

SURROGATE’S COURT OF  
THE STATE OF NEW YORK  
COUNTY OF MONROE

File No. \_\_\_\_\_

Annual Account of:

ANNUAL ACCOUNT OF  
NON-BONDED GUARDIAN  
WITH JOINT CONTROL  
ACCOUNT

Guardian of:

TO THE SURROGATE’S COURT, COUNTY OF MONROE

I/We, \_\_\_\_\_, whose permanent address is

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_,  
and telephone number is \_\_\_\_\_, appointed Guardian(s) of  
the Property of the above-named minor by this Court, respectfully submit the following account  
and declare the same to be a full and true statement of the account of the property of said minor  
covering the period from \_\_\_\_\_ to \_\_\_\_\_, and  
state that I/we accounted for all the property of the above minor, the dates covered by this  
account.

INSTRUCTIONS TO GUARDIAN(S)

- File original account with the Surrogate’s Court and retain a copy for your records to assist you in preparing your next account.
- Complete each section, marking “Not Applicable” if necessary.
- **An account statement showing the balance at the end of the accounting period must be attached.**

SCHEDULE A

ASSETS ON HAND AT BEGINNING OF PERIOD COVERED

List all assets in the guardianship at the beginning of the period covered by this account. If this is the first account, this Schedule will say "First Account," and the funds collected will be listed in Schedule B.

| Name of Bank | Account Number | Amount at beginning of period |
|--------------|----------------|-------------------------------|
| _____        | _____          | _____                         |
| _____        | _____          | _____                         |
| _____        | _____          | _____                         |

Total Schedule A: \_\_\_\_\_

SCHEDULE B

LIST OF ALL RECEIPTS

Show all property that came into the guardianship, and the source, including any interest earned on accounts during the period covered by this account.

| Name of Bank | Account Number | Interest accrued (this period) |
|--------------|----------------|--------------------------------|
| _____        | _____          | _____                          |
| _____        | _____          | _____                          |
| _____        | _____          | _____                          |

Total Schedule B: \_\_\_\_\_

SCHEDULE C

LIST ALL MONEYS PAID OUT

Show all disbursements during the period covered by this account. All withdrawals should have a corresponding Court Order authorizing the withdrawal.

| Name of Bank | Account Number | Order dated | Amount |
|--------------|----------------|-------------|--------|
| _____        | _____          | _____       | _____  |
| _____        | _____          | _____       | _____  |
| _____        | _____          | _____       | _____  |

Total Schedule C: \_\_\_\_\_

SCHEDULE D

ASSETS ON HAND AT END OF ACCOUNTING PERIOD

Show assets on hand at the end of the period covered by this account. **This amount must be confirmed by the filing of a year-end bank statement.**

| Name of Bank | Account Number | Amount in account at end of period |
|--------------|----------------|------------------------------------|
| _____        | _____          | _____                              |
| _____        | _____          | _____                              |
| _____        | _____          | _____                              |

Total Schedule D: \_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name