SAMPLE ANNUAL REPORT
(First Annual Report-Order & Judgment Appointing Guardian Dated 6/19/2021)

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____
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In the Matter of the **ANNUAL ACCOUNT** of

Index: _____/21

JANE DOE
As Guardian of the Personal Needs & Property for

ANNUAL REPORT
FOR PERIOD:
June 19 to December 31, 2021

JENNY DOE
An Incapacitated Person ("IP")

Court Examiner:
_____

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I, Jane Doe, residing at _____, New York 10041, telephone number _____ as Guardian of person and property for the above-named person, hereby render and file the following annual report and accounting.

On June 19, 2021, by Order of the Supreme Court of _____ County I was appointed Guardian of the Person and Property of Jenny Doe, an Incapacitated Person, with the bond having been waived,[1] and I have continued to act as such fiduciary since that date.

The following is a true and full account of all receipts and disbursements for the period from June 19, 2021 through December 31, 2021.

SAMPLE

[1] **NOTE**: Annual Report forms also include an option for Property guardians ordered to obtain a bond to declare that they have: "…obtained a bond in the amount of _____ with _____ as surety, Bond No. _____still in full force and effect. (If there has been a change in the bond or in the financial standing of the Surety, explain in Schedule '___'.)"

SUMMARY

Schedule A	Principal on hand at date of appointment or last accounting	$00.00
Schedule B	Income Received	$3,791.00
	SUBTOTAL…….....	**$3,791.00**
Schedule C	Increases or Decreases in Principal	$713.34
	SUBTOTAL…….....	**$4,504.34**
Schedule D	Paid Disbursements	$3,585.58
Schedule E-1	Recapitulation and Balance of cash & securities to be charged to next year's account	$918.76
Schedule E-2	Real Estate	$00.00
Schedule E-3	All other person property	$00.00
	TOTAL ESTATE.....	**$918.76**

June 19 – December 31, 2021
(Period Under Review)

SCHEDULE A

(Principal on hand on date of appointment or, ending balance of the last Annual Account)

SOURCE	AMOUNT

Note: No assets marshalled as of the date of appointment.

$ 00.00

SCHEDULE B

(Bank Interest, Social Security Benefits, Pension Benefits, Rental Income, Salary, Bond Interest, Dividends, Annuity Income, etc.)

SOURCE	AMOUNT
Supplemental Security Income	
$490.00 x 6 (June to December)	$2,940.00
$500.00 (December 29 – January benefit payment)	$ 500.00
OTDA State Payments	
$23.00 x 7 (June to December)	$161.00
Social Security – Dependent	
$16.00 x 6 (June to December)	$96.00
Program Stipend	
24-Aug	$16.00
7-Sep	$16.00
22-Nov	$62.00
TOTAL	**$3,791.00**

SCHEDULE C-1
(INCREASES TO PRINCIPAL)

(Proceeds of Sale of Property, Increases Realized upon Sale of Securities, Unrealized Increase to Securities Due to market Fluctuations, Tax Refunds, Insurance Premium Refunds, Newly Discovered assets, Inheritance, Capital Gains, etc.)

DATE	SOURCE	AMOUNT
Assets Marshalled		
6/19	Citizens Bank Checking Account ending --- xxxx (amount marshaled/transferred from IP's account)	$503.82
Assets Other than Income		
6/29	Dollar Tree (Store) Credit	$10.89
9/18	Perfect Smile Credit	$16.32
11/24	Gift from Guardian	$100.00
12/19	Insurance Reimbursement	$71.82
12/26	Walgreen's (Pharmacy & Store) Credit	$10.49
TOTAL		**$713.34**

SCHEDULE C-2
(DECREASES TO PRINCIPAL)

(Cost of Purchase of Real Property, Loss on Sale of Securities, Unrealized Decreases in Value of Securities Due to Market Fluctuations, etc.)

DATE	SOURCE	AMOUNT
None -	*N/A*	*N/A*

SCHEDULE D
(DISBURSEMENTS)

List ALL expenses paid from the funds of the IP as follows: ALL Disbursements must be categorized and subtotaled. **ADD OTHER CATEGORIES AND EXPAND PAGES AS NEEDED.**

DATE	PAID TO	AMOUNT	
Rent and Household			
7/7	Bruno's Hardware	$ 14.14	
10/16	S&S Management (rent share)	$450.00	
		Subtotal	**$464.14**
Utilities			
9/18	National Grid Gas (Phone Transfer)	$150.00	
10/21	Queen 4th Ave. C, Spectrum payment	$ 27.20	
6/21-11/21	Verizon Phone @ $74.04 ea.	$444.24	
12/21	Verizon Phone	$ 75.24	
		Subtotal	**$696.68**
Food			
7/3	Costco (groceries)	$231.48	
7/6	ATM withdrawal (groceries plus $ fee)	$ 24.25	
7/24	Pioneer Supermarket	$ 27.78	
9/26	Yummy Yummy (Chinese take-out)	$ 16.00	
10/30	Pioneer Supermarket (groceries)	$ 26.56	
11/20	Costco (groceries)	$309.92	
8/28,9/05 & 9/27	ATM withdrawals @ $100 ea.(lunch & treats)	$300.00	
		Subtotal	**$935.99**
Clothing			
7/7	Days (Store)	$ 10.99	
11/06	Target Department Store	$ 69.98	
12/21	Macy's	$115.85	
12/21	Burlington Store	$112.04	
12/21	Target	$ 24.55	
		Subtotal	**$333.41**

DATE	PAID TO	AMOUNT	
Medications			
7/7	Walgreen's (Pharmacy)	$6.84	
12/22	Walgreen's	$65.16	
		Subtotal	**$72.00**
Toiletries Personal Care			
6/26	Dollar Tree	$10.89	
6/30	Dollar Junction	$17.26	
6/26	Dollar Tree	$45.50	
6/30	Sunaroma	$82.37	
7/6	TSP Perfect Smile	$31.54	
7/21	Bath and Body Works	$48.45	
7/21	CVS	$55.54	
7/26	Family Dollar	$66.14	
8/16	Beauty Haven	$40.91	
8/29	Family Dollar	$41.60	
9/28	JC Beauty Salon	$42.00	
12/22	Bath and Body Works	$46.27	
		Subtotal	**$528.47**
Transportation / Car Expenses			
7/3	Sunset Car Care	$ 35.87	
7/5	Dept. of Finance (Ticket)	$115.00	
7/5	ATM Fee for DOF Payment	$ 2.86	
7/5	King Plaza Auto Center	$ 23.50	
8/21	King Plaza Auto Center	$ 31.21	
9/11	King Plaza Auto Center	$ 13.80	
9/11	King Plaza Auto Center	$ 12.48	
10/06	BB Gas Station	$ 32.75	
12/14	Flatbush Junction (Parking)	$ 27.00	
		Subtotal	**$294.47**
Pet			
10/30	Pet City Discount	$74.52	
		Subtotal	**$74.52**

DATE	PAID TO	AMOUNT	
Recreation			
7/7 to 12/7 ($11.97 x 6)	Amazon Prime	$71.82	
8/28	92 Y (Recreation Center)	$66.13	
		Subtotal	**$137.95**
Bank Fees and Charges			
7/10	Statement Fee	$1.00	
8/10	Maint. & Statement Fees	$16.00	
9/8	Statement Fee	$1.00	
9/15	Checks Order	$11.95	
10/10	Statement Fee	$1.00	
11/10	Maint. & Statement Fees	$16.00	
12/8	Statement Fee	$1.00	
		Subtotal	**$47.95**
TOTAL DISBURSEMENTS			**$3,585.58**

SCHEDULE E-1
(RECAPITULATION)

The balance with which the Guardian is chargeable as of June 19, 2021 (Schedule A):	$ 00.00
Plus, the income for this period (Schedule B):	+$3,791.00
Plus increases to principal (Schedule C-1):	+$ 713.34
Less decreases to principal (Schedule C-2):	00.00
Less the disbursements for this period (Schedule D):	-$3,585.58
Leaves a balance with which the Guardian is chargeable as of December 31, 2021 (Schedule E-1):	**$ 918.76**

ASSETS ON HAND AT END OF PERIOD UNDER REVIEW

NOTE: List here all bank accounts= securities; brokerage accounts; personal property. If property is owned jointly with others, give names of joint owners and their relationship to the incapacitated person. List bank account values as of end of accounting period. With respect to securities, list both inventory value and market value as of end of accounting period.

DESCRIPTION	INVENTORY VALUE	MARKET VALUE
Citizens Bank Checking Account ending --- xxxx		$ 918.76

TOTAL OF SCHEDULE E-1 **$ 918.76**

SCHEDULE E-2
REAL ESTATE

NOTE: List here all real estate owned by the incapacitated person, either in whole or in part, stating its location, assessed value, amount of mortgage (if any), the weekly or monthly rental, and the approximate current market value. If property is owned jointly with others, give names of joint owners and their relationship to the incapacitated person.

None

SCHEDULE E-3
ALL OTHER PERSONAL PROPERTY

(Jewelry, Art, Automobiles, Boats, etc.)

None, other than personal items of minimal value.

SCHEDULE F
NAME AND ADDRESS OF SURETY

NOTE: State amount of bond and bond number. Attach a copy of the latest bond.

N/A - Bond was waived.

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ANNUAL REPORT ON PERSONAL NEEDS

SCHEDULE G

LIST: Any major changes in physical or Mental Condition or substantial change in medication since the last Report.

There have been no major changes in the IP Jenny's physical or mental condition or in her medication since the Initial Report. Her prescriptions are evaluated every year, but there have been no changes. Her epilepsy and developmental disability are considered chronic conditions.

SCHEDULE H

LIST: The last date the IP was seen by a physician, and a statement by a physician, psychologist, nurse clinician or social worker or other person who has evaluated or examined said person within 3 months of the filing of this report. (Attach a copy of the latest evaluation, if any.)

Jenny Doe was last seen by her physician on February 26, 2022, for a routine checkup. See attached the physician statement and findings dated March 1, 2022.

SCHEDULE I

Statement if the residence of the IP is best suited to his/her current needs; resume of medical treatment given during year of report; projected medical, dental, and mental health treatment for coming year.

Jenny Doe has lived with me, her guardian and mother, all her life. It is the only home she knows. At home she has independence and receives the care and support she needs. She likes having her own room and has always stated that she wants to stay home.
Living at home also offers Jenny the ability to freely share with family members who visit us.

In 2021 Jenny had her yearly medical evaluations done by her primary physician, _____ address _____, ophthalmologist, _____, address _____ _____, and dentist _____, address _____. She also had psychological and psycho-social evaluation at _____. All particulars can be provided upon request.
In 2022 Jenny will have her yearly evaluation and continues to receive treatment as needed.

SCHEDULE J

State the social condition of the IP and his/her social needs and skills.

The IP (my daughter) Jenny's speech is limited, but she is very friendly and has friends in the neighborhood with whom she shares outings in the nearby park. She generally goes out to the movies and other activities with young people, always accompanied by adults, be it me or other parents. However, in the past year these activities were much less due to the pandemic and lockdown.

I am currently making efforts to place Jenny in a recreational and weekend program for the winter months.

SCHEDULE K

Resume of Guardian's activities performed on behalf of the incapacitated person.

I assist the IP (my daughter) Jenny with all her daily activities, including preparing her meals, helping her to bathe, dress, etc. Last year I took her to all her appointments, schooling program, gym, to recreational activities such as the movies or shopping for cosmetics and accessories, which she enjoys.

SCHEDULE L

State any facts showing need to terminate Guardianship or for amendment of powers of Guardian.

None.

AS TO THE INCAPACITATED PERSON

(List here the present address of the IP; his/her age and date of birth; his/her state of health; frequency of visits; changes (if any) in next of kin; whether IP has made a Will or executed a Power of Attorney; any other information necessary for the proper administration of this matter.)

IP's Present Address: _____, *New York, NY 10041*

IP's Age: *23* **IP's D.O.B.:** *11/5/1998*

IP's State of Health: *Good*

Frequency of Visits: *I live with the IP Jenny, my daughter.*

Changes, if any, in Next of Kin: *None*

Whether IP Has Made a Will: *No*

Whether IP Has Executed a Power of Attorney: *No*

***Any Other Information Necessary For Proper Administration:**

None.

STATE OF NEW YORK)
ss.
COUNTY OF _____)

I, JANE DOE being duly sworn, say that I am the Guardian/Co-guardian for the above named Incapacitated Person; the foregoing annual account and inventory contain, to the best of my knowledge and belief, a full and true settlement of all receipts of the 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 of 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 of Person & Property

Sworn to before me this_____ day of _____, 20_____.

_____
Notary Public

Index Number _____ Year 2021

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF _____
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IN THE MATTER OF
THE ANNUAL INVENTORY
AND ACCOUNT OF

Jane Doe

_____

AS GUARDIAN OF

Jenny Doe

ANNUAL INVENTORY AND
ACCOUNT FOR
PERIOD JUNE 19- DECEMBER 31, 2021

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Filed April 22, 2022