

ANNUAL REPORT OF GUARDIAN

Simplified Account

**Only For Guardianships
With Cash Assets
Totaling \$100,000 Or
Less**

Includes Instructions and Report Format

ANNUAL REPORT OF GUARDIAN
Simplified Account--For Cash Assets Totaling \$100,000 or less
New York State Supreme Court, New York County
60 Centre Street--Room 148 158
New York, NY 10007

INSTRUCTIONS

Who Should Use the Simplified Account - For Cash Assets Totaling \$100,000 or less

This form should be filed by Guardians of Property where the estate is \$100,000 or less, excluding the Incapacitated Person's residence (house, condominium or co-op apartment).

General Instructions

Please type or print clearly.

All information is required for each guardian.

If additional space is needed, attach additional pages following the format on the report form for that section.

Mail your completed form to the Guardianship and Fiduciary Support Office at the above address, as well as to your appointed Court Examiner.

Line by Line Instructions

Part I

Section I Information Pertaining to the Guardian

All guardians must complete this section.

Line 1--Guardians. Give the name, address (and mailing address if different), daytime and evening telephone numbers and e-mail address for each guardian and indicate whether you are the guardian for property management or personal needs. Check both spaces if you are the guardian for property management and personal needs. Indicate your relationship to the incapacitated person (IP) and whether you are a nominated guardian. Provide the name, address and telephone number of a close relative of the IP, other than yourself.

Line 2--Appointment/Commission. Give the date of the order appointing you guardian, the name of the judge who appointed you and the date you obtained your commission.

Line 3--Bond. Give the name and address of the company that issued your bond, the amount of the bond, the date the bond was posted and the bond number. If you have an order saying that you are not required to post a bond, fill in "waived."

Line 4--Visits. Provide the details of your visits to the IP. If you did not visit the IP during the reporting period, you must explain.

Line 5--Earnings. Indicate whether you employed the services of the IP during the reporting period, whether any money was earned by the IP and if so, provide the details called for.

Line 6--Will. Indicate whether the IP has executed a will, the date executed and whether and in what county the will has been filed with Surrogate's Court. If the IP's will has not been filed with Surrogate's Court, indicate where the will is and who it names as executor.

Line 7--Power of Attorney. Indicate whether the IP has executed a power of attorney and if, so,

provide the name, address and telephone number of the person designated.

Line 8—Additional Information. Supply any information called for in the order appointing you guardian. If there isn't any such information, write "none."

Line 9—Change in Powers. If you wish to seek any changes in your powers (as specified in your appointing order), check "yes" and explain what changes you want and why they are needed. Please note that if you want to change your authorized powers, you must make an application within TEN (10) days of filing this annual report and provide notice to the persons specified in your order of appointment as entitled to such notice.

Section II Information Pertaining to the Incapacitated Person

Line 1—Incapacitated Person. Provide the IP's name, the address where he or she is living, and the telephone number. If the IP is in a residential facility, such as a nursing home, give the name of the facility and the name of the person in charge. Indicate whether there have been any changes in the IP's medical condition and/or medications during the reporting period and specify any such changes.

Line 2--IP's Condition. State the IP's primary diagnosis and any other conditions.

Section III Personal Needs

This section is to be completed by guardians of personal needs only.

Line 1—Residential Setting. Indicate whether you consider the IP's current living arrangement to be suitable to his or her needs. If not, explain why not.

Line 2—Medical Examination. Indicate the date and physician who last examined the IP and describe the purpose of the doctor's visit. **You must attach a statement by a physician, psychologist, nurse clinician, social worker, or other person who has evaluated or examined the IP within three (3) months prior to the filing of this report, regarding an evaluation of the IP's condition and current functional level.**

Line 3—Treatment. Describe the medical treatment received by the IP during the reporting period. Include date(s) of treatment.

Line 3A—Other Services. Indicate whether the IP has received home care and supply the details called for.

Line 4—Treatment Plan. Describe any type of medical treatment scheduled or planned for the IP in the year following the reporting period. For example, twice weekly physical therapy for six weeks after a fall.

Line 5—Activities of Daily Living. Check the appropriate spaces regarding the IP's abilities in the areas of basic living skills, communication, recognition and responsiveness.

Line 6—Cognitive Skills. Check the appropriate spaces to indicate whether the IP has difficulty with various cognitive skills.

Line 7—Social Skills. Check the appropriate spaces to indicate whether the IP has difficulty with various interpersonal skills. Indicate whether in your judgment the IP may readily be taken advantage of. Describe any activity in which the IP engages that involves interaction with

others and/or going outside of the home.

Part II

Section 1 Summary Statement

Line 1—Assets on hand at the beginning of the year. Enter total of all cash and other property at January 1. If this is the first year for which you are reporting, enter the total of assets marshaled. If this is not the first year, beginning assets should equal the closing assets from the last report.

Line 2—Assets (other than income) received. Report any additional principal marshaled and any property of value (such as an inheritance) acquired during the year.

Line 3—Income received. Total of all interest, Social Security, pensions, rents, reparations, etc. received during the year. This amount should be the same as Section 2, line 14.

Line 4—Subtotal. Add lines 1, 2 and 3.

Line 5—Money Spent. Total of all expenses and expenditures paid during the year. Do not include transfers of funds from one account to another, for example from savings to checking. This amount should be the same as the total in Section 3.

Line 6—Assets at end of the year. Subtract line 5 from line 4. This should equal the amount on hand at the end of the year (Section 4, line 18).

Section 2 Money (Income) Received

Line 7. Amount Received from Social Security. Enter the number of months and monthly amount for all Social Security payments received. For example, 12 months at \$500 per month or 8 months at \$500 per month and 4 months at \$600 per month. In the column at right, enter the total of all such payments. Do not include payments made directly to a nursing home.

Line 8. Amount Received from Pension. Enter the number of months and monthly amount for all pension payments received. See example for Line 7 above.

Line 9. Amount Received from Veterans Administration. Enter the number of months and monthly amount for all payments received from the VA. See example for Line 7 above.

Lines 10, 11 and 12. For each bank account, identify the bank, account number and amount of interest income for the year.

Line 13. Identify the source and amount of any other income received during the year.

Line 14. Total. Add the amounts in Lines 7 through 13.

Section 3 Money Spent

Complete the list of money spent. List all checks written during the reporting period in date order. Include the date the check was written, the number of the check, to whom it was written and the purpose and the amount of the check.

Example:

Date	Check No.	Payee/Description	Amount
2/24/07	123	ABC Realty Co./Rent	\$624.00

If any cash payments were made, list such payments with the date, to whom paid and the amount and indicate that it was cash in the "check no." column. **(It is advised that all payments be made by check, not cash.)**

Example:

Date	Check No.	Payee/Description	Amount
7/25/07	cash	Duane Reade/toiletries	\$14.67

Section 4 Money and Other Cash Assets at End of Year

Line 15--Checking Account. Identify the name of the bank, the account number and balance on the last day of the reporting period for the checking account. If there is more than one checking account, provide the required information for each account. If needed, attach additional pages following the format on the report form.

Line 16--Savings Account. Identify the name of the bank, the account number and balance on the last day of the reporting period for the savings account. If there is more than one savings account, provide the required information for each account. If needed, attach additional pages following the format on the report form.

Line 17--Other. Identify any account(s) at institutions other than banks, for example, brokerage accounts, listing the name and address of the institution, the account number(s) and balance(s) on the last day of the reporting period. If there is any cash (bills and coins) on hand, report it here.

Line 18--Total. Add all amounts in this Section. This should equal the amount on Section 1, line 6.

Other Assets

IP's Assets Not Collected. List here any assets belonging to the IP of which you are aware, but have not collected. If needed, attach additional pages following the format on the report form.

Pre-Paid Funeral Trust. Identify the name and address of the bank, the account number(s) and balance(s) at the end of the year for all funeral accounts. If this is your first annual report, or it is the first year of the pre-paid funeral trust, attach a copy of the contract.

Real Estate. Describe any real property owned by the ward including address, whether for personal use or as a source of income and type of property, for example, two-family residence or four-story office building, and report the value. Include condominiums here.

Co-op Apartment. Describe any cooperative apartment(s) owned by the ward including the address, name of the co-op corporation and number of shares.

All other personal property. Identify all personal property with significant value, including jewelry, art, antiques, collectibles, etc. and report the total value.

Information Only

In-Trust For Accounts. For each bank account with the words "in trust for" in the title, list the name of the bank, the full title including the beneficiary, the account number and the amount in

the account at the end of the year.

Joint Accounts. For each bank account in the name of the IP and someone else, list the name of the bank, the co-owner of the account, the account number and the amount in the account at the end of the year.

Individual Retirement Accounts (IRA). For each IRA account held by the IP, list the bank, or other institution where the account is held, the account number and the amount in the account at the end of the year.

Life Insurance. For each life insurance policy on the IP, list the insurer, beneficiary, policy number and face amount of the policy.

Annuities. For each annuity account held by the IP, list the bank, or other institution where the account is held, the account number and the amount in the account at the end of the year.

Verification

Each guardian must sign the Verification. Additional copies of the Verification page (page 10) should be made as needed for each guardian.

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New York State Supreme Court, New York County
60 Centre Street--Room 148 158
New York, NY 10007

Incapacitated Person	Reporting Period (Year)*	Index #
	*Reporting period for the first year is the commission date thru 12/31	

Part I
SECTION I INFORMATION PERTAINING TO THE GUARDIAN (all guardians must complete this section).

1. GUARDIANS

Name:

Address (include mailing address, if different):

Daytime telephone number:

Evening telephone number:

E-mail address:

Guardian type: Property management ___ Personal needs ___

Relationship to the Incapacitated Person (IP): _____

Are you a nominated guardian? Yes ___ No ___

Name:

Address (include mailing address, if different):

Daytime telephone number:

Evening telephone number:

E-mail address:

Guardian type: Property management ___ Personal needs ___

Relationship to the IP: _____

Are you a nominated guardian? Yes ___ No ___

Name, address, telephone number and relationship of close relatives of the IP (other than the guardian):

2. APPOINTMENT/COMMISSION

Date of order:

Name of appointing Judge:

Date of commission:

3. **BOND**

Bonding company name:

Bonding company address:

Value of bond (If the bonding requirement was waived, so state):

Date bond posted:

Bond number:

4. **VISITS** (Guardians are required to visit the IP at least four times a year.)

Provide the dates and place(s) of your visits with the IP:

Date Place

If none, explain:

5. **EARNINGS**

Have you used or employed the services of the IP?

Yes ___ No ___ If yes, attach explanation.

Have any moneys been earned by or received on behalf of the IP for his/her services?

Yes ___ No ___

If yes, attach explanation, including date, source and amount of moneys earned or derived from such services.

6. **WILL**

Has the IP executed a will? Yes ___ No ___ Unknown ___ Date executed _____

Indicate the location of the will and provide the name, address and telephone number of the executor:

7. **POWER OF ATTORNEY**

Has the IP executed a Power of Attorney? Yes ___ No ___

Provide the name, address and telephone number of the person with the Power of Attorney:

8. **ADDITIONAL INFORMATION**

Provide any additional information which is required by your order of appointment as guardian:

9. **CHANGE IN POWERS**

What changes in your powers as guardian are needed, if any?

Note: If you want to change your authorized powers, you must make an application within TEN (10) days of filing this annual report and provide notice to the persons specified in your order of appointment as entitled to such notice.

SECTION II INFORMATION PERTAINING TO THE INCAPACITATED PERSON

1. **INCAPACITATED PERSON**

Name:

Address (If residential facility, include name of the Director or person responsible for care):

Telephone number:

Explain any substantial change in the IP's mental or physical condition:

Explain any substantial change in the IP's medication:

2. **IP'S CONDITION**

Primary Diagnosis:

Other Medical Problems:

SECTION III PERSONAL NEEDS

If you have been granted powers concerning the personal needs of the IP, provide the following information:

1. **RESIDENTIAL SETTING**

Is the current residential setting suitable to the needs of the IP? If no, explain:

6. **COGNITIVE SKILLS**

Does the IP have problems with any of the following cognitive skills?

Short term memory	Yes ___ No ___	Long term memory	Yes ___ No ___
Judgment	Yes ___ No ___	Problem solving	Yes ___ No ___
Organization	Yes ___ No ___		

7. **SOCIAL SKILLS**

Does the IP have problems with any of the following interpersonal skills?

Speaking with others	Yes ___ No ___	Socializing	Yes ___ No ___
Participating in group activities	Yes ___ No ___	Trusting others	Yes ___ No ___

Can the IP be easily taken advantage of? Yes ___ No ___

Describe any social activities in which the IP participates, such as receiving visitors, attending religious services, attending sporting or cultural events, taking part in group activities outside of the home, etc.

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New York State Supreme Court, New York County

Part II

Item	Section 1 - Summary Statement		Amount	
1	Assets on hand at end of last year or if first year, assets received on appointment		\$	
2	IP's assets (other than income) collected during the current calendar year (circle all that apply: bank accounts, inheritance, proceeds from sale of property, unclaimed funds, refunds and other funds)		\$	
3	Money (Income) received - (enter amount from line 14)		\$	
4	SUBTOTAL- (add lines 1 to 3)		\$	
5	Money Spent (Do not include money transferred between accounts) -(Section 3 total)		\$	
6	Assets at end of year - (Subtract line 5 from line 4. Must equal Section 4, line 18)		\$	
	Section 2 - Money (Income) Received		Amount	
7	Amount Received from Social Security	No. of Months	Monthly Amount	\$
		No. of Months	Monthly Amount	\$
8	Amount Received from Pension	No. of Months	Monthly Amount	\$
		No. of Months	Monthly Amount	\$
9	Amount Received from Veterans Administration	No. of Months	Monthly Amount	\$
		No. of Months	Monthly Amount	\$
10	Interest Earned	Bank Account # _____	\$	
11	Interest Earned	Bank Account # _____	\$	
12	Interest Earned	Bank Account # _____	\$	
13	Other (Specify)		\$	
14	TOTAL		\$	

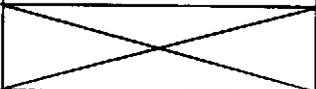
Comments:

Section 4 - Money and Other Assets at End of Year

		Bank Name	Account Number	Amount
15	*Checking Account			\$
16	*Savings Account			\$
17	Other			\$
18	TOTAL (Must equal amount in Section 1, line 6)			\$

***All bank statements and cancelled checks must be attached**

Other Assets

IP's Assets Not Collected	Bank	Account #	\$
	Other	Account #	\$
Pre-paid Funeral Trust First year, attach copy of contract	Funeral Home:	Account #	\$
Real Estate	Address:		\$
Coop Apartment	Address:	Managing agent:	\$
Is there a safe deposit box? Yes ___ No ___	If yes, have the contents been inventoried? Yes ___ No ___ If appropriate, have contents been appraised? Yes ___ No ___		
All Other Personal Property	Examples: Jewelry, Coin Collection, Art, Antiques Attach a list of personal property and approximate value or if available, attach most recent appraisal		\$

Information Only

	Bank Name	Title/Beneficiary	Account #	Amount
In-Trust For Accounts				\$
				\$
				\$
Joint Accounts				\$
				\$
Individual Retirement Accounts				\$
				\$
Life Insurance				\$
				\$
Annuities				\$

VERIFICATION

STATE OF _____)
COUNTY OF _____) ss:

_____, being duly sworn, states that I am the Guardian of the within named incapacitated person and that the attached annual report and schedule(s) are, to the best of my knowledge and belief, a complete and true statement of my activities as such Guardian; receipts and payments on behalf of such incapacitated person; money and other property which has come into my possession or has been received by others pursuant to my order or authority since the date of my appointment or last report; and the value of such property. I do not know of any error or omission in the report or schedule(s) to the prejudice of such incapacitated person.

Guardian's signature

Guardian's name, address, and telephone number

Sworn to before me this ____ day
of _____, 20__.

Notary Public