
Court Examiner's Name

**EXAMINER'S REPORT
ON GUARDIAN'S INITIAL REPORT
(MHL §§81.30, 81.32 [a] [1])**

Name and address of Incapacitated Person: _____

Name(s) and address(es) of all reporting Guardian(s)

Index No.: _____

Name of Judge or Justice Appointing Guardian: _____

Date of Order/Judgment Appointing Guardian: _____

Date bond was filed (if applicable - MHL § 81.25): _____

Date Designation was filed (MHL § 81.26): _____

Date Commission was issued (MHL § 81.27): _____

Date of Guardian's Initial Report: _____

Was guardian education pursuant to MHL § 81.39, affirmatively waived in the court order?

Yes _____ No _____ If not affirmatively waived, guardian must complete training.

If education was not waived by the Order, was proof of completion of guardian education requirements (MHL § 81.39) filed with initial report?

Yes _____ No _____

Is there a Supplemental Needs Trust (SNT)?: Yes _____ No _____

Present Value of Estate (not including SNT funds): _____

Reporting Guardian is: _____ Guardian of both Person and Property
_____ Guardian of Person only
_____ Guardian of Property only

If the reporting Guardian is only of the person, is there also a guardian of the property?

Yes _____ No _____

Have you _____ approved or _____ not approved the guardian's report?

If not, why and are you working towards resolution of issue(s)?

I - PERSONAL NEEDS

Complete this section only if guardian has been granted powers regarding personal needs.

1. Does report contain a report of the guardian's personal visits with the incapacitated person?

Yes _____ No _____

2. Does report set forth the steps the guardian has taken, consistent with the court's order, to provide for the personal needs of the incapacitated person?

Yes _____ No _____

3. Does report set forth the guardian's plan, consistent with the court's order, for providing for the personal needs of the incapacitated person, including the information set forth in MHL § 81.30 (c) (1-4)?

Yes _____ No _____

4. Does report attach a copy of any directive pursuant to Public Health Law § 2965 (Do Not Resuscitate Order) or PHL § 2981 (Health Care Proxy), any living will, or any other advance directive?

Yes _____ No _____

If so, explain briefly.

5. Does report indicate any need for any changes in the powers authorized by the court with respect to personal needs?

Yes _____ No _____

If so, explain briefly.

II - PROPERTY MANAGEMENT

Complete this section only if guardian has been granted powers with respect to property management.

1. Does report contain an inventory of the property and financial resources over which the guardian has control?

Yes _____ No _____

2. Does report indicate the location of any will executed by the incapacitated person?

Yes _____ No _____

3. Does report set forth the guardian's plan, consistent with the court's order, for management of the property and financial resources of the incapacitated person?

Yes _____ No _____

4. Does report indicate any need for any change in the power authorized by the Court with respect to property management?

Yes _____ No _____

If so, explain briefly.

III - APPLICATION FOR CHANGE IN POWERS

If report indicates any reasons for a change in the powers authorized by the court, has guardian made application within 10 ten days of filing of report as required by MHL § 81.30 (d)?

Yes _____ No _____

If application has not been made, please explain briefly.

IV - COMPENSATION

Compensation shall be awarded pursuant to 22 NYCRR 1015.16 (c)(1).

If you are requesting payment of any disbursements, how much? _____

Please note that on any claim for payment, categories of disbursements must be noted per Judicial District Finance Office protocol.

Date of this Report

(your signature)

(your name and address)
