

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

INITIAL REPORT

County _____

INDEX NO. _____
Number/Year

-----X
In the Matter of

Name of Incapacitated Person

("IP" designates Incapacitated Person in this report)

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: _____

<u>PERSONS FILING THIS REPORT</u>		<u>What is the status of your educational requirements under MHL § 81.30?</u>	
		Waived	Completed
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Address		
_____	_____		
Phone	Relationship*		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Address		
_____	_____		
Phone	Relationship		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Address		
_____	_____		
Phone	Relationship		
_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Name	Address		
_____	_____		
Phone	Relationship		

*Part 36 appointees from OCA Fiduciary List: enter Fiduciary Identification Number. All others: enter a relationship, such as, parent, spouse, child, friend.

FILING STATUS

- | | |
|--|---|
| A. <input type="checkbox"/> Sole Guardian of Person | D. <input type="checkbox"/> Co-Guardians of Person |
| B. <input type="checkbox"/> Sole Guardian of Property | E. <input type="checkbox"/> Co-Guardians of Property |
| C. <input type="checkbox"/> Sole Guardian of Person and Property | F. <input type="checkbox"/> Co-Guardians of Person and Property |