

GUARDIAN'S INITIAL REPORT

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF _____

In the Matter of the Initial Report of

Index Number _____

Guardian for

Date: _____

an Incapacitated Person

I, _____, residing at _____
_____, as Guardian for the above named person, do hereby make,
and render and file the Initial Report of Guardian as follows:

1. I have successfully completed all educational requirements under section 81.39 of the Mental Hygiene Law. A copy of the certificate issued is attached. [] Check if waived by the Court.
2. I have visited the ward and have taken the following steps, consistent with the Court Order and have 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 for 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:

Date: _____ Time: _____ Place: _____

Date: _____ Time: _____ Place: _____

Date: _____ Time: _____ Place: _____

3. The following is a true and full account of all assets of the incapacitated person that have been marshalled by the Guardian (attach additional sheets if necessary):

BANK ACCOUNTS

<u>Institution</u>	<u>Address</u>	<u>Acct #s</u>	<u>Amount (prior to liquidation)</u>
--------------------	----------------	----------------	--------------------------------------

STOCKS AND SECURITIES

<u>Company</u>	<u>Address</u>	<u># Shares</u>	<u>Market Value at appointment</u>
----------------	----------------	-----------------	------------------------------------

REAL ESTATE

<u>Property Address Description</u>	<u>Tenant's names</u>	<u>Rental Income Collected</u>
-------------------------------------	-----------------------	--------------------------------

(Set forth date fo filing of Statement Identifying Real Property with the County Clerk)

PERSONAL PROPERTY

(Set forth any jewelry, collectibles, automobiles and cash with approximate value.)

INCOME

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

VERIFICATION

STATE OF NEW YORK

SS.:

COUNTY OF _____

I, _____ (*name of guardian*), being duly sworn, say that 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 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 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 the above named Incapacitated Person.

Guardian of the Person and/or Property

Sworn to before me this

_____ day of _____, 20_____

Notary Public