

**SUPREME COURT OF THE STATE OF NEW YORK
COUNTY**

County

INITIAL REPORT

INDEX NO. _____

-----X
In the Matter of

Name of Incapacitated Person/Person in Need

("IP" designates Incapacitated Person in this report)

("PING" designates Person in Need of Guardian)

Please mark appropriate boxes with
[X], and type or print all requested
information. For more space, please
use reverse side of page of question
being answered..

-----X
DATE OF ORDER APPOINTING GUARDIAN(S): _____

APPOINTING JUDGE: _____

PERSON(S) FILING THIS REPORT:

What is the status of your educational requirements under MHL § 81.30?

Waived

Completed

Name

Address

☐☐

Phone

Relationship

☐☐

Name

Address

Phone

Relationship

☐☐

Name

Address

Phone

Relationship

FILING STATUS OF PERSON FILING THIS REPORT:

A. ☐ Sole Guardian of Person

D. ☐ Co-Guardians of Person

B. ☐ Sole Guardian of Property

E. ☐ Co-Guardians of Property

C. ☐ Sole Guardian of Person and Property

F. ☐ Co-Guardians of Person and Property

REVISED 2/9/2024

INCAPACITATED PERSON/PERSON IN NEEDS'S PERSONAL DATA:

1. IP's Age: _____

2. IP resides in:

a. ☐ Community at: _____
Address Phone Years in residence

☐ This address is the IP's own home, which is ☐ rented ☐ owned.

☐ The IP lives here alone.

☐ The IP lives here with others:

Name Relationship

Name Relationship

☐ This address is the home of another. _____
Name Relationship

b. ☐ Facility: _____
Facility Name Address

Phone FAX Date Admitted Name of Social Worker

3. Language of IP: ☐ English ☐ Spanish ☐ Other _____

4. Citizenship: ☐ US ☐ Other _____

PERSONAL NEEDS
(Complete if your filing status is A, C, D or F)

5. Primary Care Physician: _____
Name Address Phone

Frequency of examinations Date of last examination Primary Diagnosis

6. Psychiatrist/Psychologist or Other Mental Health Provider:

Name Address Phone

Frequency of examinations Date of last examination Primary Diagnosis

7. Dentist: _____
Name Address Phone

Frequency of examinations Date of last examination

Complete the following ONLY if the IP resides IN THE COMMUNITY.

8. Pharmacy: _____
Name Address Phone

9. List professionals and service agencies (e.g., geriatric care managers, social workers, home healthcare agencies, social service agencies, "meals on wheels") assisting IP.

Name	Address	Phone	Profession/Service
Name	Address	Phone	Profession/Service
Name	Address	Phone	Profession/Service
Name	Address	Phone	Profession/Service

10. List Day Care Programs or other regularly attended programs for nutrition, rehabilitation, socialization, etc..

Name	Address	Phone	Frequency of Attendance
Name	Address	Phone	Frequency of Attendance
Name	Address	Phone	Frequency of Attendance
Name	Address	Phone	Frequency of Attendance

PROPERTY/FINANCIAL MANAGEMENT

Complete if your filing status is B, C, E or F.

Report all liquid assets, personal property, real property and income you are AUTHORIZED to take into your possession, management and control, AS GUARDIAN.

11. Liquid Assets:

a. ☐ Cash Accounts:

Have you changed the title of accounts to your name, *as guardian*?

Institution	Acct. Type/Acct. No.	Amount	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount	<input type="checkbox"/> Yes	<input type="checkbox"/> No

TOTAL

(Accounts in any one institution should not exceed \$100,000 in order to avoid the loss of FDIC coverage.)

b. ☐ Mutual Funds, Securities and Brokerage Accounts:

Have you changed the title of accounts to your name, *as guardian*?

_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Institution	Acct. Type/Acct. No.	Amount		

TOTAL

c. ☐ Stocks

Have you changed the title on certificates to your name, *as guardian*?

_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporation	No. of shares	Value		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporation	No. of shares	Value		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporation	No. of shares	Value		
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Corporation	No. of shares	Value		

TOTAL

d. ☐ Bonds:

Have you changed the title on bonds to your name, *as guardian*?

_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issuing govt./agcy./corp.	Value		
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issuing govt./agcy./corp.	Value		
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issuing govt./agcy./corp.	Value		
_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Issuing govt./agcy./corp.	Value		

TOTAL

e. Other: list any other liquid asset, giving type, location and value :

Have you changed title to these assets to your name, *as guardian*, or not applicable (N/A)?

Type	Location	Value	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Type	Location	Value	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Type	Location	Value	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Type	Location	Value	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

TOTAL

f. TOTAL VALUE OF LIQUID ASSETS:

BOX A

12. Personal Property (e.g., cars, boats, furniture, jewelry, artwork) :

Description	Location	Value
Description	Location	Value
Description	Location	Value
Description	Location	Value
Description	Location	Value
Description	Location	Value
Description	Location	Value
Description	Location	Value

TOTAL VALUE OF PERSONAL PROPERTY:

BOX B

13. Real Property (e.g., vacant land, residential [including cooperative apartments and condominiums] commercial or income producing property):

In the letter you received at your appointment, you were instructed about filing the "Statement Identifying Real Property" (Form #3 attached to letter). Attach a copy of form(s) filed for property listed below.

Location _____	Property Type _____	Value** _____	[] sole [] joint [] part*** (____%)****
Location _____	Property Type _____	Value _____	[] sole [] joint [] part (____%)
Location _____	Property Type _____	Value _____	[] sole [] joint [] part (____%)
Location _____	Property Type _____	Value _____	[] sole [] joint [] part (____%)
Location _____	Property Type _____	Value _____	[] sole [] joint [] part (____%)
Location _____	Property Type _____	Value _____	[] sole [] joint [] part (____%)

**Only give value of IP's ownership share or mortgage

*** "Part" includes IP's part ownership or mortgage interest. and "%" mortgage interest.

**** "%" includes IP's part ownership or mortgage interest. Mortgage % is proportion of debt to total value.

TOTAL VALUE OF REAL PROPERTY:

BOX C

ESTATE VALUE

14. TOTAL VALUE OF LIQUID ASSETS, PERSONAL AND REAL PROPERTY:

(ADD BOXES A, B and C)

15. Regular Monthly Income

- a. [] Social Security Retirement\$_____ per month.
- b. [] Supplemental Security Income (SSI).....\$_____ per month.
- c. [] Social Security Disability (SSD).....\$_____ per month.
- d. [] Veterans' Benefits (VA).....\$_____ per month.
- e. [] Pension/Retirement Benefits.....\$_____ per month.
- f. [] Annuity Income.....\$_____ per month.
- g. [] Rental Income.....\$_____ per month.

- h. ☐ Mortgage Interest Income.....\$_____ per month.
- i. ☐ Other from list on reverse side.....\$_____ per month.

TOTAL REGULAR MONTHLY INCOME:

16. Other Income (report approximate amounts on an annual basis):

- a. ☐ Interest.....\$_____
- b. ☐ Dividends.....\$_____
- c. ☐ Trust Income.....\$_____
- d. ☐ Other from list on reverse side.....\$_____

TOTAL OTHER INCOME:

17. ☐ IP is the beneficiary of the following trusts:

Type	Name of Trustee	Trustee's Address/Phone
Type	Name of Trustee	Trustee's Address/Phone
Type	Name of Trustee	Trustee's Address/Phone
Type	Name of Trustee	Trustee's Address/Phone

18. Debt (List all debt over \$500):

- a. ☐ Mortgage(s) (Total balance due on all mortgages).....\$_____
- b. ☐ Rent arrears (Total of past due rent).....\$_____
- c. ☐ Utilities (Total of past due gas, electric, oil, telephone bills).....\$_____
- d. ☐ Real Property Taxes (Total of past due real property tax).....\$_____
- e. ☐ Hospital/Medical (Total of past due hospital, doctor, lab bills).....\$_____
- f. ☐ Income Taxes (Total of federal/state/local income taxes).....\$_____
- g. ☐ Other from list on reverse side.....\$_____

TOTAL DEBT:

19. Application has been made for the following government entitlements:

a. ☐ Social Security Retirement

f. ☐ STAR (relief from property taxes)

b. ☐ Supplemental Security Income (SSI)

g. ☐ Other (please explain)

c. ☐ Social Security Disability (SSD)

d. ☐ Medicaid

e. ☐ HEAP (aid for heating costs)

20. Are any civil judicial proceedings pending or threatened against the IP (e.g., mortgage foreclosure, eviction, debt collection, divorce, immigration proceeding; please explain):

21. ☐ Medical/Hospital insurance has been provided for the IP, as follows (please explain):

22. ☐ Homeowner/Renter's insurance has been provided for the IP, as follows (please explain):

23. ☐ Auto insurance has been provided for the IP, as follows (please explain):

24. ☐ Other insurance has been provided for the IP, as follows (please explain):

25. ☐ Safe Deposit Boxes are authorized to be opened and have been located, as follows:

<hr/>	<hr/>	<input type="checkbox"/> Opened (inventory attached)
Institution	Address/Phone	
<hr/>	<hr/>	<input type="checkbox"/> Opened (inventory attached)
Institution	Address/Phone	
<hr/>	<hr/>	<input type="checkbox"/> Opened (inventory attached)
Institution	Address/Phone	
<hr/>	<hr/>	<input type="checkbox"/> Opened (inventory attached)
Institution	Address/Phone	

26. ☐ Mail is authorized to be collected and opened and arrangements are, as follows (please explain):

27. ☐ Income tax authority has been granted and arrangements to exercise that authority are, as follows (e.g., tax returns filed previously have been located, accountant previously retained to prepare returns has been contacted, IRS FORM 4506 (Request for Copies of Tax Returns) has been filed, IRS FORM 56 (Notice of Fiduciary Relationship) has been filed, IRS FORM SS-4 (Request for Employer Identification Number, if employing persons to assist IP) has been filed, similar state and local forms have been filed; please explain):

The following must be completed by ALL GUARDIANS

DOCUMENTS

28. The following documents have been found (e.g., power of attorney, health care proxy, will); if any document is inconsistent with the powers granted in the guardianship (e.g., power of attorney grants same property management powers as the guardianship of property or health care proxy grants same medical decision making as guardianship of personal needs), application will be made to the court for further instructions; please mark box if fiduciary (e.g., attorney-in-fact, health care agent, executor/trix) has been given NOTICE of guardianship appointment:

<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Application to court required
Document Type	Date	Located	<input type="checkbox"/> NOTICE given to fiduciary
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Application to court required
Document Type	Date	Located	<input type="checkbox"/> NOTICE given to fiduciary
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Application to court required
Document Type	Date	Located	<input type="checkbox"/> NOTICE given to fiduciary
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Application to court required
Document Type	Date	Located	<input type="checkbox"/> NOTICE given to fiduciary
<hr/>	<hr/>	<hr/>	<input type="checkbox"/> Application to court required
Document Type	Date	Located	<input type="checkbox"/> NOTICE given to fiduciary

VISITS

29. The frequency of the Guardian/Co-Guardians' visits to the IP and the date of the last visit (Guardians are required to visit at least 4 times per year):

(Frequency (e.g., daily, weekly, monthly, 4 Xs per year)

Date of last visit

CHANGES AND ADDITIONAL POWERS

30. Please report any changes to the IP's personal care and maintenance or management of his/her financial and property affairs currently needed and planned.

31. Do these changes require additional powers or a modification of the powers granted? **YES or NO**

INTENTIONALLY LEFT BLANK

County

and have executed this Initial Report, which to the best of my/our knowledge and belief contains true and accurate information regarding the personal needs and/or property of the Incapacitated Person/Person in Need and all of the activities I/we have undertaken on behalf of the Incapacitated Person/Person in Need. I/we verify that all matters reported herein are known to me/us of my/our own knowledge, except those which are stated upon information and belief.

I affirm this ____ day of _____, 202__, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

Sign: _____

[] Person [] Property [] Person & Property

[] Person [] Property [] Person & Property

[] Person [] Property [] Person & Property

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Affidavit of Mailing

I/We, the undersigned, being sworn, say

On the _____ day of _____, 202____

I/We delivered the within Initial Report of Guardian by mailing or consent emailed or faxed a true copy to each person named below at the address indicated:

*List parties and their addresses here

Name:

Form of Service:

AFFIRMATION:

I/We affirm this _____ day of _____, 202____, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

Sign: _____

Sign: _____

Print: _____

Print: _____

Name of Guardian/Co-Guardian/Trustee of
[] Person [] Property [] Person & Property

Name of Co-Guardian/Trustee of
[] Person [] Property [] Person & Property

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CONTINUED AFFIRMATION

Sign: _____

Print: _____

Name of Co-Guardian/Trustee of

[] Person [] Property [] Person & Property

**FILE THIS REPORT, BANK STATEMENTS, HEALTHCARE REPORTS AND ANY OTHER
SUPPORT DOCUMENTS, WITH THE GUARDIANSHIP DEPARTMENT, ROOM 216, THE
COURT EXAMINER/REFEREE AND ALL PARTIES ENTITLED TO NOTICE**

REVISED 2/9/2024