

Rule 7.12—Form 3: Conservator’s Request for Approval for Other Action on Behalf of Protected Person

Instructions: Copies of this Request must be provided to Protected Person, Protected Person’s attorney and court advisor, if any, and others as the court directs.

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of:

Full name: first, middle, last

If the protected person is a minor, use initials only.

Protected Person.

Probate no. _____

**Conservator’s Request for Approval
for Other Action on Behalf of Protected
Person**

Iowa Code § 633.642

1. Requested actions

I, _____, as Conservator of
Name of Conservator or financial institution

_____, request authorization from the court to
Name of Protected Person or Initials of Protected Minor

take the following action on behalf of Protected Person: *Mark all that apply*

- Invest Protected Person’s assets consistent with Iowa Code section 633.123.
- Make gifts on Protected Person’s behalf from conservatorship assets to persons or charitable, educational, religious, scientific, or other nonprofit organizations to whom or to which such gifts were regularly made prior to Conservator’s appointment.
- Make gifts upon a showing that such gifts would benefit Protected Person from the perspective of gift, estate, inheritance, or other taxes.
- Make payments consistent with Conservator’s Initial Plan or Amended Plan directly to Protected Person or to others for Protected Person’s education and training needs.
- Use Protected Person’s income or assets to provide support for any person Protected Person is legally obligated to support.
- Compromise, adjust, arbitrate, or settle any claim by or against Protected Person or Conservator due to Conservator’s reasonable actions on behalf of the conservatorship.

Continued on next page

If you need assistance to participate in court due to a disability, call the disability coordinator (information at www.iowacourts.gov/Administration/Directorries/ADA_Access/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

- Make elections for Protected Person who is the surviving spouse as provided in Iowa Code sections 633.236 and 633.240.
- Exercise the right to disclaim on behalf of Protected Person as provided in Iowa Code section 633E.5.
- Sell, mortgage, exchange, pledge, or lease Protected Person’s real and personal property consistent with Iowa Code sections 633.383–.403 regarding sale of property from a decedent’s estate.
- Other action. *Describe and explain below.*

2. Explanation of actions for which Conservator is seeking court approval

Action: _____ <i>Describe action for which Conservator is seeking the court’s approval.</i>
Explain how this action benefits Protected Person: _____ _____ _____ _____
<input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information.</i>

Action: _____ <i>Describe action for which Conservator is seeking the court’s approval.</i>
Explain how this action benefits Protected Person: _____ _____ _____ _____
<input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information.</i>

Continued on next page

Action: _____
Describe action for which Conservator is seeking the court’s approval.

Explain how this action benefits Protected Person:

Check this box if you have attached a sheet with additional information.

Action: _____
Describe action for which Conservator is seeking the court’s approval.

Explain how this action benefits Protected Person:

Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional requested actions.

3. Attorney Help *Check one*

A. An attorney did not help me prepare or fill in this paper.

B. An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any

Business address of attorney or organization

City

State

ZIP code

(_____) _____
Phone number

Fax number

Email address

Additional email address, if applicable

Continued on next page

4. Oath and signature of Conservator

I, _____, have read this Request, and I certify under

Print Conservator's name

penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Request is true and correct.

_____, 20_____
*Month Day Year Signature**

Name of financial institution, if applicable Conservator's title, if applicable

Mailing address

City State ZIP code

(_____) _____
Phone number

Email address Additional email address, if applicable

**Handwrite your signature on this form. Scan the form after signing it and file it electronically.*