

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

INITIAL REPORT

County _____ X

INDEX NO. _____

In the Matter of

Name of Incapacitated Person

("IP" designates Incapacitated Person in this report)
-----X

Please mark appropriate boxes with [X], and type or print all requested information. For more space, please use reverse side of page of question being answered..

DATE OF ORDER APPOINTING GUARDIAN: _____

APPOINTING JUDGE: _____

PERSONS FILING THIS REPORT:

What is the status of your educational requirements under MHL § 81.30?

Waived

Completed

Name Address

Phone Relationship

FILING STATUS OF PERSON FILING THIS REPORT:

A. Sole Guardian of Person

D. Co-Guardians of Person

B. Sole Guardian of Property

E. Co-Guardians of Property

C. Sole Guardian of Person and Property

F. Co-Guardians of Person and Property

9. List professionals and service agencies (e.g., geriatric care managers, social workers, home healthcare agencies, social service agencies, "meals on wheels") assisting IP.

Name	Address	Phone	Profession/Service
Name	Address	Phone	Profession/Service
Name	Address	Phone	Profession/Service
Name	Address	Phone	Profession/Service

10. List Day Care Programs or other regularly attended programs for nutrition, rehabilitation, socialization, etc..

Name	Address	Phone	Frequency of Attendance
Name	Address	Phone	Frequency of Attendance
Name	Address	Phone	Frequency of Attendance
Name	Address	Phone	Frequency of Attendance

PROPERTY/FINANCIAL MANAGEMENT

Complete if your filing status is B, C, E or F.
 Report all liquid assets, personal property, real property and income you are AUTHORIZED to take into your possession, management and control, AS GUARDIAN.

11. Liquid Assets:

a. Cash Accounts:

Have you changed the title of accounts to your name, as guardian?

Institution	Acct. Type/Acct. No.	Amount	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TOTAL

(Accounts in any one institution should not exceed \$100,000 in order to avoid the loss of FDIC coverage.)

b. Mutual Funds, Securities and Brokerage Accounts:

Have you changed the title of accounts to your name, *as guardian*?

_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount		

TOTAL

c. Stocks

Have you changed the title on certificates to your name, *as guardian*?

_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporation	No. of shares	Value		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporation	No. of shares	Value		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporation	No. of shares	Value		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporation	No. of shares	Value		

TOTAL

d. Bonds:

Have you changed the title on bonds to your name, *as guardian*?

_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issuing govt./agcy./corp.		Value		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issuing govt./agcy./corp.		Value		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issuing govt./agcy./corp.		Value		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issuing govt./agcy./corp.		Value		

TOTAL

e. Other: list any other liquid asset, giving type, location and value :

Have you changed title to these assets to your name, as *guardian*, or not applicable (N/A)?

_____ [] Yes [] No [] N/A
Type Location Value

_____ [] Yes [] No [] N/A
Type Location Value

_____ [] Yes [] No [] N/A
Type Location Value

_____ [] Yes [] No [] N/A
Type Location Value

TOTAL

f. TOTAL VALUE OF LIQUID ASSETS:

BOX A

12. Personal Property (e.g., cars, boats, furniture, jewelry, artwork) :

_____ Description Location Value

TOTAL VALUE OF PERSONAL PROPERTY:

BOX B

13. Real Property (e.g., vacant land, residential [including cooperative apartments and condominiums] commercial or income producing property):

In the letter you received at your appointment, you were instructed about filing the "Statement Identifying Real Property" (Form #3 attached to letter). Attach a copy of form(s) filed for property listed below.

_____	_____	_____	[] sole [] joint [] part*** (____%)****
Location	Property Type	Value**	
_____	_____	_____	[] sole [] joint [] part (____%)
Location	Property Type	Value	
_____	_____	_____	[] sole [] joint [] part (____%)
Location	Property Type	Value	
_____	_____	_____	[] sole [] joint [] part (____%)
Location	Property Type	Value	
_____	_____	_____	[] sole [] joint [] part (____%)
Location	Property Type	Value	
_____	_____	_____	[] sole [] joint [] part (____%)
Location	Property Type	Value	

**Only give value of IP's ownership share or mortgage

*** "Part" includes IP's part ownership or mortgage interest. and "%" mortgage interest.

**** "%" includes IP's part ownership or mortgage interest. Mortgage % is proportion of debt to total value.

TOTAL VALUE OF REAL PROPERTY:

BOX C

ESTATE VALUE

14. TOTAL VALUE OF LIQUID ASSETS, PERSONAL AND REAL PROPERTY:

(ADD BOXES A, B and C)

15. Regular Monthly Income

- a. [] Social Security Retirement\$_____per month.
- b. [] Supplemental Security Income (SSI).....\$_____per month.
- c. [] Social Security Disability (SSD).....\$_____per month.
- d. [] Veterans' Benefits (VA).....\$_____per month.
- e. [] Pension/Retirement Benefits.....\$_____per month.
- f. [] Annuity Income.....\$_____per month.
- g. [] Rental Income.....\$_____per month.

- h. Mortgage Interest Income.....\$_____per month.
- i. Other from list on reverse side.....\$_____per month.

TOTAL REGULAR MONTHLY INCOME:

16. Other Income (report approximate amounts on an annual basis):

- a. Interest.....\$_____
- b. Dividends.....\$_____
- c. Trust Income.....\$_____
- d. Other from list on reverse side.....\$_____

TOTAL OTHER INCOME:

17. IP is the beneficiary of the following trusts:

Type	Name of Trustee	Trustee's Address/Phone

18. Debt (List all debt over \$500):

- a. Mortgage(s) (Total balance due on all mortgages).....\$_____
- b. Rent arrears (Total of past du rent).....\$_____
- c. Utilities (Total of past due gas, electric, oil, telephone bills).....\$_____
- d. Real Property Taxes (Total of past due real property tax).....\$_____
- e. Hospital/Medical (Total of past due hospital, doctor, lab bills).....\$_____
- f. Income Taxes (Total of federal/state/local income taxes).....\$_____
- g. Other from list on reverse side.....\$_____

TOTAL DEBT:

19. Application has been made for the following government entitlements:

a. Social Security Retirement

f. STAR (relief from property taxes)

b. Supplemental Security Income (SSI)

g. Other (please explain)

c. Social Security Disability (SSD)

d. Medicaid

e. HEAP (aid for heating costs)

20. Are any civil judicial proceedings pending or threatened against the IP (e.g., mortgage foreclosure, eviction, debt collection, divorce, immigration proceeding; please explain): _____

21. Medical/Hospital insurance has been provided for the IP, as follows (please explain):

22. Homeowner/Renter's insurance has been provided for the IP, as follows (please explain):

23. Auto insurance has been provided for the IP, as follows (please explain):

24. Other insurance has been provided for the IP, as follows (please explain):

25. Safe Deposit Boxes are authorized to be opened and have been located, as follows:

		<input type="checkbox"/> Opened (inventory attached)
Institution	Address/Phone	
		<input type="checkbox"/> Opened (inventory attached)
Institution	Address/Phone	
		<input type="checkbox"/> Opened (inventory attached)
Institution	Address/Phone	
		<input type="checkbox"/> Opened (inventory attached)
Institution	Address/Phone	

26. Mail is authorized to be collected and opened and arrangements are, as follows (please explain):

27. Income tax authority has been granted and arrangements to exercise that authority are, as follows (e.g., tax returns filed previously have been located, accountant previously retained to prepare returns has been contacted, IRS FORM 4506 (Request for Copies of Tax Returns) has been filed, IRS FORM 56 (Notice of Fiduciary Relationship) has been filed, IRS FORM SS-4 (Request for Employer Identification Number, if employing persons to assist IP) has been filed, similar state and local forms have been filed; please explain):

The following must be completed by ALL GUARDIANS

DOCUMENTS

28. The following documents have been found (e.g., power of attorney, health care proxy, will); if any document is inconsistent with the powers granted in the guardianship (e.g., power of attorney grants same property management powers as the guardianship of property or health care proxy grants same medical decision making as guardianship of personal needs), application will be made to the court for further instructions; please mark box if fiduciary (e.g., attorney-in-fact, health care agent, executor/trix) has been given NOTICE of guardianship appointment:

			<input type="checkbox"/> Application to court required
Document Type	Date	Located	<input type="checkbox"/> NOTICE given to fiduciary
			<input type="checkbox"/> Application to court required
Document Type	Date	Located	<input type="checkbox"/> NOTICE given to fiduciary
			<input type="checkbox"/> Application to court required
Document Type	Date	Located	<input type="checkbox"/> NOTICE given to fiduciary
			<input type="checkbox"/> Application to court required
Document Type	Date	Located	<input type="checkbox"/> NOTICE given to fiduciary

I, the undersigned, being sworn, say

On the _____ day of _____, 20_____

I delivered the within Initial Report of Guardian by mailing a true copy to each person named below at the address indicated:

*List parties and their addresses here

Print name below signature

Sworn before me on the

_____ day of _____, 20_____

Notary Public