

GUARDIAN'S ANNUAL ACCOUNTING

(To be filed with the County Clerk & Court Examiner. Please attach extra sheets as needed)

SUPREME COURT OF THE STATE OF NEW YORK

COUNTY OF _____

In the Matter of the Inventory and Account of

Annual Account for Calendar Year 20____

Index Number _____

Guardian for

Date: _____

An Incapacitated Person

I, _____, residing at _____
_____, as Guardian of the Person and/or Property for
the above named person, do hereby make, render, and file the following annual account and inventory.
On the _____ day of _____, _____, I was duly appointed Guardian of the Person and/or
Property of the above named person by Order of the Supreme Court of _____ County
and have continued to act as such fiduciary since that date, giving a bond in the original sum of
\$ _____, [now in the sum of \$ _____, pursuant to subsequent orders,] which is still in
full force and effect with _____, as Surety. There has
been no change in the Surety thereon, and the Surety is in as good financial standing as when the bond was
given (or: There has been no change in the Surety thereon, other than as explained in Schedule F).

The following is a true and full account of all receipts and disbursements for the calendar year 20_____.

SUMMARY

Schedule A - Principal on hand at date of appointment or last accounting:	\$ _____
Schedule B - Changes to principal:	\$ _____
Schedule C - Income Received:	\$ _____
Sub Total:	\$ _____
Schedule D - Paid Disbursements:	\$ _____
Schedule E-1 -Balance of cash and securities to be charged to next year's account:	\$ _____
Schedule E-2 -Real Estate:	\$ _____
Schedule E-3 -All other personal property:	\$ _____
Total Estate:	\$ _____

ANNUAL ACCOUNT

SCHEDULE A: Principal on Hand

SOURCE: (name & address of financial institution) AMOUNT: (cash or market value of securities)

TOTAL OF SCHEDULE A: \$ _____

SCHEDULE B: Increases or Decreases in Principal

List additional property received, gain or loss on sale or liquidation of stocks or bonds, any net receipts from sale of realty, (attach copy of closing statement), etc.

TOTAL OF SCHEDULE B: \$ _____

SCHEDULE C: Received Income and Cash Increases

If any property listed in the last accounting has been converted to cash, list here the amount received from the sale and attach an explanation.

<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____
_____	_____

List income or monies received or earned on behalf of the Incapacitated Person.

<u>SOURCE</u>	<u>AMOUNT</u>
_____	_____
_____	_____

TOTAL OF SCHEDULE C: \$ _____

SCHEDULE D: Paid Disbursements

<u>PAID TO</u>	<u>AMOUNT</u>
_____	_____
_____	_____

TOTAL OF SCHEDULE D: \$ _____

SCHEDULE E-1: Balance on Hand and other Personal and Real Property

<u>BANK ACCOUNTS, BROKERAGE ACCOUNTS, VALUE SECURITIES, PERSONAL PROPERTY</u> (list name of joint owners, if any, and their relationship to Incapacitated Person)	<u>INVENTORY VALUE</u>	<u>MARKET</u>
_____	_____	_____
_____	_____	_____
TOTAL OF SCHEDULE E-1:	\$ _____	\$ _____

SCHEDULE E-2: Real Estate

(List all real estate owned by the Incapacitated Person, either in whole or in part. State location, assessed value, current market value, amount of mortgage (if any), and the weekly or monthly rental. If property is owned jointly, give names of joint owners and their relationship to the Incapacitated Person.)

SCHEDULE E-3: All Other Personal Property

<u>DESCRIPTION</u>	<u>INVENTORY / MARKET VALUE</u>
_____	_____
_____	_____

SCHEDULE F: Name and Address of Surety

(Attach a copy of the latest bond. Also, state and explain any changes in the bond, of the Surety thereon, or in the financial standing of the Surety.)

<u>NAME AND ADDRESS</u>	<u>AMOUNT OF BOND</u>	<u>BOND NUMBER</u>
_____	_____	_____

AS TO THE INCAPACITATED PERSON:

1. State the age, date of birth, Social Security Number and marital status of the Incapacitated Person:

2. List the name and present address of the living spouse, children and siblings, of the Incapacitated Person:

3. State the present residence address and telephone number of the Guardian:

4. State the present address and telephone number of the Incapacitated Person. If the Incapacitated Person is in a facility state the facility's name, address and telephone number and the name of the chief executive officer of the facility or the person otherwise responsible for the care of the Incapacitated Person:

5. State whether there have been any changes in the physical or mental condition of the Incapacitated Person, and any substantial change in medication:

6. State the date and place the Incapacitated Person was last seen by a physician and the purpose of the visit:

7. Attach a statement by a physician, psychologist, nurse clinician or social worker, or other person who has evaluated or examined the Incapacitated Person within the three months prior to the filing of this report, regarding an evaluation of the Incapacitated Person's condition and the current functional level of the Incapacitated Person.

8. If the Guardian has been charged with providing for the personal needs of the Incapacitated Person:
- (A) Attach a statement whether the current residential setting is suitable to the current needs of the Incapacitated Person.
 - (B) Attach a resume of any professional medical treatment given to the Incapacitated Person during the preceding year.
 - (C) Attach a plan for medical, dental and mental health treatment and related services for the coming year.
 - (D) Attach a resume of any other information concerning the social condition of the Incapacitated Person, including the social and personal services currently utilized by the Incapacitated Person, the social skills of the Incapacitated Person, and the social needs of the Incapacitated Person.

9. State whether the Guardian has used or employed the services of the Incapacitated Person, or whether moneys have been earned by or received on behalf of such Incapacitated Person. Provide details in Schedule C:

10. Attach a resume of any other pertinent facts relative to the care and maintenance of the Incapacitated Person, including the frequency of your visits; whether the Incapacitated Person has made a Will or executed a Power of Attorney; and any other information necessary for the proper administration of this matter.

STATE OF NEW YORK

ss.:

COUNTY OF _____

_____ (Guardian), being duly sworn says:

I am the Guardian of the Person and / or Property for the above named Incapacitated Person. The foregoing account and inventory contains, to the best of my knowledge and belief, a full and true statement of all my receipts and disbursements on account of said Incapacitated 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 since my appointment or since filing my last annual account and inventory, and of the value of all such property, together with a full and true statement and account of the manner in which I have disposed of the same and of all property remaining in my hands at the time of filing this account and inventory; also a full and true description of the amount and nature of each investment made by me since my appointment or since the filing of my last account and inventory.

I do not know of any error or omission in the account and inventory to the prejudice of said person.

Guardian

Sworn to before me this

_____ day of _____, 20_____

_____ Notary Public