

**THE FOLLOWING  
SAMPLE DOCUMENTS  
ARE APPROPRIATE FOR USE IN  
NASSAU COUNTY\***

- DESIGNATION**
- COMMISSION**
- INITIAL REPORT**
- ANNUAL REPORT**
- STATEMENT IDENTIFYING  
REAL PROPERTY**

**\* THE SAMPLES ON THE GUARDIAN ASSISTANCE  
NETWORK WEBSITE ARE GENERALLY NOT  
APPROPRIATE FOR USE IN NASSAU COUNTY**



(THIS IS NOT AN OFFICIAL FORM. IT IS MADE AVAILABLE FOR GUIDANCE ONLY.)

Supreme Court of the State of New York  
County of Nassau

-----x  
In the Matter of

INDEX #

As Guardian of the Person and/or  
Property of

COMMISSION TO GUARDIAN

An Incapacitated Person

-----x

WHEREAS, by a certain order of this Court made on the \_\_\_\_\_ day of \_\_\_\_\_, 199 , and issued to inquire, among other things, whether or not a Guardian of the person and/or property should be appointed for \_\_\_\_\_ Whose last place of residence was \_\_\_\_\_ New York, and telephone number is ( \_\_\_\_\_ ) \_\_\_\_\_, and after a hearing/trial it was found among other things, that a Guardian should be appointed for \_\_\_\_\_, and

WHEREAS, a judgment in this proceeding was duly made and entered in the office of the Clerk of the County of Nassau, on the \_\_\_\_\_ day of \_\_\_\_\_, 199 , appointing \_\_\_\_\_ Guardian of the person and /or property of \_\_\_\_\_ for the duration of the guardianship which shall be (indefinite or for a specific term), and further directing \_\_\_\_\_ To file in the office of the Clerk of said County a bond for the security required by law in the sum of (\$ \_\_\_\_\_ ) Dollars, to be approved by a Justice of said Court, conditioned that said Guardian will in all things faithfully discharge the duties, and obey all lawful directions of any Court of competent jurisdiction pertaining to said trust, and render a just and true account of all monies received and disbursed whenever required to do so by a Court of competent jurisdiction; and

WHEREAS, the bond required by said judgment has been duly executed and filed in said Clerk's office; and

WHEREAS, the said \_\_\_\_\_, Guardian, has duly given and filed in said Clerk's office, his/her consent duly executed and acknowledged by him/her, in and by which he/she accepts said appointment as the said Guardian of the person and/or property of the said \_\_\_\_\_, an incapacitated person.

NOW THEREFORE KNOW YE, that we have granted, given and committed and by these presents do give, grant and commit unto the said \_\_\_\_\_, Guardian, whose address is (P.O. address including number and street) \_\_\_\_\_, and telephone number is ( \_\_\_\_\_ ), the care, custody and management of the estate, real as well as personal, of the said incapacitated person during our pleasure to be signified in our Supreme Court, and all those powers enumerated in the Mental Hygiene Law Sections 81.21 and 81.22, inclusive ( or specific powers granted in the Order of Appointment;

AND, the said \_\_\_\_\_, Guardian, is required to file, during the month of May (or on the Anniversary date if receiving benefits from the Veterans Administration) in each and every year, in the office of the Clerk of the County in which the said Incapacitated Person is or was last a resident, a true and just inventory and account in accordance with the provisions of Section 81.31 of the Mental Hygiene Law;

AND, the Guardian shall file with the Recording Officer of the County wherein the said Incapacitated Person is possessed of real property, an acknowledged statement ( in accordance with the provisions of Section 81.20 of the Mental Hygiene Law) to be recorded and indexed under the name of the said Incapacitated Person and the name, address and surety of the Guardian;

AND, the said Guardian is required, out of the estate and out of any monies which shall come into his/her possession after the payment of all monies directed to be paid by the said Judgment appointing the Guardian of the property to provide for the support and maintenance of as directed in said Judgment;

AND, the said Guardian is hereby further required to obey and abide by all orders relating to said trust and to render a full and just account of the execution of the said trust and of the estate, property and effects which shall come into the hands of the said Guardian when and as often as said Guardian shall be required so to do by our said Court or any Court of competent jurisdiction.

WITNESS, the Honorable \_\_\_\_\_, one of the Justices of the Supreme Court of the State of New York at the Supreme Court Building, Mineola, New York, this \_\_\_\_\_ day \_\_\_\_\_, 199 \_\_\_\_\_.

By the Court,

\_\_\_\_\_  
CLERK OF THE COUNTY OF NASSAU

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

-----X  
**In the matter of the Initial Report of**

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

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

**INITIAL REPORT**

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

-----X

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**

## Information Needed for Writing an Annual Report

### ALL GUARDIANS:

- A copy of your initial report or last year's annual report.
- A copy of the order and judgment.
- Additional documents such as power of attorney, insurance papers, bank books or other legal papers that you have found since your last report.
- The name and address of the Court Examiner assigned.
- A copy of the annual report form. (Can be found in the your training materials)

### GUARDIAN FOR PERSONAL NEEDS (OR BOTH PERSONAL NEEDS AND PROPERTY):

- A letter from a professional (doctor, psychologist, nurse, social worker), written within the last three months about your ward's physical and mental condition that indicates if the guardianship should be continued. *This is to be attached to the annual report.*
- *If your ward is in a nursing home or other residence:* name and address of nursing home with the name and phone number of a contact there, probably the social worker.
- *If your ward lives in the community:* names and addresses of the doctor, psychiatrist (if s/he has one), dentist and pharmacy as well as any programs s/he is involved with: a day program, home care agency, Meals on Wheels, as examples.
- List of medications your ward is taking at this time.

### GUARDIAN OF PROPERTY: (Transactions are for the previous year, not current year.)

- Check book for the guardianship account.
- All bank statements for the previous year. Be sure to have the first statement of the year or the first statement from the opening of the guardianship account(s) and the last one that includes transactions up to the end of the year (December 31).
- Statements for any investments your ward has in addition to bank accounts.
- The annual benefit statement for Social Security, SSI, Veterans benefits or any other income your ward has received, regularly or irregularly.
- Receipts for items purchased and paid for out of the ward's funds or out of your own money for the ward, including rent, utilities, phone, food, etc.
- A copy of the ward's tax return for the previous year, if filed.
- Latest bond premium statement, if a bond was required.

TO THE SUPREME COURT  
COUNTY OF NASSAU

INDEX # \_\_\_\_\_ of YEAR \_\_\_\_\_  
ANNUAL REPORT FOR YEAR \_\_\_\_\_

-----X  
In the Matter of the Annual Report of

\_\_\_\_\_, Guardian for

**ANNUAL REPORT**  
**OF GUARDIAN**

\_\_\_\_\_, an Incapacitated Person

-----X

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

\_\_\_\_\_, Guardian for the above-named Incapacitated

Person who resides at \_\_\_\_\_

(residence)

Phone No. (\_\_\_\_\_) \_\_\_\_\_, or at \_\_\_\_\_

Facility Address \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_, the facility or place where the Incapacitated Person

resides and the Chief Executive Officer or person otherwise responsible for the Incapacitated

Person's care is \_\_\_\_\_ do

hereby make, render and file the following report.

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, I was appointed Guardian for the Incapacitated Person by Order of the Supreme Court of Nassau County and have continued to act as such Guardian since that date, giving a bond in the sum of \$ \_\_\_\_\_ which is still in force and effect with \_\_\_\_\_ as Surety thereon. There has been no change in the bond or Surety thereon and the Surety is in as good financial standing as when the bond was given.

The following is a true and full account of all said Guardian receipts and disbursements for the year \_\_\_\_\_.

Assets received on appointment if a new matter or Balance on hand last account	\$ _____
Additional Principal and Change of Principal per Schedule A:	\$ _____
Received Income per Schedule B:	\$ _____
Total Balance and Receipts:	\$ _____
Disbursements per Schedule C:	\$ _____
Cash Balance in banks to be charged to next year's account:	\$ _____
Securities per Schedule D:	\$ _____
All other property real and personal per Schedule E:	\$ _____
<b>TOTAL VALUE OF ESTATE:</b>	<b>\$ _____</b>

The above cash balance is on deposit in the following banks:

Bank	Address	Account No.	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

NOTE: If there is not sufficient space in the Schedules below, use separate sheets and attach.

---

SCHEDULE A - ADDITIONAL PRINCIPAL AND CHANGE OF PRINCIPAL

(NOTE: If there have been receipts of principal during the year, so indicate. If property listed in Schedule C of the last accounting has been converted to cash, list the amount received from the sale.)

DATE

SOURCE

AMOUNT

**SCHEDULE B - RECEIVED INCOME AND CASH INCREASES**

**(List all income received during the year, including, but not limited to, Social Security and pension benefits, annuity payments, interest and dividends itemized for each account or security owned.)**

SCHEDULE C - PAID DISBURSEMENTS

DATE

PAID TO

AMOUNT

**SCHEDULE D - SECURITIES**

(Note: List here all securities with their current market value.)

**DESCRIPTION**

**CURRENT MARKET VALUE**

**SCHEDULE E - PERSONAL AND REAL PROPERTY**

(NOTE: List all personal property, i.e., jewelry, automobiles, including purchase price or appraised value. List all real estate, stating its location, assessed value, amount of mortgage, if any, weekly or monthly rental, and the approximate current market value; also, if the property is owned jointly with others, give names of joint owners and their relationship to the Incapacitated Person.)

---

---

**NAME AND ADDRESS OF BOND BROKER (IF ANY) AND THE SURETY COMPANY:**

**SCHEDULE F** - Present physical and mental condition of the Incapacitated Person. Any major changes in physical or mental condition or substantial change in medication since the Initial Report or the last Annual Report was filed.

**SCHEDULE G** - Last date the Incapacitated Person was seen by a physician: \_\_\_\_\_

Attached is a statement by a physician, psychologist, nurse clinician, social worker or other person who has evaluated or examined the Incapacitated Person within three months of the filing of this report.

**SCHEDULE H** - Statement of whether the current residential setting is best suited to the current needs of the Incapacitated Person; a resume of any professional medical treatment given to the ward during the year of report; the plan for medical, dental and mental health treatment, and related services in the coming year.

**SCHEDULE I** - Social condition of the Incapacitated Person and his/her social needs and skills.

**SCHEDULE J** - Resume of Guardian's activities performed on behalf of the Incapacitate Person during the year of this report.

**SCHEDULE K** - Any facts indicating the need to terminate the guardianship or for any alteration in the powers of the Guardian.

STATE OF NEW YORK        )  
                                      : ss.:  
COUNTY OF                    )

I, \_\_\_\_\_, being duly sworn, say that I am the Guardian for the above-named Incapacitated Person, the forgoing Annual Report of Guardian contains, 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 all money and other personal property of said Incapacitated Person which have come into my hands or have been received by any other person in my order or authority or for my use since my appointment or since filing my last Annual Report, and of the value of all such property; together with a full and true statement and account of the manner in which I have disposed of the same and all property remaining in my hands at the time of the filing of this Annual Report; also a full and true description of the amount and nature of each investment made by me since my appointment or since the filing of my last Annual Report. I do not know of any error or omission in this Annual Report to the prejudice of said Incapacitated person.

\_\_\_\_\_  
Guardian

Sworn to before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public

**STATEMENT IDENTIFYING REAL PROPERTY**  
**Pursuant to Mental Hygiene Law §81.20 (a)(6)(vi) \***

**Record and Index under:**

**Incapacitated Person**

_____	_____
Name	Name
_____	_____
Address	Address
_____	_____

**Guardian of Property**

_____	_____
Name	Name
_____	_____
Address	Address
_____	_____

[    ] (Check box if there is/are Co-Guardian(s) of Property and list below)

_____	_____
Name	Address
_____	_____
Telephone Number	
_____	_____
Name	Address
_____	_____
Telephone Number	

**Adjudication of Incapacity:**

**Supreme Court**

**Nassau County**

**Index Number** \_\_\_\_\_

\_\_\_\_\_ **Date of Order and Judgment**

\_\_\_\_\_ **Date of Decision/Verdict**

**Surety:**

_____	_____
Name	Name
_____	_____
Bond Number	Telephone Number

**Real Property:**

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

**Tax Map Designation/Municipality:**      **Name of Municipality** \_\_\_\_\_

**Section** \_\_\_\_\_      **Block** \_\_\_\_\_      **Lot (s)** \_\_\_\_\_

\_\_\_\_\_  
**Signature of Guardian**

\_\_\_\_\_  
**Co-Guardian**

\_\_\_\_\_  
**Name of Guardian**

\_\_\_\_\_  
**Co-Guardian**

**State of New York, County of \_\_\_\_\_ } ss:**

**On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me came**

\_\_\_\_\_  
**Name of Guardian**

\_\_\_\_\_  
**Co-Guardian**

**to me known to be the individual(s) described herein, and who executed, the foregoing instrument and acknowledged that he/she/they executed same.**

\_\_\_\_\_  
**Notary**

**\*A STATEMENT IDENTIFYING REAL PROPERTY IS TO BE FILED IN THE COUNTY WHERE THE PARCEL IS LOCATED.**