? _____

4

Completing Conservator's Report, pp. 5 & 6

What is the trustee's contact information? _____

_____

K. Are the Protected Person's funds kept in a separate account from the conservator's funds?

☐ Yes ☐ No

If no, explain: _____

_____

SECTION II - Income. ***(Fill in only the boxes that apply to the Protected Person's income; leave the other boxes blank)***

Description of each Income Source *(Report only the income received by the Protected Person, not your income)*	Amount Received this Reporting Period	Amount Received last year	Amount Received two Years ago
Social Security Benefits			
Social Security	$		
Social Security Disability Insurance (SSDI)	$		
Supplemental Security Income (SSI)	$		
Veterans Financial Benefits	$		
Trust Income	$		
Wages	$		
Worker's Compensation Benefits	$		
Dividends Received	$		
Interest Income	$		

List all sources of income for the Protected Person

Description of each Income Source *(Report only the income received by the Protected Person, not your income)*	Amount Received this Reporting Period	Amount Received last Year	Amount Received two Years ago
Refunds			
Tax Refunds	$		
Insurance Refunds	$		
Other Refunds *(explain)* _____ _____	$		
Realized Gain/Loss on Sale of Asset	$		
Rental Income	$		
Royalty Income (oil, gas, etc.)	$		
Pension or 401(k) Distributions	$		
Annuity Income	$		
Alimony or Child Support	$		
Inheritance and Gifts Received	$		
Sale of Personal Property Not Listed on Inventory	$		
IRA Distributions	$		
Distribution from Tribal or Pueblo Government	$		
Life Insurance Proceeds	$		
Other *(reverse mortgage, etc.)* _____ _____	$		
SECTION II TOTAL	$		

Completing Conservator's Report, p. 7 & 8

SECTION III - Expenses. ***(Fill in only the boxes that apply to the Protected Person's expenses; leave the other boxes blank)***

Description of each Type of Expense *(money paid to anyone on behalf of the Protected Person or on behalf of his/her legal dependents)*	Expense this Reporting Period	Expense one Year ago	Expense two Years ago
Nursing/Assisted Living Home	$		
In-Home Care	$		
Rent Payment	$		
Mortgage Payment			
Mortgage Interest	$		
Mortgage Escrow	$		
Homeowner's Insurance if Not Paid by Escrow Account	$		
Property Tax if Not Paid by Escrow Account	$		
Utilities (Gas, Electric, Water, and Sewer)	$		
Cable/Satellite Television and/or Internet Service	$		
Cell and other Phone Service	$		
Transportation (including gasoline expenses)	$		
Medical, Dental, and Vision Treatment Costs Not Paid by Insurance (including co-pays and deductibles)	$		
Medical Supplies and Equipment	$		
Medications Not Paid by Insurance (including co-pays and deductibles)	$		
Credit Card Payments	$		
Food, Groceries, Dining	$		

7

List all expenses of the Protected Person

Description of each Type of Expense *(money paid to anyone on behalf of the Protected Person or on behalf of his/her legal dependents)*	Expense this Reporting Period	Expense one Year ago	Expense two Years ago
Clothing	$		
Recreation, Entertainment, Memberships	$		
Travel (Vacation, Family Visits, etc.)	$		
Household Goods and Electronics	$		
Personal Grooming	$		
Personal Spending Allowance	$		
Pet Care (Food, Veterinary Care, Kennel, etc.)	$		
Income Tax			
Total Federal Payments	$		
Total State Payments	$		
Home/Property Maintenance Costs (including housekeeping and yard service)	$		
Insurance			
Auto Insurance	$		
Medical Insurance	$		
Life Insurance	$		
Other Insurance (Long Term Care, Etc.)	$		
Court Approved Gifts	$		
Other Gifts or Charitable Donations	$		
Child/Spousal Support	$		

8

Completing Conservator's Report, pp. 9 & 10

Description of each Type of Expense (*money paid to anyone on behalf of the Protected Person or on behalf of his/her legal dependents*)	Expense this Reporting Period	Expense one Year ago	Expense two Years ago
Legal Fees	$		
Fees/Costs Paid to Conservator	$		
Fees/Costs Paid to Guardian	$		
Accounting Fees	$		
Court Costs	$		
Conservator's Bond	$		
Case Management	$		
Other Expenses (*describe*)	$		
SECTION III TOTAL	$		

Finish listing expenses

SECTION IV – Assets. (***Fill in only the boxes that apply to the Protected Person's assets; leave the other boxes blank***)

A. Are you holding cash on hand on behalf of the Protected Person?

☐ Yes ☐ No If yes, amount $_____

If yes, why is cash kept on hand? _____

B. Bank Accounts.

Name of Bank/Institution	Type of Account (Examples: checking, savings, certificates of deposit, etc.)	Value on last Day of Reporting Period
		$
		$
		$
	TOTAL	$

List of Assets

C. Investment Accounts.

Name of Bank/Institution	Type of Account (Examples: brokerage, investment, money market, stocks, bonds, IRAs, 401(k) plan, etc.)	Value on last Day of Reporting Period
		$
		$
		$
	TOTAL	$

D. Life Insurance Policies.

Name of Company	Type of Insurance (Examples: whole, term or universal, etc.)	Cash Value on last Day of Reporting Period
		$
		$
	TOTAL	$

9

10

Completing Conservator's Report, pp. 11 & 12

E. Real Estate.

Address and Type of Property (Examples: residential, rental, commercial, agricultural, or mineral interests)	Method for Determining Value (Examples: appraisal, tax assessment, market value, etc.)	Current Market Value
		$
		$
	TOTAL	$

F. Vehicles.

Make, Model, and Year *(List all cars, boats, ATVs, etc.)*	Current Market Value
	$
	$
	$
TOTAL	$

G. Other Property Not Listed Above.

Detailed Description of Item or Collection *(Only list items or collections that are worth more than $500.00)*	Method for Determining Value (Examples: appraisal, market value, etc.)	Current Market Value
		$
		$
		$
		$

Finish listing assets

List of Debts

		$
	TOTAL	$

H. Total Value Of Assets Listed Above. *(The sum of all "TOTALS" reported in Section IV)*

SECTION IV SUM TOTAL	$

SECTION V – Debts *(Fill in only the boxes that apply to the Protected Person's debts; leave the other boxes blank)*

A. Real Estate Debts.

Address of Property and Name of Lender	Type of Property (examples: residential, rental, commercial, or agricultural)	Amount Owed on last Date of Reporting Period
		$
		$
	TOTAL	$

B. Other Loans.

Lender/Creditor Name	Purpose of Loan (Examples: automobile loan or personal payday loan, etc.)	Amount Owed on last Date of Reporting Period
		$
		$
	TOTAL	$

Completing Conservator's Report, p. 13

C. Credit Cards.

Company Name and Address	Amount Owed on last Date of Reporting Period
	$
	$
	$
TOTAL	$

D. Judgments/Liens.

Judgment/Lien Description	Amount Owed on last Date of Reporting Period
	$
	$
TOTAL	$

E. Other Liabilities/Debts. (*promissory notes, IOUs, personal loans, etc.*)

Description	Amount owed on Last Date of Reporting Period
	$
	$
	$
TOTAL	$

F. Total Amount Owed By Protected Person. (*The sum of all "TOTALS" reported in Section V.*)

SECTION V SUM TOTAL	$

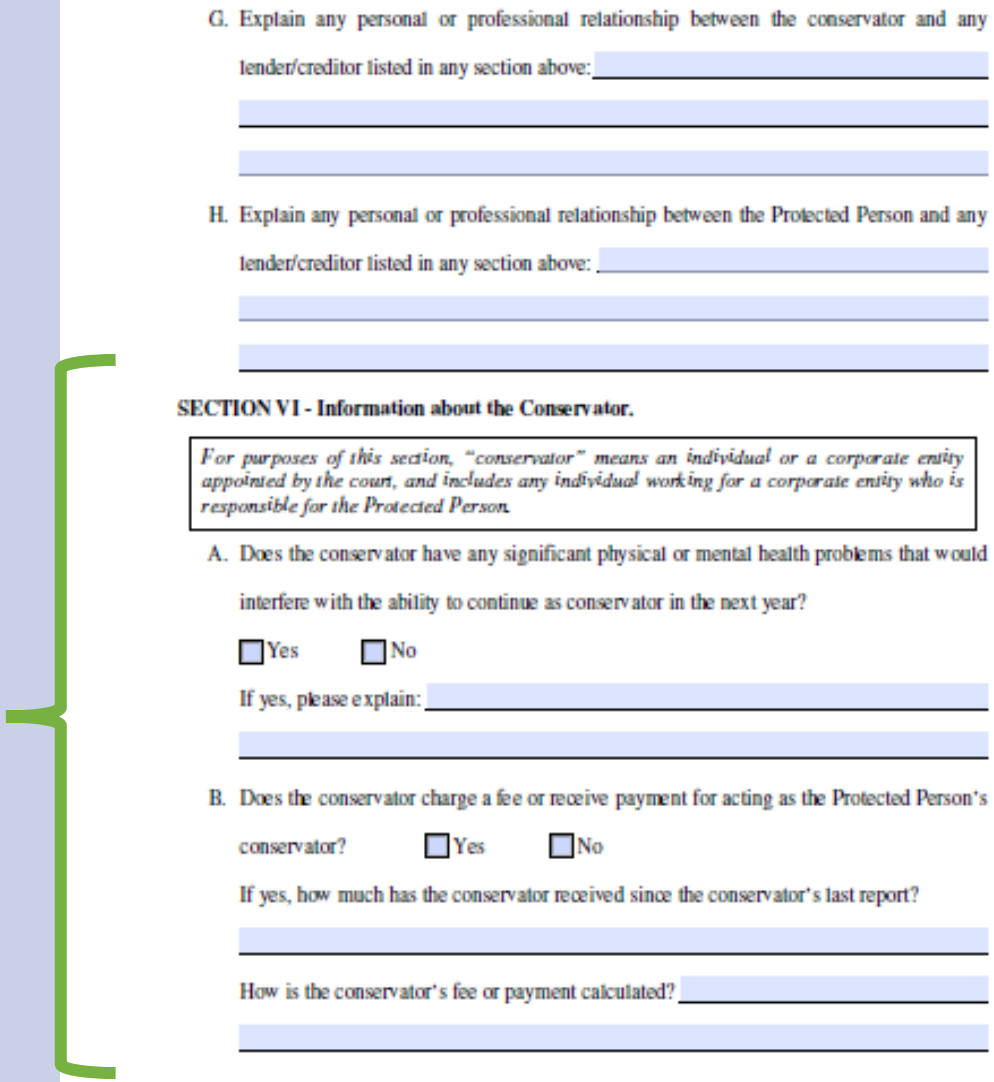
13

Other liabilities: credit card debts, judgments, and liens; other liabilities

Completing Conservator's Report, p. 14

Information about the Conservator

- Physical or mental health problems?
- Fees charged, and how they are paid



G. Explain any personal or professional relationship between the conservator and any lender/creditor listed in any section above: _____

H. Explain any personal or professional relationship between the Protected Person and any lender/creditor listed in any section above: _____

SECTION VI - Information about the Conservator.

For purposes of this section, "conservator" means an individual or a corporate entity appointed by the court, and includes any individual working for a corporate entity who is responsible for the Protected Person.

A. Does the conservator have any significant physical or mental health problems that would interfere with the ability to continue as conservator in the next year?

☐ Yes ☐ No

If yes, please explain: _____

B. Does the conservator charge a fee or receive payment for acting as the Protected Person's conservator? ☐ Yes ☐ No

If yes, how much has the conservator received since the conservator's last report?

How is the conservator's fee or payment calculated? _____

14

Completing Conservator's Report, pp. 15 & 16

C. Since the conservator's last report (or since the conservator's appointment if this is the conservator's first report), has the conservator,

1. Been arrested for, charged with, or convicted of any felony or misdemeanor?

☐ Yes ☐ No

If yes, please explain: _____

2. Been investigated by the Children, Youth and Families Department (CYFD), Adult Protective Services (APS), Internal Revenue Service (IRS), or any other governmental agency?

☐ Yes ☐ No

If yes, please explain: _____

3. Filed for bankruptcy or received protection from creditors?

☐ Yes ☐ No

If yes, please explain: _____

4. Had any professional or occupational license revoked or suspended?

☐ Yes ☐ No

15

Information on the Conservator

If yes, please explain: _____

5. Had the conservator's driver's license suspended or revoked?

☐ Yes ☐ No

If yes, please explain: _____

6. Delegated any powers over the Protected Person to another person?

☐ Yes ☐ No

If yes, who were power(s) delegated to? _____

What power(s) were delegated? _____

For what period(s) of time? _____

6. Received any special training or certification as a conservator?

☐ Yes ☐ No

If yes, please explain: _____

D. Is the conservator a court-appointed guardian or conservator for any other person?

☐ Yes ☐ No

If yes, please list the court and case number(s) for each *(attach additional pages if necessary)*: _____

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Sign, File, and Serve

- Sign, date, and enter Conservator's address in signature block
- Signature made under Rule 1-011(B) NMRA, need not be notarized
- File with Form 4-995 ("Notice of Bonding") and 4-995.1 ("Statement of Bond")
- File completed Report with Court Clerk
- Serve completed Report on the Protected Person, the Judge hearing the case, and their guardian
  - NMSA 1978, 45-5-409
- Reports reviewed by the NM Office of the State Auditor

Filing Financial Records

- Conservator must file financial statements detailing:
  - All income and assets reported (Sections II and IV); and
  - All expenses and debts reported (Sections III and V).
  - Financial statements are "written documentation in any form from a third-party financial institution that reflects one or more of the relevant individual transactions[.]"
    - Rule 1-145(E)(1) NMRA
- Filed Under Seal
  - Include a Cover Sheet captioned "Sealed – Confidential Information"
  - Not disclosed to anyone but the NM Office of the State Auditor
  - Without Court Order, cannot be disclosed to the Protected Person, a court-appointed guardian, any counsel of record, or any other party to the proceeding.
    - Rule 1-145(E)(2) NMRA
- Report and financial statements audited by NM Office of the State Auditor

Questions?

Joseph Turk, NM Office of Guardianship Legal Director

(505) 317-9883 / Joe.Turk@ddc.nm.gov

CASE STUDY #1

Bob was appointed Guardian for his mother Marie on May 1, 2023.

1. When was Bob's first report due?

a. Within 90 days, on or before July 30, 2023

2. When was Bob's first Annual Report due?

a. Within 30 days of the anniversary of his appointment, on or before May 31 every year

3. What could happen if Bob does not file his Annual Report?

a. The Court could issue an Order to Show Cause why the reports were not filed, and he could be fined $25 per day for each day the Report is late.

4. Bob has financial decision-making authority for Marie. How long does he need to keep Marie's financial records?

a. For seven years.

Bob was appointed Guardian for his mother Marie on May 1, 2023.

5. Should Bob attach bank account statements to his Annual Report?

a. No, the bank account statements do not need to be submitted. But he must keep them, in case the Court has questions and needs to see them.

6. It's been two years since Bob was appointed, and his mother lives in the same residence and receives the same Medicare and Medicaid services as last year. Can he just change the dates on last year's report and file it?

a. No, the Report must be completed in full each year, to make sure the level of guardianship is appropriate, and Marie is receiving the supports and services she needs.

7. Who must Bob serve with the Annual Report?

a. The Court Clerk, the Judge, and Marie's Conservator (if one is appointed).

CASE STUDY #2

Bob was appointed Conservator for his mother Marie on May 1, 2023.

1. **What is the first report Bob must prepare?**
    a. The Conservator's Inventory.

2. **When is the Conservator's Inventory due?**
    a. Within 90 days of appointment, on or before July 30, 2023

3. **When is Bob's first Annual Report due?**
    a. Within 30 days of the anniversary of his appointment, on or before May 31 every year

Bob was appointed Conservator for his mother Marie on May 1, 2023.

4. Since last year's Annual Report, Bob's employer went out of business, and he had to declare bankruptcy. Does he need to let the Court know?

a. Yes, Bob must inform the Court that he filed for bankruptcy.

5. Should Bob file copies of bank statements with the Court?

a. Yes, under separate cover, Bob must file statements from third-party financial institutions demonstrating the amounts reported in Sections II, III, IV, and V of the Conservator's Report.

6. Who must Bob serve with copies of the Conservator's Report?

a. The Court Clerk, the Judge, and Marie's Guardian (if one is appointed).

Additional Questions?

Upcoming CLE:

June 17 – Expungement Nuts & Bolts
1:30-3:30 PM

Upcoming Volunteer Opportunities

MONITOR YOUR EMAIL FOR PRO BONO OPPORTUNITIES SPECIFIC TO TODAY'S PRESENTATION!

Upcoming Events:

In-Person Consultations:

- 6/7, Anthony Legal Fair
- 7/11, Hobbs Legal Fair

Telephonic Consultations:

- 6/26, Statewide Family Law Teleclinic

Email andoea@nmlegalaid.org for additional information or scan the QR code to express interest in volunteering during one or more of the upcoming events!

THANK YOU FOR JOINING TODAY'S VAP CLE ECHO SESSION!

May 8, 2025

Please submit your post-session survey within 3 days to receive CLE credit for this course.

TOPIC & CASE PRESENTER:

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