

**SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NASSAU**

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**In the matter of the Initial Report of**

\_\_\_\_\_  
**as Guardian of**

**Index #:** \_\_\_\_\_

**INITIAL REPORT**

\_\_\_\_\_  
**An Incapacitated Person.**

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**I, \_\_\_\_\_, residing at**

\_\_\_\_\_, **as**

**Guardian for the above- named person, do hereby make, render and file the following**

**Initial Report of Guardian as follows:**

**1. That your Guardian has successfully completed all educational requirements under 81.39 of the Mental Hygiene Law by attending class on the \_\_\_\_\_ day of \_\_\_\_\_,**

**20\_\_\_\_, sponsored by \_\_\_\_\_**

**at \_\_\_\_\_.**

**(attach a copy of certificate issued to Guardian)**

**2. That your Guardian filed with the Supreme Court his/her bond in the amount of \$ \_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_.**

**(attach a copy of the bond)**

**3. That your Guardian received his/her commission from the County Clerk, which commission is dated \_\_\_\_\_, 20\_\_\_\_.**

**4. That you Guardian has visited the Incapacitated Person and had taken the following steps, consistent with the Court Order, and has provided for his/her personal needs as follows:**

**A. Provisions for medical, dental, mental health or related services:**

**B. Provisions for social and personal services:**

**C. Application of health and accident insurance as well as government benefits:**

**D. Date, time and place of visits made with the incapacitated person since the order of appointment.**

**5. The following is a true and full account of all assets of the Incapacitated Person that have been marshalled by your Guardian:**

**BANK ACCOUNTS:**

**(List name and address of institution, account numbers and amount of money on hand prior to liquidation by Guardian and the institution and account numbers to which the monies were deposited)**

**All monies have been deposited into guardianship accounts, except:  
(explain)**

**STOCKS AND SECURITIES**

**List name and address of company, number of shares and fair market value of stock or security as of the date of your appointment)**

**REAL ESTATE**

**(List property address, description of property [i.e. two-family dwelling] and approximate value of premises, and the names of tenants, if any, as well as rental income collected. Set forth date of filing of Statement Identifying Real Property with the County Clerk)**

**PERSONAL PROPERTY**

**(Set forth any jewelry, collectibles, automobiles and cash and set forth approximate values)**

**INCOME**

**(Set forth and identify all sources of income which the Incapacitated Person is entitled to receive)**

**ASSETS NOT YET MARSHALLED**

**(Set forth all bank accounts, stocks, securities and/or security accounts not yet marshalled)**

**STATE OF NEW YORK )**

**) ss.:**

**COUNTY OF NASSAU )**

**I, \_\_\_\_\_, being duly sworn, say I am the Guardian for the above-named Incapacitated Person, the foregoing account and inventory contain, to the best of my knowledge and belief, a full and true statement of all my receipts and disbursements on account of said Incapacitated Person; and of all money and other personal property of said Incapacitated Person which have come to my hands or have been received by any other persons by my order or authority or for my use since my appointment, and of the value of all property. I do not know of any error or omission in the report to the prejudice of said Incapacitated Person.**

\_\_\_\_\_  
**Guardian**

**Sworn to before me this \_\_\_\_\_**

**day of \_\_\_\_\_, 20 .**

\_\_\_\_\_  
**Notary Public-Commissioner of Deeds**