

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

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IN THE MATTER OF THE INITIAL REPORT OF

Index #: _____/____

**AS GUARDIAN OF THE
PROPERTY AND PERSONAL NEEDS OF**

INITIAL REPORT

AN INCAPACITATED PERSON/
PERSON IN NEED OF A GUARDIAN

-----X

I, _____, residing at

Telephone Number: _____; Email Address:

_____ 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 _____,

20____, sponsored by _____ at

_____.

(Attach a copy of Certificate issued to Guardian)

2. That the Commission to Guardian was issued by the Court on

_____.

3. That your Guardian has visited the ward and has taken the following steps, consistent with the Court's Order and Judgment and has provided for his/her personal needs as follows:

A. Provisions for medical, dental, mental health or related services have been made as follows:

B. Provisions for social and personal services have been made as follows:

C. Application(s) for health/accident insurance and or government benefits have been made as follows:

D. Date, time and place of visits made with the Incapacitated Person/Person in Need of a Guardian since the issuance of the Commission:

4. The following is a true and full account of all assets of the Incapacitated Person/Person in Need of a Guardian that have been marshalled by your Guardian:

****Please attach additional pages if necessary****

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 Register.)

PERSONAL PROPERTY

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

SAFE DEPOSIT BOX/SAFE

(Set forth whether the Incapacitated Person has a safe deposit box maintained at a financial institution and the name and location of same. Set forth whether the Incapacitated Person/Person in Need of a Guardian has a safe at his/her home and if you are in possession of the key/combo)

INCOME:

(Set forth and identify all sources of income the Incapacitated Person/Person in Need of a Guardian is entitled to receive. [i.e. Social Security, Social Security Disability, pension benefits, annuity payments etc.] and if those funds are being directly deposited into the Guardianship Account or if you are receiving payment by check)

PUBLIC/GOVERNMENT BENEFITS:

(Set forth and identify any other public or government benefits that the Incapacitated Person/Person in Need of a Guardian receives [i.e. Medicaid, SCRIE, Section 8, food stamps, etc.]

8. The following is a true and full account of all assets (bank accounts, Social Security/Pension, brokerage accounts etc.) of the Incapacitated Person/Person in Need of a Guardian that have not yet been marshalled by your Guardian and the steps taken to do so:

STATE OF NEW YORK)
)SS:
COUNTY OF)

I _____ being duly sworn, say I am the Guardian for the above-named person; 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 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 said person.

Sworn to before me this
_____ day of _____, 20__

NOTARY PUBLIC

Index Number: _____ / 20__

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

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IN THE MATTER OF

AS GUARDIAN OF

AN INCAPACITATED PERSON/PERSON IN NEED OF A GUARDIAN.

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INITIAL REPORT

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Filed on: _____ 20__

GENERAL INSTRUCTIONS

Complete all sections of this Initial Report. If you are Guardian of either the Property or Personal Needs **ONLY**, please indicate so on the front page of the Report and write “not applicable” in the irrelevant portions.

The Initial Report must be signed and sworn to before a Notary Public or Commissioner of Deeds.

The Initial Report shall be filed **within 90 days** of the issuance of the Commission to Guardian. The original accounting must be submitted to the Guardianship Department or e-filed through NYSCEF where applicable. A copy of the Initial Report must be forwarded to: (i) the court examiner; (ii) the Incapacitated Person/Person in Need of a Guardian unless directed otherwise; (iii) to the CEO of the facility in which the Incapacitated Person/Person in Need of a Guardian resides; (iv) Mental Hygiene Legal Services if the Incapacitated Person/Person in Need of a Guardian resides in a mental hygiene facility; and you should retain a copy of the Initial Report for your records.

Statutes regarding the Initial Report are contained in the Mental Hygiene Law.

Failure to comply with the law with respect to filing an Initial Report constitutes cause for removal.

Any change of address of either Guardian or Incapacitated Person/Person in Need of a Guardian must be reported promptly to the Court Examiner and Clerk of the Supreme Court.