

Dear Practitioner/Guardian/Trustee:

Please refer to the list below to make sure that you have all documents necessary to your application to settle the final account. You will also find a sample Order to Show Cause, Verified Petition, and Final Report and Account for use when the assets of the guardianship have been depleted, a Guardian resigns, is removed or has died. If the Incapacitated Person has died, you must use a different set of forms. Use these samples as a guide only. Some of the documents listed may not be applicable to your case. Please submit the \$45.00 motion fee. The County Clerk accepts payment<sup>1</sup> by attorney's check, certified check, money order, credit card.

Order to Show Cause

Verified Petition<sup>2</sup>

Final Report and Account

Proposed Order Settling Final Account

Order and Judgment/Commission

Affirmation/Affidavit of Services

HRA Proof of Claim

Other Claims

Trust Agreement

Proof of Guardianship in other jurisdiction

Proof of Service filed on return date of motion

**\*\*\*\*\*SERVICE OF THE ORDER TO SHOW CAUSE CAN NOT BE DONE BY YOU, MUST BE SERVED BY SOMEONE ELSE\*\*\*\*\***

<sup>1</sup> Check with the appropriate County Clerk to make sure that the form of payment you intend to use is acceptable.

At a Guardianship Part 1 of the Supreme Court of the State of New York, held in and for Bronx County, at 851 Grand Concourse in the City of New York, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

PRESENT: HON. \_\_\_\_\_  
Justice

-----  
In the Matter of the Final Report and Account of

\_\_\_\_\_

Index No. \_\_\_\_\_

As Guardian for \_\_\_\_\_  
An Incapacitated Person.

Order to Show Cause to  
Settle the Final Report and  
Account

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Upon reading and filing the annexed Verified Petition and Final Report and Account of \_\_\_\_\_ and \_\_\_\_\_, the person/persons named Guardian [or Co-Guardian(s) or Special Guardian, or Trustee or Co-Trustee(s)], verified on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, and the Petition verified on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, from which it appears that \_\_\_\_\_, was determined to be an incapacitated person and the Guardian [or Co-Guardian(s) or Special Guardian, or Trustee or Co-Trustee(s)] is/are seeking to settle the Final Account of her/his/their proceeding as Guardian [or Co-Guardian(s) or Special Guardian, or Trustee or Co-Trustee(s)]; so as to be discharged, and upon the affidavit of legal services of \_\_\_\_\_, counsel for the Guardian [or Co-Guardian(s) or Special Guardian, or Trustee or Co-Trustee(s)]; sworn to the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

LET \_\_\_\_\_ [Financial institution], the surety; \_\_\_\_\_, the Court Examiner, \_\_\_\_\_ and anyone else entitled to notice pursuant to § 81.16 M.H.L.

SHOW CAUSE before the HON. \_\_\_\_\_, the justice presiding at IAS Part \_\_\_\_\_, Room \_\_\_\_\_, of this court to be held in the County of \_\_\_\_\_ at the Courthouse thereof, \_\_\_\_\_, \_\_\_\_\_, New York, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m., or as soon thereafter as counsel can be heard,

WHY AN ORDER SHOULD NOT BE ENTERED

- (1) Judicially settling the Final Report and Account of \_\_\_\_\_, Guardian [or Co-Guardian(s) or Special Guardian, or Trustee or Co-Trustee(s)];
- (2) Appointing a Successor Guardian of the person and/or property.
- (3) Upon settlement of the Final Report of the Guardian, approving payment of commissions due pursuant to statute to the Guardian;
- (4) Approving reimbursement of the Guardian's [or Co-Guardian(s) or Special Guardian, or Trustee or Co-Trustee(s)]; reasonable and necessary disbursements;
- (5) Approving a reasonable fee to the Court Examiner/Referee, \_\_\_\_\_, for his/her services as Court Examiner/Referee;
- (6) Approving a reasonable amount of legal fees for the legal services rendered by \_\_\_\_\_, counsel for the Guardian [or Co-Guardian(s) or Special Guardian, or Trustee or Co-Trustee(s)];
- (7) Approving a reasonable fee for accounting services rendered by \_\_\_\_\_;
- (8) Discharging \_\_\_\_\_, the Guardian [or Co-Guardian(s) or Special Guardian, or Trustee or Co-Trustee(s)]; from any further liability and accountability for all matters contained within the Final Report and Account;
- (9) That the bond be cancelled and the surety discharged from further liability; and
- (10) Granting such other and further relief as the Court may deem proper and just.

SUFFICIENT REASON APPEARING THEREFORE, IT IS

ORDERED, that the Court Examiner/Referee shall review the final accounting and report to the Court by the return date, and it is further

ORDERED, that the petitioner's attorney/guardian/trustee shall provide the Court Examiner/Referee with all pertinent financial records not previously been provided, and it is further

ORDERED that service of a copy of this Order to Show Cause, Verified Petition and the Final Report and Account and all other papers attached hereto, via personal delivery, regular mail, certified mail, RRR or overnight delivery to \_\_\_\_\_, Financial Institution, \_\_\_\_\_, the surety, \_\_\_\_\_, the Court Examiner, HRA-Office of Legal Affairs, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ by \_\_\_\_\_, 20\_\_\_\_ shall be deemed good and sufficient service.

ENTER:

\_\_\_\_\_  
JSC

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

-----X  
In the Matter of the Final Account of

\_\_\_\_\_,

as Guardian or [Co-Guardian(s), Special Guardian or Trustee or Co-Trustee(s)]  
of the Person and Property of

\_\_\_\_\_,

A Incapacitated Person.

-----X

The Petition of \_\_\_\_\_, respectfully alleges

1. That your petitioner(s) was/were duly appointed Guardian [or Co-Guardian(s) or Special Guardian or Trustee or Co-Trustee(s)] of the person and/or property of \_\_\_\_\_, by order of this court dated \_\_\_\_\_, 20\_\_\_\_\_.

2. I/We was/were appointed Guardian by order of the Court dated \_\_\_\_\_, 20 \_\_\_\_\_.  
(A copy of the Commission and Order appointing guardian is annexed.)

3. The bond remains in full force and effect.

4. The assets of the guardianship have been depleted.\*

4a. The Guardian is deceased.\*  
(Attach certified copy of death certificate)

4b. The Guardian has been removed by order of this Court dated \_\_\_\_\_, 20\_\_\_\_\_.\*

5. That the value of this estate is approximately \$\_\_\_\_\_ as set forth in the Final account.

6. There are (are no) claims against the estate. (See Schedule F)

7. The interested parties as provided in MHL Article 81 are \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_, \_\_\_\_\_ and \_\_\_\_\_ pursuant to

§ 81.16 M.H.L.

8. No prior application has been made for the relief requested.

\*Delete the clause which does not apply

VERIFIED  
PETITION

Index No.:

WHEREFORE, petitioner respectfully requests that this Court issue an Order:

1. Judicially settling the Final Report and Account of the assets of, \_\_\_\_\_, according to the summary statement included in the accounting.
2. Discharging, \_\_\_\_\_, as Guardian [or Co-Guardian(s) or Special Guardian or Trustee or Co-Trustee(s)] of the person and/or property of \_\_\_\_\_.
3. Approving payment of commissions due pursuant to statute to the Guardian [or Co-Guardian(s) or Special Guardian or Trustee or Co-Trustee(s)]
4. Discharging the surety and cancelling the bond.
5. Granting such other and further relief as the Court may deem proper and just.

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Guardian [or Co-Guardian(s) or Special Guardian, or Trustee or Co-Trustee(s)]

VERIFICATION

STATE OF NEW YORK        )  
  ) ss:  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, states as follows:

I am the \_\_\_\_\_ of the person and/ or property of the within named former incapacitated person and that the attached verified petition is, to the best of my knowledge and belief, a complete and true statement of my activities as such Guardian [or Co-Guardian or Special Guardian or Trustee or Co-Trustee]; receipts and payments on behalf of such former incapacitated person; money and other property which has come into my possession or has been received by others pursuant to my order or authority since the date of my appointment and the value of such property. I do not know of any error or omission in the report or schedule(s) to the prejudice of such former incapacitated person.

Guardian [or Co-Guardian or Special Guardian or Trustee or Co-Trustee]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Your name, address and telephone number)

VERIFICATION

STATE OF NEW YORK        )  
  ) ss:

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, states as follows:

I am the \_\_\_\_\_ of the person and/ or property of the within named former incapacitated person and that the attached verified petition is, to the best of my knowledge and belief, a complete and true statement of my activities as such Co-Guardian or Co-Trustee; receipts and payments on behalf of such former incapacitated person; money and other property which has come into my possession or has been received by others pursuant to my order of authority since the date of my appointment and the value of such property. I do not know of any error or omission in the report or schedule(s) to the prejudice of such former incapacitated person.

Co-Guardian [or Co-Trustee]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Your name, address and telephone number)



FINAL REPORT and ACCOUNT

SUPREME COURT OF STATE OF NEW YORK

COUNTY OF BRONX

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In the Matter of the Final Report of

\_\_\_\_\_

As Guardian for \_\_\_\_\_, Index No.  
A Former Incapacitated Person.

Accounting Period: \_\_\_\_\_ to \_\_\_\_\_

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I, \_\_\_\_\_ of \_\_\_\_\_ being the Guardian [or Co-Guardian(s) or Special Guardian, or Trustee or Co-Trustee(s)] of the Person and/or Property of \_\_\_\_\_, former incapacitated person, do hereby make, render and file this final report and account. I was appointed as Guardian of the person and/or property of the above named former incapacitated person by order of this court dated, \_\_\_\_\_, and pursuant to said order did file with the County Clerk of the County of \_\_\_\_\_ a bond with the \_\_\_\_\_ as surety, and have continuously acted as such Guardian [or Co-Guardian(s) or Special Guardian, or Trustee or Co-Trustee(s)] since the date of my appointment.

# REPORT

## SECTION I INFORMATION PERTAINING TO THE GUARDIAN (All guardians must complete this section).

### 1. GUARDIAN

Name:

Address (include mailing address, if different):

Daytime Telephone number:

Evening Telephone Number:

E-mail address:

Name:

Address (include mailing address, if different):

Daytime Telephone number:

Evening Telephone number:

E-mail address:

### 2. APPOINTMENT/COMMISSION:

Date of order:  
(Attach copy of order)

Name of Appointing Judge:

Date commission issued:  
(Attach copy of commission)

### 3. BOND:

Bonding company name:  
Bonding company address:  
Value of bond:  
Date bond posted:  
Bond number:

### 4. WILL:

To your knowledge, has the incapacitated person executed a last will and testament or trust agreement?

- Yes  
 No

If yes, please provide copy of the last will and testament or trust:

5. TYPE OF GUARDIANSHIP:

Have you been granted powers over the personal needs of the incapacitated person?

- Yes
- No

If yes, please complete Sections II and III

Have you been granted powers regarding property management of the incapacitated person?

- Yes
- No

If yes, please complete Sections II and IV

- 6. If you have been appointed guardian for the personal needs of the incapacitated person, please complete Section III.
- 7. If you have been appointed guardian for the property management of the incapacitated person, please complete Section IV, the summary and the attached schedules.

**SECTION II INFORMATION PERTAINING TO THE INCAPACITATED PERSON**  
(If IP is deceased, skip Section II and III)

1. INCAPACITATED PERSON:

Name:

Facility

Director

Address (If residential facility, include name of the Director or person responsible for care):

Telephone number:

### SECTION III PERSONAL NEEDS

If you have been granted powers with respect to the personal needs of the incapacitated person, please provide the following information:

1. RESIDENTIAL SETTING:

Is the current residential setting suitable to the needs of the incapacitated person?

- Yes
- No

If no, please explain: \_\_\_\_\_

### SECTION IV PROPERTY MANAGEMENT

If you have been granted powers regarding the property management of the incapacitated person, please provide the following information, consistent with your order of appointment, pertaining to your fulfillment of your responsibilities to the incapacitated person to provide for property management:

1. Have you identified, traced and collected assets of the incapacitated person since your appointment?

- Yes
- No

If no, please explain: \_\_\_\_\_

2. Have all of the incapacitated person's past and current income tax returns and payments been brought up to date?

- Yes
- No

If no, please explain: \_\_\_\_\_

# ACCOUNT

**General Instructions:**

When listing property on a schedule, please be specific. For instance -with bank accounts, list name and address of bank, number of account and balance; with stocks, list number of shares, and name of stock, type and value.

If a schedule does not supply enough space, attach additional sheets with reference to the schedule to which the Information applies.

**\*ALL SCHEDULES MUST BE FILLED OUT. ENTER REQUESTED INFORMATION OR N/A**

SUMMARY STATEMENT			
Schedule A		Principal on Hand	\$
Schedule A-1		Additional Principal Received	\$
Schedule B		Gains/Losses	\$
Schedule C		Income Received	\$
Schedule D		Disbursements	\$
Schedule E		Balance on Hand	\$
Schedule E-1		Real Estate	\$
Schedule E-1.1		Investment Property	\$
Schedule E-2		All other Personal Property	\$
Schedule E-3		Present and Future interests	\$
<b>TOTAL ESTATE</b>			<b>\$</b>
Schedule F		Monies owed to the Estate	\$
Schedule G		Claims against the Estate	\$
<b>Schedule G1 or G2</b>		<b>*TOTAL PRIOR COMMISSIONS RECEIVED</b>	\$
Schedule G-1		Commissions due SCPA §2307	\$
Schedule G-2		Commissions due SCPA §2309	\$
Schedule H		Persons Interested	

\* Report market values only

\* If your report starts from the last approved annual accounting, you must include a second summary which covers the entire guardianship period.





### SCHEDULE B-1

#### Realized Gains

Please list all realized gains incurred on principal assets, whether due to sale or liquidation, indicating the asset involved, the date and amount of gain.

NAME OF SECURITIES/FUND	DATE OF SALE/STATEMENT DATE	INVENTORY VALUE	SALE PRICE	GAIN
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>Total</b>		\$	\$	\$

### SCHEDULE B-2

#### Realized Losses

Please list all realized losses incurred on principal assets, whether due to sale or liquidation, indicating the asset involved, the date and amount of loss.

NAME OF SECURITIES/FUND	DATE OF SALE/STATEMENT DATE	INVENTORY VALUE	SALE PRICE	LOSS
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
<b>Total</b>		\$	\$	\$











**SCHEDULE E-1  
Real Estate**

List here all real estate owned by the incapacitated person, either in whole or in part, giving a full description, amount of mortgage (if any), the weekly or monthly rental and the approximate current market value. For investment property for which you are claiming commissions, please attach a copy of appraisal. If property is owned jointly or with others, give names of joint owners and their relationship to the incapacitated person.

PROPERTY # 1		JOINT OWNER(S)	RELATIONSHIP TO IP
Description:			
		% Ownership (IP)	
Address:		MARKET VALUE	OUTSTANDING MORTGAGE
Block:	Lot	\$	\$
Rental Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
PROPERTY # 2		JOINT OWNER(S)	RELATIONSHIP TO IP
Description:			
		% Ownership(IP)	
Address:		MARKET VALUE	OUTSTANDING MORTGAGE
Block:	Lot	\$	\$
Rental Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
PROPERTY # 3		JOINT OWNER(S)	RELATIONSHIP TO IP
Description:			
		% Ownership(IP)	
Address:		MARKET VALUE	OUTSTANDING MORTGAGE
Block:	Lot	\$	\$
Rental Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
PROPERTY # 4		JOINT OWNER(S)	RELATIONSHIP TO IP
Description:			
		% Ownership(IP)	
Address:		MARKET VALUE	OUTSTANDING MORTGAGE
Block:	Lot	\$	\$
Rental Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

PROPERTY # 5		JOINT OWNER(S)	RELATIONSHIP TO IP
Description:			
		% Ownership (IP)	
Address:		MARKET VALUE	OUTSTANDING MORTGAGE
Block:	Lot	\$	\$
Rental Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
PROPERTY # 6		JOINT OWNER(S)	RELATIONSHIP TO IP
Description:			
		% Ownership(IP)	
Address:		MARKET VALUE	OUTSTANDING MORTGAGE
Block:	Lot	\$	\$
Rental Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
PROPERTY # 7		JOINT OWNER(S)	RELATIONSHIP TO IP
Description:			
		% Ownership(IP)	
Address:		MARKET VALUE	OUTSTANDING MORTGAGE
Block:	Lot	\$	\$
Rental Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	
PROPERTY # 8		JOINT OWNER(S)	RELATIONSHIP TO IP
Description:			
		% Ownership(IP)	
Address:		MARKET VALUE	OUTSTANDING MORTGAGE
Block:	Lot	\$	\$
Rental Income	\$	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	

SCHEDULE E-1.11

Value of Investment Property

PROPERTY	MARKET VALUE
Property #1	\$
Property #2	\$
Property # 3	\$
Property #4	\$
Property #5	\$
Property #6	\$
Property #7	\$
Property#8	\$
Property #9	\$
Property #10	\$
<b>Subtract: Value of Primary Residence</b>	\$
<b>Total</b>	<b>\$</b>





**SCHEDULE E-3  
Present or Future Interests**

(e.g., Interests in Partnerships, Trusts, Claims, Causes of Action, Annuities or Pensions, IRA's, 401K's, 403B's and Joint accounts)

Please list the estimated values of all present and future interests the incapacitated person has in property not transferred to your control.

FOR INFORMATIONAL PURPOSES ONLY				
	Bank Name	Title/Beneficiary	Account #	Amount
In-Trust For Accounts				\$
				\$
				\$
				\$
				\$
Joint Accounts				\$
				\$
Individual Retirement Accounts				\$
				\$
Life Insurance				\$
				\$
Annuities				\$
				\$
				\$
				\$
				\$
				\$

**SCHEDULE F**  
**Monies owed to the guardianship**

DESCRIPTION	AMOUNT DUE
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Due Estate</b>	<b>\$</b>

**SCHEDULE G**  
**Claims against the Guardianship**

This schedule should list all monies owed by the guardianship

DESCRIPTION	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
<b>Total Claims Against the Estate</b>	<b>\$</b>

**SCHEDULE G-1**  
**Commissions due pursuant to SCPA § 2307**

(A)	SCPA 2307	(B)	COMMISSIONS EARNED
	TOTAL ESTATE	*\$	(A X B)
5%	0 - 100,000		
4%	100,001 - 300,000		
3%	300,001 - 700,000		
2 ½ %	700,001 - 5,000,000		
2%	5,000,001 +		
<b>Subtotal</b>			\$
<b>Less: Prior Commissions Received</b>			\$
<b>Total Due in Commissions</b>			\$

Schedule G-1.1

Total Estate

SCHEDULE	AMOUNT
"A"	\$
"A-1"	\$
"B"	\$
"C"	\$
<b>TOTAL ESTATE</b>	<b>*\$</b>

\* INSERT TOTAL IN SCHEDULE H-1

**SCHEDULE G-2**  
**Commissions due pursuant to SCPA § 2309**

\* You must select the beginning balance method or ending balance method. You must use the same method for each year.

SCPA 2309	*ELECT <input type="checkbox"/> BEGINNING BALANCE OR <input type="checkbox"/> ENDING BALANCE	(A)	(B)  NO. DAYS/365	COMMISSIONS EARNED
				(A X B)
Year 1	\$			
10.50 per 1,000	Up to \$400,000	\$		
4.50 per 1,000	400,001-600,000	\$		
3.00 per 1,000	600,000 +	\$		
<b>Subtotal Year 1</b>		\$		\$
Year 2	\$			
10.50 per 1,000	Up to \$400,000	\$		
4.50 per 1,000	400,001-600,000	\$		
3.00 per 1,000	600,000 +	\$		
<b>Subtotal Year 2</b>		\$		\$
Year 3	\$			
10.50 per 1,000	Up to \$400,000	\$		
4.50 per 1,000	400,001-600,000	\$		
3.00 per 1,000	600,000 +	\$		
<b>Subtotal Year 3</b>		\$		\$
Year 4	\$			
10.50 per 1,000	Up to \$400,000	\$		
4.50 per 1,000	400,001-600,000	\$		
3.00 per 1,000	600,000 +	\$		
<b>Subtotal Year 4</b>				\$
Year 5	\$			
10.50 per 1,000	Up to \$400,000	\$		
4.50 per 1,000	400,001-600,000	\$		
3.00 per 1,000	600,000 +	\$		
<b>Subtotal Year 5</b>		\$		\$
<b>Subtotal Page 1 (I-V)</b>				\$

**SCHEDULE G-2 (Cont)**  
**Commissions due pursuant to SCPA § 2309**

SCPA 2309		(A)	(B) NO. DAYS/365	COMMISSIONS EARNED
				(A * B)
Year 6	\$			
10.50 per 1,000	Up to \$400,000	\$		
4.50 per 1,000	400,001-600,000	\$		
3.00 per 1,000	600,000 +	\$		
<b>Subtotal Year 6</b>				\$
Year 7	\$			
10.50 per 1,000	Up to \$400,000	\$		
4.50 per 1,000	400,001-600,000	\$		
3.00 per 1,000	600,000 +	\$		
<b>Subtotal Year 7</b>				\$
Year 8	\$			
10.50 per 1,000	Up to \$400,000	\$		
4.50 per 1,000	400,001-600,000	\$		
3.00 per 1,000	600,000 +	\$		
<b>Subtotal Year 8</b>				\$
Year 9	\$			
10.50 per 1,000	Up to \$400,000	\$		
4.50 per 1,000	400,001-600,000	\$		
3.00 per 1,000	600,000 +	\$		
<b>Subtotal Year 9</b>				\$
Year 10	\$			
10.50 per 1,000	Up to \$400,000	\$		
4.50 per 1,000	400,001-600,000	\$		
3.00 per 1,000	600,000 +	\$		
<b>Subtotal Year 10</b>				\$
<b>Add : Subtotal Page 1 (I-V)</b>				\$
<b>Add: Subtotal Page 2 (VI-X)</b>				\$
<b>Add: 1% Total Disbursements</b>		<b>1% of *</b>		\$
<b>Subtract: Prior Commissions Received</b>				\$
<b>Total Commissions Due</b>				\$

\* Insert total of Schedule G-2.1

## SCHEDULE G-2.1

### Total Principal Paid

This schedule represents the total of all disbursements made during the guardianship less the amount being turned over to the Successor Guardian and amounts received as commissions.

PERIOD	YEAR	DISBURSEMENTS
Year 1		\$
Year 2		\$
Year 3		\$
Year 4		\$
Year 5		\$
Year 6		\$
Year 7		\$
Year 8		\$
Year 9		\$
Year 10		\$
<b>Subtract: Total Schedule E</b>		<b>\$</b>
<b>Subtract: Prior Commissions Paid</b>		<b>\$</b>
<b>TOTAL</b>		<b>\$</b>

## SCHEDULE H

### Persons Interested

Please list the names and addresses of all persons interested in this proceeding to whom notice of this application is required to be given.

VERIFICATION

STATE OF NEW YORK        )  
  ) ss:  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, states as follows:

I am the \_\_\_\_\_ of the person and/ or property of the within named former incapacitated person and that the attached final report and schedule(s) are, to the best of my knowledge and belief, a complete and true statement of my activities as such Guardian [or Co-Guardian, or Special Guardian or Trustee or Co-Trustee; receipts and payments on behalf of such former incapacitated person; money and other property which has come into my possession or has been received by others pursuant to my order or authority since the date of my appointment and the value of such property. I do not know of any error or omission in the report or schedule(s) to the prejudice of such former incapacitated person.

Guardian [or Co-Guardian or Special Guardian or Trustee or Co-Trustee]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Your name, address and telephone number)

VERIFICATION

STATE OF NEW YORK        )  
  ) ss:

COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, being duly sworn, states as follows:

I am the \_\_\_\_\_ of the person and/ or property of the within named former incapacitated person and that the attached final report and schedule(s) are, to the best of my knowledge and belief, a complete and true statement of my activities as such Co-Guardian or Co-Trustee; receipts and payments on behalf of such former incapacitated person; money and other property which has come into my possession or has been received by others pursuant to my order or authority since the date of my appointment and the value of such property. I do not know of any error or omission in the report or schedule(s) to the prejudice of such former incapacitated person.

Co-Guardian [or Co-Trustee]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Your name, address and telephone number)



## Affidavit of Service

I, the undersigned, being sworn, say: I am not a party to the action, am over 18 years if age, and reside at

On \_\_\_\_\_

I served the within Order to Show Cause, Verified Petition and Final Report of Guardian [or Co-Guardian(s) or Special Guardian or Trustee or Co-Trustee(s)] by delivering a true copy of each by certified mail, return receipt requested to each person named below at the address indicated.

\*List interested parties and their addresses here

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Print name below signature