

GUARDIAN'S ANNUAL ACCOUNTING

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF _____

In the Matter of the Inventory and Account of

Guardian for

Annual Account for Calendar Year 20____

Index Number _____

Date: _____

An Incapacitated Person

I, _____, residing at _____

_____, as Guardian of the Person and/or Property for the

above named person, do hereby make, render, and file the following annual account and inventory.

On the _____ day of _____, _____, I was duly appointed Guardian of the Person and/or Property

of the above named person by Order of the Supreme Court of _____ County and have continued

to act as such fiduciary since that date, giving a bond in the original sum of \$ _____, [now in the sum of

\$ _____, pursuant to subsequent orders,] which is still in full force and effect with _____

_____, as Surety. There has been no change in the Surety thereon, and the Surety is in

as good financial standing as when the bond was given (or: There has been no change in the Surety thereon, other

than as explained in Schedule F).

The following is a true and full account of all receipts and disbursements for the calendar year 20_____.

SUMMARY

Schedule A -	Principal on hand at date of appointment or last accounting:	\$ _____
Schedule B -	Changes to principal:	\$ _____
Schedule C -	Income Received :	\$ _____
	Sub Total:	\$ _____

Schedule D -	Paid Disbursements:	\$ _____
Schedule E-1 -	Balance of cash and securities to be charged to next year's account:	\$ _____
Schedule E-2 -	Real Estate:	\$ _____
Schedule E-3 -	All other personal property:	\$ _____

Total Estate: \$ _____

ANNUAL ACCOUNT

SCHEDULE A: Principal on Hand

SOURCE: (name and address of financial institution)

AMOUNT: (cash or market value of securities)

TOTAL OF SCHEDULE A: \$ _____

SCHEDULE B: Increases or Decreases in Principal

List additional property received, gain or loss on sale or liquidation of stocks or bonds, any net receipts from sale of realty, (attach copy of closing statement), etc.

TOTAL OF SCHEDULE B: \$ _____

SCHEDULE C: Received Income and Cash Increases

If any property listed in the last accounting has been converted to cash, list here the amount received from the sale and attach an explanation.

SOURCE

AMOUNT

List income or monies received or earned on behalf of the IP.

SOURCE

AMOUNT

TOTAL OF SCHEDULE C: \$ _____

SCHEDULE D: Paid Disbursements

PAID TO

AMOUNT

TOTAL OF SCHEDULE D: \$ _____

SCHEDULE E-1: Balance on Hand and other Personal and Real Property

BANK ACCOUNTS, BROKERAGE ACCOUNTS,
SECURITIES, PERSONAL PROPERTY

(list name of joint owners, if any, and their relationship to IP)

INVENTORY VALUE

MARKET VALUE

(list values as of end of accounting period, for securities list both inventory and market values)

TOTAL OF SCHEDULE E-1:

\$ _____

\$ _____

ANNUAL ACCOUNT

SCHEDULE E-2: Real Estate

(List all real estate owned by the IP, either in whole or in part. State location, assessed value, current market value, amount of mortgage (if any), and the weekly or monthly rental. If property is owned jointly, give names of joint owners and their relationship to the IP.)

SCHEDULE E-3: All Other Personal Property

DESCRIPTION

INVENTORY / MARKET VALUE

SCHEDULE F: Name and Address of Surety

(Attach a copy of the latest bond. Also, state and explain any changes in the bond, of the Surety thereon, or in the financial standing of the Surety.)

NAME AND ADDRESS

AMOUNT OF BOND

BOND NUMBER

AS TO THE INCAPACITATED PERSON:

1. State the age, date of birth, Social Security Number and marital status of the Incapacitated Person:

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

3. State the present residence address and telephone number of the Guardian:

4. State the present address and telephone number of the Incapacitated Person. If the IP is in a facility state the facility's name, address and telephone number and the name of the chief executive officer of the facility or the person otherwise responsible for the care of the IP:

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

6. State the date and place the IP was last seen by a physician and the purpose of the visit:

7. Attach a statement by a physician, psychologist, nurse clinician or social worker, or other person who has

ANNUAL ACCOUNT

evaluated or examined the IP within the three months prior to the filing of this report, regarding an evaluation of the IP's condition and the current functional level of the IP.

8. If the Guardian has been charged with providing for the personal needs of the IP:

- (A) Attach a statement whether the current residential setting is suitable to the current needs of the IP.
- (B) Attach a resume of any professional medical treatment given to the IP during the preceding year.
- (C) Attach a plan for medical, dental and mental health treatment and related services for the coming year.
- (D) Attach a resume of any other information concerning the social condition of the IP, including the social and personal services currently utilized by the IP; the social skills of the IP, and the social needs of the IP.

9. State whether the Guardian has used or employed the services of the IP, or whether moneys have been earned by or received on behalf of such IP. Provide details in Schedule C:

10. Attach a resume of any other pertinent facts relative to the care and maintenance of the IP, including the frequency of your visits; whether the IP has made a Will or executed a Power of Attorney; and any other information necessary for the proper administration of this matter.

STATE OF NEW YORK

ss.:

COUNTY OF _____

_____, (Guardian), being duly sworn says:

I am the Guardian of the Person and / or Property for the above named Incapacitated Person. The foregoing account and inventory contains, 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 person which have come to my hands or have been received by any other persons by my order or authority since my appointment or since filing my last annual account and inventory, and of the value of all such property, together with a full and true statement and account of the manner in which I have disposed of the same and of all property remaining in my hands at the time of filing this account and inventory; also a full and true description of the amount and nature of each investment made by me since my appointment or since the filing of my last account and inventory.

I do not know of any error or omission in the account and inventory to the prejudice of said person.

Guardian

Sworn to before me this

_____ day of _____, 20____

Notary Public