



SHINGLE SPRINGS BAND OF MIWOK INDIANS TRIBAL  
COURT P.O. Box 1340, Shingle Springs, CA 95682  
Telephone: (530) 698 – 1446  
Website: <https://www.shinglespringsrancheria.com/tribal-court/>

INFORMATION OF PERSON FILING FORM:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (     ) \_\_\_\_\_

(Check which apply) I am:

- Conservator  
 Other: \_\_\_\_\_  
 Attorney/Advocate for:  
\_\_\_\_\_

CASE NO.: \_\_\_\_\_

**CONSERVATOR'S REPORT &  
ACCOUNTING**  
[FOR COURT USE ONLY]

Name of Conservatee: \_\_\_\_\_

*Pursuant to Family Code Title V, Article 12 (C) failure by the Conservator to provide this Report as required is punishable by a fine of up to \$1,000.*

**1. Conservator Information.**

a. Name of Conservator: \_\_\_\_\_

b. The Conservator was previously appointed to their position by this Court on the following date:

(Provide date MM/DD/YEAR): \_\_\_\_\_

c.  Check here if the Conservator's contact information has changed since the last report. If changed, provide new contact information here: \_\_\_\_\_  
\_\_\_\_\_

**2. Report coverage.** The time period covered in this Report is: (Provide start and end dates)

From \_\_\_\_\_ to \_\_\_\_\_.

|              |          |
|--------------|----------|
| Conservatee: | Case No: |
|--------------|----------|

3. **Conservator acknowledgments.** I, the Conservator, swear as follows:

- a. I was appointed as Conservator of: *(Check which apply)*
  - The Estate (answer Question 5)
  - The Person (answer Question 4)
  - Both the Estate and the Person (answer Questions 4 &5)
- b. I  have scheduled  have not scheduled a meeting with the Tribal Services Advocate assigned to this case.
- c. I  have fulfilled  have not fulfilled my duties as Conservator during the time period covered in this Report.

4. **Conservator of the Person.** The following is a summary of the status and work done during the time period by the Conservator:

- a. The Conservatee’s care and protection. *(Please state what has been done to keep the Conservatee safe and cared for. Attach additional sheets, if needed)* \_\_\_\_\_

\_\_\_\_\_  
 Check here if additional pages are attached.

- b. Since the last Report, the Conservatee is living  alone  with others. If with others, please state with whom: \_\_\_\_\_
- c. What type of residence is Conservatee living in: *(check which apply)*  House;  Apartment;  Mobile home;  Condominium;  Cabin;  Assisted Living;  Other
- d. Since the last Report, have new arrangements been made for the Conservatee’s:
  - i.  Healthcare;
  - ii.  Meals;
  - iii.  Clothing;
  - iv.  Personal care;
  - v.  Housekeeping;
  - vi.  Transportation;
  - vii.  Recreation.
  - viii.  Other: *(describe)*: \_\_\_\_\_

- e. If any items in (d) were checked, please describe the new arrangements. Use additional sheets, if needed: \_\_\_\_\_

\_\_\_\_\_  
 Check here if additional pages are attached.

|              |          |
|--------------|----------|
| Conservatee: | Case No: |
|--------------|----------|

**5. Conservator of the Estate.** Please provide a detailed accounting of all transactions involving the Conservatee’s Per Capita Distribution/Elders Stipend for the time period of this Report:

| <b>DEPOSITS</b> |                    |               |
|-----------------|--------------------|---------------|
| <b>Date</b>     | <b>Description</b> | <b>Amount</b> |
|                 |                    |               |
|                 |                    |               |
|                 |                    |               |
|                 |                    |               |
|                 |                    |               |
|                 |                    |               |
|                 |                    |               |

| <b>TOTAL DEPOSITS</b> |  |        |
|-----------------------|--|--------|
|                       |  | \$0.00 |

| <b>EXPENDITURES (You must also attach receipts)</b> |                    |               |
|---|--------------------|---------------|
| <b>Date</b>   | <b>Description</b> | <b>Amount</b> |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |
|   |                    |               |

| <b>TOTAL EXPENDITURES</b> |  |        |
|---------------------------|--|--------|
|                           |  | \$0.00 |

|              |          |
|--------------|----------|
| Conservatee: | Case No: |
|--------------|----------|

If any accounting entries need additional explanation that what is in the description, please use the space below the explain the entry: \_\_\_\_\_

---



---



---

If additional space is needed for additional entries to the accounting sheet, please use *Attachment to Report form FL-526*.

►NOTE: If you opened a Conservator Account at a bank or financial institution, you **must** attach copies of all statements for the time period of this Report.

I declare under penalty of perjury under the laws of the Shingle Springs Band of Miwok Indians that the foregoing is true and correct.

\_\_\_\_\_ Date: \_\_\_\_\_  
 Conservator Name [*PRINTED OR TYPED*]

\_\_\_\_\_  
 Signature

► REMEMBER TO ATTACH RECEIPTS, CONSERVATOR ACCOUNT STATEMENTS, ADDITIONAL PAGES, ETC.

---