

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

-----X

Annual Account of \_\_\_\_\_

File No. \_\_\_\_\_

Guardian of \_\_\_\_\_

Annual Account of Non-Bonded Guardian  
for the Period Ending

an Infant.

\_\_\_\_\_

-----X

TO THE SURROGATE'S COURT, COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, whose permanent address is  
(Name of Guardian)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City/Town/Village)

\_\_\_\_\_  
(County)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

\_\_\_\_\_  
(Telephone Number)

Mailing address is: \_\_\_\_\_,  
(if different from permanent address)

appointed Guardian of the property of the above named infant by this Court on \_\_\_\_\_,

respectfully submit the following account and declare the same to be a full and true statement of my account of the property  
of said infant covering the period:

From: \_\_\_\_\_ To: \_\_\_\_\_

and state that I accounted for all the property of the above infant, to the dates covered by this account.

Name of Infant: \_\_\_\_\_

Present Address: \_\_\_\_\_

**INSTRUCTIONS TO GUARDIAN**

**File original account with the Surrogate's Court and retain a copy for your records to assist you in  
preparing your next account.**

**Do not send deposit books to this office. Furnish letter or certificate of deposit from bank or depository.**

SCHEDULE A  
ASSETS ON HAND AT BEGINNING OF PERIOD COVERED

List all assets in the infant's estate at beginning of period covered by this account which are the assets on hand at close of last accounting, unless this is a **first account**, in which case state first account in this schedule and enter receipts in Schedule B.

Name of Bank or Depository	Account Number	Amount at opening date of this account
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Other property held at opening date of this accounting period:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Schedule A \_\_\_\_\_

SCHEDULE B  
LIST ALL RECEIPTS OF PRINCIPAL OR INCOME

Show receipts and source, including interest on bank accounts during the period covered by this account.

Name of Bank or Depository	Account Number	Interest Accrued (this period)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Additional property received:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Schedule B \_\_\_\_\_

SCHEDULE C

LIST ALL MONEYS PAID OUT

Show all disbursements during the period covered by this account.  
Withdrawals with Court Order

Name of Bank or Depository	Account Number	Order Dated	Amount
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Other disbursements:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Schedule C \_\_\_\_\_

The guardian is not permitted to expend any funds of the infant without first obtaining an order of the Court. Any change of guardian's address must be reported in writing to the Clerk of the Court.

SCHEDULE D

ASSETS ON HAND AT END OF PERIOD COVERED

Show assets on hand at the end of the period covered by this account. Show name of bank or depository, account number and balance at close of this account.

SUBMIT PROOF OF BANK BALANCES, LETTER OR CERTIFICATE OF DEPOSIT FROM BANK OR DEPOSITORY; DO NOT SEND DEPOSIT BOOKS.

Name of Bank or Depository	Account Number	Amount on deposit at closing date of accounting period
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Other property held at the closing date of the accounting period:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total Schedule D \_\_\_\_\_

SCHEDULE E

SUMMARY OF RECEIPTS AND DISBURSEMENTS AS SHOWN BY ABOVE SCHEDULES

I charge myself with total balance as shown by last account Schedule "A" \$ \_\_\_\_\_

I charge myself with receipts as shown by Schedule "B" \$ \_\_\_\_\_

Total debits (Schedule A and B above) \$ \_\_\_\_\_

I credit myself with disbursements as shown by Schedule "C" \$ \_\_\_\_\_

I credit myself with balance on hand, to be charged to me in my next account \$ \_\_\_\_\_

(This balance should be the same as total of Schedule "D".)

Total credits (Schedule C and D above) \$ \_\_\_\_\_

SCHEDULE F

SET FORTH THE NAME(S) AND PRESENT ADDRESS(ES) OF BANK(S) OR DEPOSITORY(IES) IN WHICH FUNDS ARE HELD IN JOINT CONTROL

1. \_\_\_\_\_  
(Name of Bank or Depository) (Address of Bank or Depository)
2. \_\_\_\_\_  
(Name of Bank or Depository) (Address of Bank or Depository)
3. \_\_\_\_\_  
(Name of Bank or Depository) (Address of Bank or Depository)
4. \_\_\_\_\_  
(Name of Bank or Depository) (Address of Bank or Depository)

State of \_\_\_\_\_ )  
 County of \_\_\_\_\_ ) ss.:

I \_\_\_\_\_ being duly sworn do say: I am the Guardian of the property of the within infant; that the foregoing Account is to the best of my knowledge and belief a true statement.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
 Notary Public  
 Commission Expires:  
 (Affix Stamp or Seal)

Signature of Attorney: \_\_\_\_\_  
 Print Name: \_\_\_\_\_  
 Firm Name: \_\_\_\_\_ Tel. No.: \_\_\_\_\_  
 Address of Attorney: \_\_\_\_\_

\_\_\_\_\_  
 Signature of Guardian

\_\_\_\_\_  
 Print Name