

STATE OF CONNECTICUT  
COURT OF PROBATE



TO: COURT OF PROBATE,

DISTRICT NO.

ESTATE OF *[Name and address of minor or person under conservatorship]*

Hereinafter referred to as the estate

FIDUCIARY *[Name, address and telephone number]*

POSITION OF TRUST

- Instructions:** (1) A fiduciary may use this form to account for a conservatorship of the estate or guardianship of the estate of a minor unless the court has ordered the fiduciary to account for income and principal separately, or separate principal and income accounting is required under the Probate Court Rules of Procedure, section 38.1.
- (2) Type or print the form in ink.
  - (3) Report all assets at fiduciary acquisition value unless otherwise indicated. See the Probate Court Rules of Procedure, section 36.14.
  - (4) Attach supporting schedules as required under the Probate Court Rules of Procedure, section 38.2 (d).
  - (5) The fiduciary shall send a copy of this account to each party and attorney.
  - (6) For further information, see the Probate Court Rules of Procedure, sections 38.2 and 38.4.

This account is being filed for the following type of estate:  conservator  guardian of the estate of a minor  
 other (Specify):

This account is being filed for the following reason: (Check applicable box below.)  
 Periodic account. C.G.S. section 45a-177

Final account. C.G.S. section 45a-179

This account covers the time period (Month, Day, Year) from \_\_\_\_\_ to \_\_\_\_\_.

**EACH FIDUCIARY WHO SIGNS THIS ACCOUNT REPRESENTS UNDER PENALTY OF FALSE STATEMENT that:**

- 1. All supporting records for this account have been retained as required by the Probate Court Rules of Procedure, section 36.13, and the records are available for review upon request.
- 2. If this is a final account, all claims against the estate and expenses of administration have been paid, except as noted below.
- 3. The following is a true and complete account of all assets of the estate and the fiduciary's receipts, payments and distributions.

ASSETS AND INCOME RECEIVED BY FIDUCIARY

Total amount reported on the inventory or at the end of the last accounting period

\$

Total amount of additional assets received *[Attach schedule.]*

Cash advanced to estate by \_\_\_\_\_

*[Insert name and attach statement whether reimbursement is expected.]*

Income received *[Attach schedule.]*

Gains realized on the sale of assets *[Attach schedule. If real property has been sold, attach copy of settlement statement from closing in addition to schedule.]*

Adjustments increasing fiduciary acquisition value *[Attach schedule.]*

Total \$

STATE OF CONNECTICUT  
COURT OF PROBATE

PAYMENTS AND DISTRIBUTIONS BY FIDUCIARY AND ESTATE ON HAND

Administration expenses [*Attach schedule.*]  
Losses realized on the sale of assets [*Attach schedule. If real property has been sold, attach copy of settlement statement from closing in addition to schedule.*]  
Adjustments decreasing fiduciary acquisition value [*Attach schedule.*]  
Payments or distributions made to or for the benefit of \_\_\_\_\_  
[*Insert name and attach schedule.*]  
Assets on hand at the end of the accounting period [*Attach schedule of assets at fiduciary acquisition value and market value.*]  
If final account, attach schedule of proposed distribution and reserve.

Total \$

CASH ACCOUNT

Cash reported on inventory or last account \$  
Additional cash receipts \$  
Income \$  
Proceeds from sales of assets \$  
Other \$  
Total \$

Administration expenses \$  
Purchases of assets \$  
Payments or distributions \$  
Other \$  
Cash on hand \$

Total \$

EACH FIDUCIARY REQUESTS: (1) approval of this account; (2) approval of any proposed distribution shown in this account; and (3) release from liability with respect to all items shown in this account.

**The representations contained in this account are made under the penalty of false statement.**

Signature of Fiduciary \_\_\_\_\_

Signature of Fiduciary \_\_\_\_\_

\_\_\_\_\_  
[Type or print name.]

\_\_\_\_\_  
[Type or print name.]

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

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

CERTIFICATION

I certify that a copy of this account was sent to each of the following persons:

Name and Address

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

Signature of Fiduciary or Attorney \_\_\_\_\_

\_\_\_\_\_  
[Type or print name.]