

<input type="checkbox"/> CONSERVATORSHIP <input type="checkbox"/> GUARDIANSHIP OF (Name): _____ <div style="text-align: right; margin-top: 10px;"> <input type="checkbox"/> Conservatee <input type="checkbox"/> Minor </div>	CASE NUMBER: _____
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Schedule A, Receipts, Social Security, Veterans' Benefits, Other Public Benefits—Standard Account

Social Security, veterans' benefits, and other public benefit payments

Date of Receipt <i>(mm/dd/yyyy)</i>	Description * <i>*(Report receipts from each source separately.)</i>	Amounts
		\$
<input type="checkbox"/>	Subtotal, Social Security, Veterans' Benefits, Other Public Benefits:	\$ _____

(Add pages as required. Check the box at the bottom of the last page of this receipt category and total the amount of the category. Include that sum in the total of receipts on line 3 of the Summary of Account (form GC-400(SUM)/GC-405(SUM)). The page total to the right is the number of pages in Schedule A.)

Page A _____ of _____ pages