

SAMPLE DOCUMENTS

ARE APPROPRIATE FOR USE IN
NASSAU COUNTY *

-DESIGNATION

-COMMISSION

-INITIAL REPORT

-ANNUAL REPORT FOR A GUARDIAN
OF PERSONAL NEEDS ONLY

-ANNUAL REPORT FOR A GUARDIAN
OF PROPERTY MANAGEMENT &
PERSONAL NEEDS

*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;~~

Property Management

(List all property management powers here)

Personal Needs

(List all personal needs powers here)

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

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

-----X

IN THE MATTER OF THE ANNUAL
REPORT OF

_____, AS

PERSONAL NEEDS GUARDIAN FOR

_____, AN

INCAPACITATED PERSON

-----X

**ANNUAL REPORT OF
PERSONAL NEEDS GUARDIAN**

Index No. _____ - I - _____

ANNUAL REPORT FOR YEAR 20_____

I/We, _____ and _____,

as Personal Needs Guardian(s) for the above named Incapacitated Person do hereby make, render and file the following annual account.

I/we was/were duly appointed Personal Needs Guardian(s) of the above named person, by Order of the Supreme Court of Nassau County dated the _____ day of _____, _____ and have continued to act as such fiduciary since that date.

List here the following information:

1. State the present residence address and telephone number of all Guardians.

2. List the name and present address of the spouse, children and siblings of the Incapacitated Person.

Spouse:

Children:

Siblings:

3. State the age, date of birth and marital status of the Incapacitated Person.

4. State the present residence address and telephone number of the Incapacitated Person. If said Incapacitated Person does not presently reside at his or her personal home, set forth the name, address, and telephone number of the facility or place at which said Incapacitated Person resides, and the name of the chief executive officer of the facility or the person otherwise responsible for the care of the Incapacitated Person.

5. State whether there have been any changes in the physical or mental condition of the Incapacitated Person, and any substantial change in medication.

6. State the date and place the Incapacitated Person was last seen by a physician and the purpose of that visit.

7. Attach a statement by a physician, psychologist, nurse clinician or social worker, or other person who has evaluated or examined the Incapacitated Person within the three months prior to the filing of this report, regarding an evaluation of the Incapacitated Person's condition and the current functional level of the Incapacitated Person.

8. State whether the current residential setting is suitable to the current needs of the Incapacitated Person and why.

9. Attach a list of any professional medical treatment given to the Incapacitated Person during the previous year.

GENERAL INSTRUCTIONS

Complete all sections of this Annual Report, and attach additional pages and documents as necessary.

The affidavit should be sworn to before a Notary Public or Commissioner of Deeds.

By May of each year file your Annual Report for the preceding year as follows:

- file the original with the Guardianship Part - Room 152, Supreme Court Building, 100 Supreme Court Drive, Mineola, NY 11501
- File a copy with the Court Examiner, the Director of the residential care facility (if the Incapacitated Person is residing in one) and the Department of Social Services (if the Incapacitated Person receiving government benefits such as Medicaid).

Immediately notify the Court Examiner and the Clerk of the Guardianship Part of the death of the Incapacitated Person. Also send each a Death Certificate.

Failure to comply with Article 81 of the Mental Hygiene Law with respect to filing an Annual Report may constitute cause for removal.

Any change of address of either Guardian or Incapacitated Person must be reported promptly to the Guardianship Part - Room 152, Supreme Court Building, 100 Supreme Court Drive, Mineola, NY 11501

-----X

In the Matter of the Annual Report of

_____, **Guardian for
Property Management and Personal Needs of**

**ANNUAL REPORT
OF GUARDIAN**

_____, **an Incapacitated Person**

-----X

I, _____, residing at _____

_____, Phone No.(_____) _____

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 _____.

SUMMARY

Schedule A - Principal received on appointment if a new matter or BALANCE ON HAND of last account:		\$ _____
Schedule B-1 - Additional Principal:		\$ _____
Schedule B-2 - Change of Principal (Securities):		\$ _____
Schedule B-3 - Change of Principal (Real Estate/Personal Property):		\$ _____
Schedule C - Income Received:		\$ _____
SUBTOTAL OF ABOVE:		\$ _____
Schedule D - Disbursements:		\$ [_____]
BALANCE ON HAND (SUBTOTAL MINUS DISBURSEMENTS):*		\$ _____
Schedule E - Securities (use Inventory Value):		\$ _____
Schedule E-1 - Real Estate:		\$ _____
Schedule E-2 - Personal Property:		\$ _____

* 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 - PRINCIPAL ON HAND

As of date of appointment (if this is a first account) or as of last annual accounting.

Identify each item in detail, including name and address of each bank or other financial institution, number of shares of each security, etc.

<u>SOURCE</u>	<u>AMOUNT</u>
(for Securities use Inventory Value)	

SCHEDULE B-1 - ADDITIONAL PRINCIPAL

If there have been receipts of principal during the year, so indicate.

<u>DATE</u>	<u>SOURCE</u>	<u>AMOUNT</u>
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SCHEDULE B-2 - CHANGE OF PRINCIPAL (SECURITIES)

If property listed in Schedule E of the last accounting has been converted to cash, list the gain or loss when compared to the Inventory Value - loss should be shown in brackets.

<u>DATE</u>	<u>SOURCE</u>	<u>SALE PRICE</u>	<u>AMOUNT of GAIN or [LOSS]</u>
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SCHEDULE B-3 - CHANGE OF PRINCIPAL (REAL ESTATE / PERSONAL PROPERTY)

If property listed in Schedules E-1 or E-2 of the last accounting has been converted to cash, list the amount received from the sale - this will always be shown as a positive number.

<u>DATE</u>	<u>SOURCE</u>	<u>AMOUNT</u>
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SCHEDULE C - INCOME RECEIVED

(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 D - PAID DISBURSEMENTS

(NOTE: If disbursement was directed by court order, include date of that order *).

<u>DATE</u>	<u>PAID TO</u>	<u>AMOUNT</u>	<u>* DATE OF COURT ORDERED DISBURSEMENT</u>
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SCHEDULE E - SECURITIES

(NOTE: List here all securities with their inventory and current market value.)

<u>DESCRIPTION</u>	<u>INVENTORY VALUE</u>	<u>CURRENT MARKET VALUE</u>
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SCHEDULE E-1 - REAL ESTATE

(NOTE: 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.)

SCHEDULE E-2 - PERSONAL PROPERTY

(NOTE: List all personal property, i.e., jewelry, automobiles, including purchase price or appraised value.)

SCHEDULE F - NAME AND ADDRESS OF BOND BROKER (IF ANY) AND THE SURETY COMPANY (Attach copy of the latest bond.)

<u>AMOUNT OF BOND</u>	<u>BOND NUMBER</u>
\$	

SCHEDULE G - State the age, date of birth and marital status of the Incapacitated Person. List the name and present address of the spouse, children and siblings of the Incapacitated Person.

SCHEDULE H - 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 I - Last date the Incapacitated Person was seen by a physician: _____.
Attach 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 J - 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 K - Information concerning the social condition of the Incapacitated Person; including the social and personal services utilized by the Incapacitated Person; the social skills of the Incapacitated Person; and the social needs of the Incapacitated Person during the year of this report.

SCHEDULE L - State whether the Guardian has used or employed the services of the Incapacitated Person, or whether moneys have been earned by or received on behalf of such Incapacitated Person, and provide the details thereof in Schedule C.

SCHEDULE M - Resume of Guardian's activities performed on behalf of the Incapacitated Person during the year of this report.

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

