

**PROPOSED REVISIONS TO THE RULES OF CIVIL PROCEDURE FOR THE  
DISTRICT COURTS AND THE CIVIL FORMS  
PROPOSAL 2018-028**

The Ad Hoc Guardianship and Conservatorship Rules and Forms Committee has recommended adoption of proposed new Rule 1-140 NMRA and new Forms 4-993, 4-994, 4-995, 4-996, 4-997, and 4-998 NMRA for the Supreme Court's consideration.

The committee has proposed the new rule and forms in response to recent amendments to the Uniform Probate Code that will take effect on July 1st, 2018. *See* 2018 N.M. Laws, Ch. 10. The proposed new rule and forms are intended to implement and supplement these new legislative requirements. The proposed new rule would make use of the proposed new forms mandatory in all guardianship and conservatorship proceedings beginning on July 1st, 2018.

The proposed new forms fall into two categories. Proposed new Forms 4-993, 4-994, and 4-995 are the reports that must be filed periodically by a guardian or conservator to inform the court of the status of the guardianship or conservatorship and the protected person's financial, physical, and emotional health. The proposed reports are intended to allow for improved oversight of guardians and conservators by requiring more detailed information than the suggested forms set forth in the Uniform Probate Code. *See* NMSA 1978, § 45-5-314 (guardian's 90-day, annual, and final report); § 45-5-409 (conservator's annual report); *see also* § 45-5-418 (providing that a conservator shall file an inventory of the protected person's estate within 90 days of the appointment).

Proposed new Forms 4-996, 4-997, and 4-998 would implement the new bonding requirements for conservators under amended NMSA 1978, Section 45-5-411. The amended statute will require the court, with limited exceptions, to order a conservator to furnish a bond, "conditioned on faithful discharge of all duties of the conservator." The proposed forms are intended to allow for consistent enforcement and careful monitoring of the new requirements.

If you would like to comment on the proposed amendments set forth below before the Court takes final action, you may do so by either submitting a comment electronically through the Supreme Court's web site at <http://supremecourt.nmcourts.gov/open-for-comment.aspx> or sending your written comments by mail, email, or fax to:

Joey D. Moya, Clerk  
New Mexico Supreme Court  
P.O. Box 848  
Santa Fe, New Mexico 87504-0848  
[nmsupremecourtclerk@nmcourts.gov](mailto:nmsupremecourtclerk@nmcourts.gov)  
505-827-4837 (fax)

Your comments must be received by the Clerk on or before **May 21, 2018**, to be considered by the Court. Please note that any submitted comments may be posted on the Supreme Court's web site for public viewing.

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**[NEW MATERIAL]**

**1-140. Guardianship and conservatorship proceedings; mandatory use of forms.**

A. **Guardian's report.** A guardian filing a ninety (90)-day, annual, or final report under Section 45-5-314 NMSA 1978 shall use Form 4-993 NMRA.

B. **Conservator's report.** A conservator filing an annual or final report under Section 45-5-409 NMSA 1978 shall use Form 4-994 NMRA.

C. **Conservator's inventory.** A conservator filing a ninety (90)-day inventory under Section 45-5-418 NMSA 1978 shall use Form 4-995 NMRA.

D. **Order to secure bonding.** When the court appoints a conservator or guardian with authority to make financial decisions, the court shall issue a separate order using Form 4-998 NMRA, directing the conservator or guardian to secure bonding under Section 45-5-411 NMSA 1978.

E. **Notice of bonding and corporate surety statement.** A conservator or guardian with authority to make financial decisions shall file a separate notice of bonding using Form 4-996 NMRA. The notice of bonding shall be filed at the same time that a report or inventory is filed under Paragraphs B or C of this rule. A statement completed by the corporate surety using Form 4-997 NMRA shall be attached to a notice of bonding filed under this paragraph.

[Approved by Supreme Court Order No. \_\_\_\_\_, effective for all cases on or after July 1, 2018.]

**[NEW MATERIAL]**  
**Form 4-993 NMRA. Guardian's report.**

[For use with Rule 1-140 NMRA]

**STATE OF NEW MEXICO**  
**COUNTY OF \_\_\_\_\_**  
**\_\_\_\_\_ JUDICIAL DISTRICT**

**In the matter of \_\_\_\_\_,**  
**a Protected Person.**

**No. \_\_\_\_\_**

**GUARDIAN'S REPORT**

***Instructions.***

*You must use this form, Form 4-993 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 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)(C) 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:** \_\_\_\_\_

*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: \_\_\_\_\_ **Year of birth:** \_\_\_\_\_

C. Protected Person's physical address: \_\_\_\_\_

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

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. Have restrictions been placed on the Protected Person, such as limiting visitors or phone

calls?  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. Why was this facility chosen for the Protected Person? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

N. How does the Protected Person feel about the placement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

O. Do you believe the Protected Person could live and function more independently in a different type of setting?  Yes  No

Please explain your answer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

P. 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: \_\_\_\_\_  
\_\_\_\_\_

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. Have restrictions been placed on the Protected Person, such as limiting visitors or phone calls?      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

P. Why was this living arrangement chosen for the Protected Person? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Q. How does the Protected Person feel about the living arrangement? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

R. Do you believe the Protected Person could live and function more independently in a different type of setting?  Yes  No

Please explain your answer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

S. 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 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: \_\_\_\_\_

\_\_\_\_\_

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

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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? \_\_\_\_\_

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E. Do you attend the Protected Person's medical and/or mental health appointments?

Yes       No

If no, why not? \_\_\_\_\_

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**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

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

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.)	-	
<b>Ending balance of bank accounts</b>	\$	

*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: \_\_\_\_\_

\_\_\_\_\_

**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.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 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.**

A. Do you have any significant physical or mental health problems that would interfere with your ability to continue as guardian in the next year?       Yes       No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

B. Do you charge a fee or receive payment for acting as the Protected Person's guardian?

Yes       No

If yes, how much have you received since your last report (or since your appointment if this is your first report)? \_\_\_\_\_

\_\_\_\_\_

How is your fee or payment calculated? \_\_\_\_\_

\_\_\_\_\_

Who pays your fee? \_\_\_\_\_

C. Since your last report (or since your appointment if this is your first report), have you,

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 your 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 did you delegate power(s) to? \_\_\_\_\_

What power(s) did you delegate? \_\_\_\_\_

For what period(s) of time? \_\_\_\_\_

7. Received any special training or certification as a guardian?

Yes       No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

D. Are you 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*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AFFIRMATION UNDER PENALTY OF PERJURY**

I, \_\_\_\_\_, am the guardian of \_\_\_\_\_, and I affirm under penalty of perjury under the laws of the State of New Mexico that the information in this report is true and correct.

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Typed/Printed Name

---

Street or Post Office Address

---

City, State and Zip Code

---

Telephone Number(s)

---

Fax Number

---

Email

Is this a change in address from your previous report?     Yes     No

**CERTIFICATE OF SERVICE**

I certify that on *(date)* \_\_\_\_\_ I served a copy to the following individuals:

Protected Person

- By mail or other delivery service
- By fax *(number)* \_\_\_\_\_
- By hand delivery
- By e-mail

Person(s) designated by court order  
*(name and address):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By mail or other delivery service
- By fax *(number)* \_\_\_\_\_
- By hand delivery
- By e-mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By mail or other delivery service
- By fax *(number)* \_\_\_\_\_
- By hand delivery
- By e-mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By mail or other delivery service
- By fax *(number)* \_\_\_\_\_
- By hand delivery
- By e-mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By mail or other delivery service
- By fax *(number)* \_\_\_\_\_
- By hand delivery
- By e-mail

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Guardian's Signature

**[NEW MATERIAL]**  
**Form 4-994 NMRA. Conservator's report.**

[For use with Rule 1-140 NMRA]

**STATE OF NEW MEXICO**  
**COUNTY OF \_\_\_\_\_**  
**\_\_\_\_\_ JUDICIAL DISTRICT**

**In the matter of \_\_\_\_\_,**  
**a Protected Person.**

**No. \_\_\_\_\_**

**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.*

<b>FINANCIAL SUMMARY</b>		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 ( <b>Total</b> from Section II, below)	\$		
C.	Less Expenses ( <b>Total</b> 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 ( <b>Sum Total</b> from Section IV, below)	\$		
	Less Debts ( <b>Sum Total</b> from Section V, below)	\$		
	Net Asset Value (Line F)	\$		

**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 4-995 NMRA.** The Conservator's Inventory is due within ninety (90) days of your appointment.

You must use this form, Form 4-994 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 30 days of the anniversary date of your appointment as conservator.
  - b. You must complete and file this **Conservator's Report** within thirty (30) 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 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: \_\_\_\_\_

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: \_\_\_\_\_ **Year of birth:** \_\_\_\_\_

C. Protected Person's physical address: \_\_\_\_\_

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: \_\_\_\_\_

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? \_\_\_\_\_

What is the trustee's contact information? \_\_\_\_\_

\_\_\_\_\_

**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 <i>(Report only the income received by the Protected Person, not your income)</i>		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		\$		
Refunds				
	Tax Refunds	\$		
	Insurance Refunds	\$		
	Other Refunds <i>(explain)</i>	\$		
	_____	\$		
	_____	\$		
Realized Gain/Loss on Sale of Asset		\$		
Rental Income		\$		

Description of each Income Source <i>(Report only the income received by the Protected Person, not your income)</i>	Amount Received this Reporting Period	Amount Received last Year	Amount Received two Years ago
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 <i>(reverse mortgage, etc.)</i> _____ _____	\$		
<b>SECTION II TOTAL</b>	\$		

**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 <i>(money paid to anyone on behalf of the Protected Person or on behalf of his/her legal dependents)</i>	Expense this Reporting Period	Expense one Year ago	Expense two Years ago
Nursing/Assisted Living Home	\$		
In-Home Care	\$		
Rent Payment	\$		

Description of each Type of Expense <i>(money paid to anyone on behalf of the Protected Person or on behalf of his/her legal dependents)</i>	Expense this Reporting Period	Expense one Year ago	Expense two Years ago
<b>Mortgage Payment</b>			
	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)		\$	
Medications Not Paid by Insurance (including co-pays and deductibles)		\$	
Medical Supplies and Equipment		\$	
Credit Card Payments		\$	
Food, Groceries, Dining		\$	
Clothing		\$	
Recreation, Entertainment, Memberships		\$	
Travel (Vacation, Family Visits, etc.)		\$	

Description of each Type of Expense <i>(money paid to anyone on behalf of the Protected Person or on behalf of his/her legal dependents)</i>		Expense this Reporting Period	Expense one Year ago	Expense two Years ago
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		\$		
Legal Fees		\$		
Fees/Costs Paid to Conservator		\$		
Fees/Costs Paid to Guardian		\$		

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

**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
		\$
		\$
		\$
<b>TOTAL</b>		\$

C. Investment Accounts.

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

D. Life Insurance Policies.

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

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
		\$
		\$
<b>TOTAL</b>		\$

F. Vehicles.

Make, Model, and Year <i>(List all cars, boats, ATVs, etc.)</i>	Current Market Value
	\$
	\$
	\$
<b>TOTAL</b>	\$

G. Other Property Not Listed Above.

Detailed Description Of Item Or Collection <i>(Only list items or collections that are worth more than \$500.00)</i>	Method For Determining Value (Examples: appraisal, market value, etc.)	Current Market Value
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>	<b>TOTAL</b>	\$

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
		\$
		\$
<b>TOTAL</b>		\$

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
		\$
		\$
<b>TOTAL</b>		\$

C. Credit Cards.

Company Name and Address	Amount Owed on last Date of Reporting Period	
	\$	
	\$	
	\$	
<b>TOTAL</b>		\$

D. Judgments/Liens.

Judgment/Lien Description	Amount Owed on last Date of Reporting Period
	\$
	\$
<b>TOTAL</b>	\$

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

Description	Amount owed on Last Date of Reporting Period
	\$
	\$
	\$
<b>TOTAL</b>	\$

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

**SECTION V SUM 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION VI - Information about the Conservator.**

E. Do you have any significant physical or mental health problems that would interfere with your ability to continue as conservator in the next year?     Yes         No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

F. Do you charge a fee or receive payment for acting as the Protected Person's conservator?  
 Yes         No

If yes, how much have you received since your last report? \_\_\_\_\_  
\_\_\_\_\_

How is your fee or payment calculated? \_\_\_\_\_  
\_\_\_\_\_

G. Since your last report (or since your appointment if this is your first report), have you,

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 your 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 did you delegate power(s) to? \_\_\_\_\_

What power(s) did you delegate? \_\_\_\_\_

For what period(s) of time? \_\_\_\_\_

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

Yes       No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. Are you 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*): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. If you are required to have a conservator's bond, is the bond still in place?

Yes       No

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**AFFIRMATION UNDER PENALTY OF PERJURY**

I, \_\_\_\_\_, am the conservator of \_\_\_\_\_, and I affirm under penalty of perjury under the laws of the State of New Mexico that the information in this report is true and correct.

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
Conservator's Signature

\_\_\_\_\_  
Typed/Printed Name

---

Street or Post Office Address

---

City, State and Zip Code

---

Telephone Number(s)

---

Fax Number

---

Email

Is this a change in address from your previous report?     Yes     No

**CERTIFICATE OF SERVICE**

I certify that on *(date)* \_\_\_\_\_ I served a copy to the following individuals:

Protected Person

- By mail or other delivery service
- By fax *(number)* \_\_\_\_\_
- By hand delivery
- By e-mail

Person(s) designated by court order  
*(name and address):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By mail or other delivery service
- By fax *(number)* \_\_\_\_\_
- By hand delivery
- By e-mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By mail or other delivery service
- By fax *(number)* \_\_\_\_\_
- By hand delivery
- By e-mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By mail or other delivery service
- By fax *(number)* \_\_\_\_\_
- By hand delivery
- By e-mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- By mail or other delivery service
- By fax *(number)* \_\_\_\_\_
- By hand delivery
- By e-mail

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Conservator's Signature

**[NEW MATERIAL]**  
**Form 4-995 NMRA. Conservator's inventory.**

[For use with Rule 1-140 NMRA]

**STATE OF NEW MEXICO**  
**COUNTY OF \_\_\_\_\_**  
**\_\_\_\_\_ JUDICIAL DISTRICT**

**In the matter of \_\_\_\_\_,**  
**a Protected Person.**

**No. \_\_\_\_\_**

**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.*

<b>NET ASSET SUMMARY</b>		<b>Total Amount</b>
<b>A.</b>	<b>Total Assets (SECTION II TOTAL)</b>	<b>\$</b>
<b>B.</b>	<b>Total Debts (SECTION III TOTAL)</b>	<b>- \$</b>
<b>Net Asset Value (A - B)</b>		<b>\$</b>



**Instructions.**

You must use this form, Form 4-995 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 4-994 NMRA as follows:
  - a. Every year within thirty (30) days after the anniversary date of your appointment.
  - b. Within 30 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 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: \_\_\_\_\_      **Year of birth:** \_\_\_\_\_
3. Protected Person's physical address: \_\_\_\_\_
4. Protected Person's contact number(s):  
Home: \_\_\_\_\_      Cell: \_\_\_\_\_  
Work: \_\_\_\_\_      Fax: \_\_\_\_\_  
Email: \_\_\_\_\_
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? \_\_\_\_\_

B. Bank Accounts.

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

C. Investment Accounts.

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

D. Life Insurance Policies.

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

E. Real Estate.

Address of Property <i>(List all land and buildings)</i>	Method for Determining Value (Examples: appraisal, tax assessment, market value, etc.)	Value
		\$
		\$
<b>TOTAL</b>		\$

F. Vehicles.

Make, Model, and Year <i>(List all cars, boats, ATVs, etc.)</i>	Value	
	\$	
	\$	
	\$	
<b>TOTAL</b>		\$

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

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

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
	\$
	\$
<b>TOTAL</b>	\$

B. Other Loans.

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

C. Credit Cards.

Company Name and Address	Amount Owed on Date of Appointment
	\$
	\$
	\$
<b>TOTAL</b>	\$

D. Judgments/Liens.

Judgment/Lien Description	Amount Owed On Date Of Appointment
	\$
	\$
<b>TOTAL</b>	\$

E. Other Liabilities/Debts.

Description	Amount Owed On Date Of Appointment
	\$
	\$
	\$
<b>TOTAL</b>	\$

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: \_\_\_\_\_

\_\_\_\_\_

**SECTION IV – Management of estate.**

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

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

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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) \_\_\_\_\_

---

---

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: \_\_

\_\_\_\_\_

**AFFIRMATION UNDER PENALTY OF PERJURY**

I, \_\_\_\_\_, am the conservator of \_\_\_\_\_, and I

affirm under penalty of perjury under the laws of the State of New Mexico that the information in this report is true and correct.

Date Submitted: \_\_\_\_\_

\_\_\_\_\_  
Conservator's Signature

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Street or Post Office Address

\_\_\_\_\_  
City, State and Zip Code



---

Telephone Number(s)

---

Fax Number

---

Email

Is this address different from your address in the order of appointment?  Yes  No

**CERTIFICATE OF SERVICE**

I certify that on (*date*) \_\_\_\_\_ I served a copy to the following individuals:

Protected Person

By mail or other delivery service

By fax (*number*) \_\_\_\_\_

By hand delivery

By e-mail

Person(s) designated by court order  
(*name and address*):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By mail or other delivery service

By fax (*number*) \_\_\_\_\_

By hand delivery

By e-mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By mail or other delivery service

By fax (*number*) \_\_\_\_\_

By hand delivery

By e-mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By mail or other delivery service

By fax (*number*) \_\_\_\_\_

By hand delivery

By e-mail

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

By mail or other delivery service

By fax (*number*) \_\_\_\_\_

By hand delivery

By e-mail

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Conservator's Signature

**[NEW MATERIAL]**  
**Form 4-996 NMRA. Conservator's notice of bonding.**

[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 NOTICE OF BONDING**

I, \_\_\_\_\_, submit this Notice as proof that I have obtained the Court-Ordered Probate Bond required under Section 45-5-411 NMSA 1978 and the order appointing me as conservator for \_\_\_\_\_.

I have attached a copy of the Statement issued by the Corporate Surety, \_\_\_\_\_, which acknowledges the issuance of a bond in the amount of \$ \_\_\_\_\_.

I acknowledge that this bond must remain in force until further order of the Court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Conservator's Signature

\_\_\_\_\_  
Typed/Printed Name

\_\_\_\_\_  
Street or Post Office Address

\_\_\_\_\_  
City, State and Zip Code

\_\_\_\_\_  
Telephone Number(s)

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email

**[NEW MATERIAL]**  
**Form 4-997 NMRA. Corporate surety statement.**

[For use with Rule 1-140 NMRA]

**STATE OF NEW MEXICO**  
**COUNTY OF \_\_\_\_\_**  
**\_\_\_\_\_ JUDICIAL DISTRICT**

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

**CORPORATE SURETY STATEMENT**

We, \_\_\_\_\_, acting as Corporate Surety in the above referenced matter, under Section 45-5-411 NMSA, 1978, hereby submit the following statement to the Court:

By the execution of this Statement, we acknowledge that we are Surety on the Bond set by the Court in this matter, and that the Bond amount is \$\_\_\_\_\_.

We further state that the Bond is in force for the next annual period, and will remain in effect until we are discharged by further order of the Court.

We will notify the Court of any failure to pay premiums, as required by Section 45-5-411 NMSA 1978.

The Bond's current expiration date is \_\_\_\_\_.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SIGNATURE OF SURETY: \_\_\_\_\_**

**NAME OF CORPORATE SURETY: \_\_\_\_\_**

**ADDRESS: \_\_\_\_\_**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**[NEW MATERIAL]**  
**Form 4-998 NMRA. Order to secure probate bond.**

[For use with Rule 1-140 NMRA]

**STATE OF NEW MEXICO**  
**COUNTY OF \_\_\_\_\_**  
**\_\_\_\_\_ JUDICIAL DISTRICT**

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

**ORDER TO SECURE PROBATE BOND**

THIS MATTER is before the Court on the petition of, \_\_\_\_\_  
\_\_\_\_\_, pro se or by and through her/his attorney, \_\_\_\_\_, to appoint a  
conservator or guardian for \_\_\_\_\_. The Court, having granted the  
petition by separate order, FINDS:

1. The Court has appointed \_\_\_\_\_ as Conservator or as  
Guardian with authority to make financial decisions.
2. The estate of \_\_\_\_\_, the Protected Person in this matter,  
has an approximate value of \$ \_\_\_\_\_.

The Court therefore ORDERS:

- The Conservator or Guardian shall post a surety bond in the amount of \$ \_\_\_\_\_  
in accordance with Section 45-5-411 NMSA, 1978. The Conservator or Guardian may  
enlist the services of any insurance agent qualified to issue an A-1 surety bond in the  
State of New Mexico. The Court herewith provides a listing of available bond agents *but*  
*the Court makes no recommendation as to specific insurers.*

OR

- The Conservator or Guardian is excused from posting bond because,
- The Protected Person's estate has a value of less than \$ \_\_\_\_\_  
and a bond is not economically feasible; OR
- The following alternative asset-protection arrangement has been accepted by the  
Court: \_\_\_\_\_;  
\_\_\_\_\_; OR
- The Conservator or Guardian is a financial institution as defined in NMSA, 1978 §  
45-5-411(C).

WHEREFORE, Letters of Conservatorship or Guardianship shall be issued upon the submission of proof of bond to the Court by the Proposed Conservator or Guardian.

\_\_\_\_\_  
The Honorable \_\_\_\_\_  
DISTRICT COURT JUDGE

Submitted by:

\_\_\_\_\_  
Attorney for Petitioner  
Address

Copies to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_