

SUPREME COURT
COUNTY OF SUFFOLK

IN THE MATTER OF
THE INITIAL REPORT OF

as Guardian For

Index No. _____

Initial Report

An Incapacitated Person.

I _____ residing at _____

_____r 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 section 81-39 of the Mental
Hygiene Law by attending class on the _____ day of
_____r 1993, sponsored by _____
_____ at _____.

(attach a copy of certificate issued to Guardian)

2. That your Guardian has visited the ward and has
taken the following steps, consistent with the Court Order
and has provided for 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:

3. The following is a true and full account of all assets of the incapacitated that has been marshaled by your Guardian:

BANK ACCOUNTS:

(List name and address of institution, account numbers and amount of money on hand prior to liquidation by Guardian)

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 names of tenants, if any, as well as rental income collected. Set forth date of filing of Statement identifying real property with County Clerk.)

PERSONAL PROPERTY

Set forth any jewelry, collectibles, automobiles and cash and set forth approximate value.

INCOME

Set forth and -identify all sources of income the incapacitated person is entitled to receive.

STATE OF NEW YORK)
COUNTY OF) ss.

I _____ being duly sworn, say I am the Guardian for the above-named patient, 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 patient,* and of all money and other personal property of said patient 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 of omission in the report to the prejudice of said patient.

Sworn to before me this _____

day of _____ 19 _____

NOTARY PUBLIC