

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF KINGS

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In the Matter of the **INITIAL REPORT** of

As Guardian For

An Incapacitated Person

Index #:

**INITIAL REPORT
OF GUARDIAN
MHL §81.30**

Court Examiner:

-----X

I, _____, residing at
_____, and

with telephone number _____, as Guardian for the above named
person, do hereby make, render and file the following Initial Report of Guardian as
follows:

1. That the Guardian was appointed by Order of this Court on the _____ day of _____, 20_____.
That the Guardian has successfully completed all educational requirements under Section 81.39 of the Mental Hygiene Law by attending class on the _____ day of _____, 20_____, sponsored by _____
(attach a copy of Certificate issued to Guardian).
2. That the Guardian duly qualified as such Guardian by filing, in the Clerk's Office of the County of Kings, a Bond in the sum of \$ _____ with Bonding Company, _____; Bond Number: _____, pursuant to the Order of this Court, and the Commission to Guardian was issued on _____.

3. That the Guardian has visited the above named Incapacitated Person and has taken steps, consistent with the Court Order:

Date

Time

Place of Visit

4. Provisions for Medical, Dental, Mental Health or Related Services:

5. Provisions for Social and Personal Services:

6. Application of Health and Accident Insurance, as well as Governmental Benefits:

7. The following is a true and full account of all assets of the Incapacitated Person that have been marshaled by Guardian of the Property:

BANK ACCOUNTS: (List names and addresses of Institutions, account numbers and amount of money on hand, prior to liquidation by Guardian):

<u>NAME</u>	<u>ADDRESS</u>	<u>ACCOUNT #</u>	<u>AMOUNT</u>
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STOCKS AND SECURITIES: (List names and addresses of company, number of shares and fair market value of Stock or Security, as of the date of appointment)

<u>NAME</u>	<u>ADDRESS</u>	<u># OF SHARES</u>	<u>FAIR MARKET VALUE</u> _____
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REAL ESTATE: (List property address, description of property, approximate value, names of tenants, if any, rental income collected, if any. Set forth date of filing of **Statement** identifying real property with the County Clerk)

Address: _____

Description: _____

Approximate Value: _____

Tenants, if any: _____

Rental Income Collected, if any: _____

PERSONAL PROPERTY: (Set forth any Jewelry, Collectibles, Automobiles and Cash)

INCOME: (Set forth and identify all sources of income the Incapacitated Person is entitled to receive)

ASSETS NOT YET MARSHALED: (Set forth all Bank Accounts, Stocks, Securities, Security Accounts)

Bank Accounts

Stocks

Securities

Security
Accounts

**DISBURSEMENTS MADE ON BEHALF OF INCAPACITATED
PERSON:**

CLAIMS AND DEBTS AGAINST THE ESTATE:

