The Initial Report

The attached Initial Report is also called the "90-day Report" since it must be submitted 90 days after the day that you received your Commission. All Guardians Must Include The Following Information In The Initial Report:

- What type of guardian you are-for personal needs, property management, or both.
- Whether you have completed a guardianship training program (attach a copy of the certificate of completion to your report).
- Your ward's age and where your ward lives.
- The name of the facility or residence where your ward lives, if your ward does not live at home.
- How often you have visited your ward during these first 90 days-you must have visited at least once.
- A list of important documents you have found that your ward signed in the past, such as power of attorney, a will, a health care proxy, or a living will.
- What plans you have to take care of your ward in the immediate future.
- Whether there have been changes in your ward's situation since the hearing.

Guardians for Personal Needs Must Provide the Following Information:

- The names and addresses of your ward's personal doctor and (if applicable) psychiatrist or psychologist (and their diagnosis).
- A list of other professionals or service agencies that provide services to your ward (home care agencies, meals on wheels, social services). You should list each one with an address and phone number.
- A list of day care programs your ward attends regularly with their names and phone numbers.
- A list of medications your ward is currently taking.

Guardians for Property Management Must Provide Detailed Financial Information on:

Bank accounts your ward owned at the time of your appointment as guardian (include the name of the bank, the account number and the amount of money in each account).

- Whether you have opened a Guardianship Account.
- A list of stocks, bonds, other securities that you have found, and whether you have changed the title of the accounts to your name as guardian.
- A list of any other funds you have found, where they were located, what their value is, and what you have done with these funds.
- A list of other personal property-such as a car, furniture, jewelry, and artwork-with a description, their location, and their value. A list of real property your ward owns including the location, the type of property it is, and its value.
- A list of the sources of your ward's monthly income, including the source and the amount each month.
- A list of other income, such as interest or dividends.
- A list of any debts or unpaid bills, including who needs to be paid and how much.
- Any public benefits you have applied for.
- Whether you have applied for insurance on behalf of your ward.
- Your ward's insurance policies (medical, long term care, homeowner's, auto, valuable items, art work, life insurance).
- Whether your ward has a safe deposit box, including the name of the bank, the address, and whether or not you have been able to see its contents and determine their value.

NOTE: When you submit your report you should attach all receipts, invoices and bank statements so that the court examiner can easily review how you have spent your ward's money.

New York State Mental Hygiene Law § 81.30 Initial Report.

- (a) No later than ninety days after the issuance of the commission to the guardian, the guardian shall file with the court that appointed the guardian a report in a form prescribed by the court stating what steps the guardian has taken to fulfill his or her responsibilities. Proof of completion of the guardian education requirements under section 81.39 of this article must be filed with the initial report.
- (b) To the extent that the guardian has been granted powers with respect to property management, the initial report shall contain a verified and complete inventory of the property and financial resources over which the guardian has control, the location of any will executed by the incapacitated person, the guardian's plan, consistent with the court's order of appointment, for the management of such property and financial resources, and any need for any change in the powers authorized by the court.
- © To the extent that the guardian has been granted powers regarding personal needs, the initial report shall contain a report of the guardian's personal visits with the incapacitated person, and the steps the guardian has taken, consistent with the court's order, to provide for the personal needs of that person, the guardian's plan, consistent with the court's order of appointment, for providing for the personal needs of the incapacitated person, a copy of any directives in accordance with sections two thousand nine hundred sixty-five and two thousand nine hundred eighty-one of the public health law, any living will, and any other advance directive, and any necessary change in the powers authorized by the court. The plan for providing for the personal needs of the incapacitated person shall include the following information:
- 1. the medical, dental, mental health, or related services that are to be provided for the welfare of the incapacitated person;
- 2. the social and personal services that are to be provided for the welfare of the incapacitated person;
- 3. any physical, dental, and mental health examinations necessary to determine the medical, dental, and mental health treatment needs; and
- 4. the application of health and accident insurance and any other private or government benefits to which the incapacitated person may be entitled to meet any part of the costs of medical, dental, mental health, or related services provided to the incapacitated person.
- (d) If the initial report sets forth any reasons for a change in the powers authorized by the court, the guardian shall make an application within ten days of the filing of the report on notice to the persons entitled to such notice in accordance with paragraph one of subdivision (d) of section 81.07 of this article for such relief. If the initial report sets forth any reasons for a change in the powers authorized by the court and the guardian fails to act under this subdivision, any person entitled to commence a proceeding under this article may petition the court for a change in such powers on notice to the guardian and the persons entitled to such notice in accordance with paragraph one of subdivision (d) of section 81.07 of this article for such relief.
- (e) The guardian shall send a copy of the initial report to the incapacitated person by mail unless the court orders otherwise pursuant to paragraph seven of subdivision (b) and paragraph nine of subdivision © of section 81.15 of this article.
- (f) The guardian shall send a copy of the initial report to the court evaluator and counsel for the incapacitated person at the time of the guardianship proceeding unless the court orders otherwise pursuant to paragraph seven of subdivision (b) and paragraph nine of subdivision © of section 81.15 of this article.
- (g) The guardian shall send a copy of the initial report to the court examiner.
- (h) If the incapacitated person resides in a facility, the guardian shall send a duplicate of such report to the chief executive officer of that facility.
- (I) If the incapacitated person resides in a mental hygiene facility, the guardian shall send a duplicate of such report to the mental hygiene legal service of the judicial department in which the residence is located.

SUPREME COURT OF THE STATE OF NEW YORK **INITIAL REPORT BRONX COUNTY** INDEX NO. In the Matter of Please mark appropriate boxes with [X], and type or print all requested Name of Incapacitated Person information. For more space, please ("IP" designates Incapacitated Person in this report) use reverse side of page of question being answered.. DATE OF ORDER APPOINTING GUARDIAN: _____/___/20_____ APPOINTING JUDGE:HON. PERSON(S) FILING THIS REPORT: ______, ____, What is the status of your educational requirements under MHL § 81.30? Waived Completed Name **Address** Relationship Phone Address Name Relationship Phone Name **Address** Phone Relationship Name **Address** Relationship Phone FILING STATUS OF PERSON FILING THIS REPORT: A. Sole Guardian of Person D. ___ Co-Guardians of Person B. Sole Guardian of Property E. Co-Guardians of Property C. ___ Sole Guardian of Person and Property F. ___Co-Guardians of Person and Property

INCAPACITATED PERSON'S PERSONAL DATA:

1. IP	P's Age:			
2. IP	resides in:			
a.	Community at:		Phone	Vacra in regiden
		n home, which is rented _		Years in residen
			owned.	
	The IP lives here a			
	The IP lives here v	vith others: Name	Re	elationship
		Name	Re	elationship
	This address is the home of	of another.		
		Name		Relationship
b.	Facility:			
٥.	Facility:Facility Name		Address	
	Phone FAX	Date Admitted		Name of Social Worker
2 1	anguage of IP: English	Spanish Other		
J. La	anguage of IF English	SpanishOther		
	(Comple	PERSONAL NEEDS te if your filing status is A	C. D.or F)	
	(Comple	te ii your iiiiig statas is A	<u>, 0, 0 01 1</u>)	
5. Pi	rimary Care Physician:Name	Address		Phone
	Frequency of examinations	Date of last examination	Primary	/ Diagnosis
6. Ps	sychiatrist/Psychologist or Other Me	ental Health Provider:		
	Name	Address		Phone
	Frequency of examinations	Date of last examination	Primary	Diagnosis
7. D	entist:			
	Name	Address		Phone
	Frequency of examinations	Date of last examination		
Com	plete the following <u>ONLY</u> if the IP r	esides <u>IN THE COMMUNITY.</u>		
8. PI	harmacy:			
-	Name	Address		Phone

Name	Address	Phone	Profession/Ser	vice
Name	Address	Phone	Profession/Ser	vice
Name	Address	Phone	Profession/Ser	vice
Name	Address	Phone	Profession/Ser	vice
10. List Day Care Pro	ograms or other regularly attended pro	ograms for nutrition, rehab	ilitation, socializat	ion, etc
Name	Address	Phone	Frequency of A	Attendance
Name	Address	Phone	Frequency of	Attendance
Name	Address	Phone	Frequency of A	ttendance
Name	Address	Phone	Frequency of A	Attendance
Report all liquid asset	PROPERTY/FINANCI status is B, C, E or F. s, personal property, real property an		RIZED to take into	o your
Report all liquid asset	status is B, C, E or F.		RIZED to take into	o your
Report all liquid asset possession, managen	status is B, C, E or F. s, personal property, real property an		RIZED to take into	o your
Report all liquid asset possession, managen	status is B, C, E or F. s, personal property, real property an nent and control, AS GUARDIAN.		RIZED to take into	o your
Report all liquid assets possession, managen 11. Liquid Assets: a. [] Cash Accounts	status is B, C, E or F. s, personal property, real property an nent and control, AS GUARDIAN.	d income you are AUTHO	RIZED to take into	o your
Report all liquid assets possession, managen 11. Liquid Assets: a. [] Cash Accounts Have you cha	status is B, C, E or F. s, personal property, real property an nent and control, AS GUARDIAN. s:	d income you are AUTHO. ne, as guardian?	RIZED to take into	o your [] No
Report all liquid assets possession, managen 11. Liquid Assets: a. [] Cash Accounts	status is B, C, E or F. s, personal property, real property an nent and control, AS GUARDIAN. s:	d income you are AUTHO	[]Yes	[] No
Report all liquid assets possession, managen 11. Liquid Assets: a. [] Cash Accounts Have you cha	status is B, C, E or F. s, personal property, real property an nent and control, AS GUARDIAN. s:	d income you are AUTHO. ne, as guardian?		
Report all liquid assets possession, managen 11. Liquid Assets: a. [] Cash Accounts Have you cha	status is B, C, E or F. s, personal property, real property an nent and control, AS GUARDIAN. s: anged the title of accounts to your nan Acct. Type/Acct. No.	d income you are AUTHO ne, as guardian? Amount	[]Yes	[] No
Report all liquid assets possession, managen 11. Liquid Assets: a. [] Cash Accounts Have you cha Institution Institution Institution	status is B, C, E or F. s, personal property, real property an ment and control, AS GUARDIAN. s: anged the title of accounts to your nan Acct. Type/Acct. No. Acct. Type/Acct. No.	ne, as guardian? Amount Amount	[] Yes [] Yes	[] No
Report all liquid assets possession, managen 11. Liquid Assets: a. [] Cash Accounts Have you cha Institution Institution	status is B, C, E or F. s, personal property, real property an ment and control, AS GUARDIAN. s: anged the title of accounts to your nan Acct. Type/Acct. No. Acct. Type/Acct. No.	ne, as guardian? Amount	[]Yes []Yes []Yes	[]No []No []No

(Accounts in any one institution should not exceed \$100,000 in order to avoid the loss of FDIC coverage.)

H	ave you changed the title of accounts	s to your name	e, as quardia	ın?			
	avo you changou ino inic or account	o to your manne	s, ao gaaran				
Institution	Acct. Type/Acct. No.		Amount	[] Yes	[] No
				ſ] Yes	1] No
Institution	Acct. Type/Acct. No.		Amount	٠	_	•	
Institution	Acct. Type/Acct. No.		Amount	[] Yes	[] No
Institution	Acct. Type/Acct. No.		Amount	[] Yes	[] No
		TOTAL					
c. [] Stocks							
	ave you changed the title on certifica	tes to your na	me, <i>as guar</i>	dia	n?		
Corporation	No. of shares		Value	[] Yes]	[] No
				[] Yes	[] No
Corporation	No. of shares		Value	r	1 Voo	r	1 No
Corporation	No. of shares		Value	L] Yes	L] No
Corporation	No. of shares		Value	[] Yes	[] No
		TOTAL					
d. [] Bonds: Ha	ave you changed the title on bonds to	o your name, a	as guardian?	•			
Issuing govt./agcy./corp	p.		Value	[] Yes	[] No
Issuing govt./agcy./corp	р.		Value	[] Yes	[] No
Issuing govt./agcy./corp			Value	[] Yes	[] No
				[] Yes	[] No
Issuing govt./agcy./corp	p.	TOTAL	Value	[] Yes]]

			ardian, or not a		
Туре	Location	Value	[] Yes	[] No	[] N/A
			[]Yes	[] No	[] N/A
Туре	Location	Value			
Туре	Location	Value	[]Yes	[] No	[] N/A
	Location	Value	[] Yes	[] No	[] N/A
.,,,,,		DTAL			
f. TOTAL VALUE	OF LIQUID ASSETS:	OX A			
12. Personal Proj	perty (e.g., cars, boats, furniture	e, jewelry, artwork) :			
12. Personal Prop	perty (e.g., cars, boats, furniture	e, jewelry, artwork) : Value			
Description	Location	Value			
Description Description	Location	Value Value			
Description Description	Location Location Location	Value Value Value			
Description Description Description	Location Location Location Location	Value Value Value Value			
Description Description Description Description Description	Location Location Location Location Location	Value Value Value Value Value Value			
Description Description Description Description Description Description	Location Location Location Location Location Location	Value Value Value Value Value Value Value			
Description Description Description Description Description Description Description	Location Location Location Location Location Location Location	Value Value Value Value Value Value Value Value Value			
Description Description Description Description Description Description Description Description	Location Location Location Location Location Location Location	Value Value Value Value Value Value Value Value Value			

13. Real Property (e.g., vacant land, residential [including cooperative apartments and condominiums] commercial or income producing property):

In the letter you received at your appointment, you were instructed about filing the "Statement Identifying Real Property" (Form #3 attached to letter). Attach a copy of form(s) filed for property listed below.

				[]sole []joint []part*	** (%)****
Locati	on	Property Type	Value**	[]	(
Locati	on	Property Type	Value	[]sole []joint []part	(%)
		Decrease Toron	Value	[]sole []joint []part	(%)
Locati	on	Property Type	Value		(0()
Locati	on	Property Type	Value	[] sole [] joint [] part	(%)
Locati	on	Property Type	Value	[] sole [] joint [] part	(%)
				[]sole []joint []part	(%)
Locati	on	Property Type	Value		
	ship sha		des IP's part ownership erest. and "%"	**** "%" includes IP's interest. Mortgage % debt to total value.	part ownership or mortgage is proportion of
TOT	AL VA	LUE OF REAL PROPERTY:	BOX C		
		. VALUE OF LIQUID ASSETS, PE	KES A, B and C		
15.	Regu	ular Monthly Income			
a.	[] Social Security Retirement		\$	per month.
b.	[] Supplemental Security Income (SSI)	\$	per month.
c.	[] Social Security Disability (SSD)		\$	per month.
d.	[] Veterans' Benefits (VA)		\$	per month.
e.	[] Pension/Retirement Benefits		\$	per month.
f.	[] Annuity Income		\$	per month.
g	[] Rental Income		\$	per month.

h.	[] Mortgage Interest Income	\$	per month.
i.	[] Other from list on reverse side	\$	per month.
		TOTAL REGULAR MONTHLY INCOME:		7
				4
16. (Other	r Income (report approximate amounts on an annual basis):		
a.	[] Interest	\$	
b.	[] Dividends	\$	
C.	[] Trust Income	\$	
d.	[] Other from list on reverse side	\$	
		TOTAL OTHER INCOME:		1
				4
17. [] IF	P is the beneficiary of the following trusts:		
	Ту	ype Name of Trustee	Truste	ee's Address/Phone
	Ту	ype Name of Trustee	Truste	ee's Address/Phone
	Ту	ype Name of Trustee	Truste	ee's Address/Phone
	Ту	ype Name of Trustee	Trustee	e's Address/Phone
18. I	Debt	(List all debt over \$500):		
a.	[] Mortgage(s) (Total balance due on all mortgages)	\$	
b.	[] Rent arrears (Total of past du rent)	\$	
c.	[] Utilities (Total of past due gas, electric, oil, telephone bills)	\$	
d.	[] Real Property Taxes (Total of past due real property tax)			
e.	[] Hospital/Medical (Total of past due hospital, doctor, lab bills)			
f.	[] Income Taxes (Total of federal/state/local income taxes	\$	
g.	[] Other from list on reverse side	\$	
		TOTAL DEBT:		

19.	Application has been made for the following gover	nment	entitlements:
a. [] Social Security Retirement	f. [] STAR (relief from property taxes)
b. [] Supplemental Security Income (SSI)	g. [] Other (please explain)
c. [] Social Security Disability (SSD		
d. [] Medicaid		
e. [] HEAP (aid for heating costs)		
20. debt	Are any civil judicial proceedings pending or threat collection, divorce, immigration proceeding; pleas	e expla	
21. [] Medical/Hospital insurance has been provided	for the	IP, as follows (please explain):
22. [] Homeowner/Renter's insurance has been prov	ided fo	r the IP, as follows (please explain):
23. [] Auto insurance has been provided for the IP, as	s follow	s (please explain):
24.	Other insurance has been provided for the IP,	as follo	ows (please explain):

25. [] Safe Deposit I	Boxes are authorized to	be opened and have	been lo	cated, as follows:
Institution		Address/Phone	[] Opened (inventory attached)
Institution		Address/Phone	_	
Institution		Address/Phone	[] Opened (inventory attached)
Institution		Address/Phone	[] Opened (inventory attached)
Institution		Address/Phone	[] Opened (inventory attached)
Institution				e, as follows (please explain):
26. [] Mail is authori	200 to 50 001100100 01110			
(e.g., tax returns filed	previously have been lo	cated, accountant pre	viously r	se that authority are, as follows etained to prepare returns has been
Fiduciary Relationship		ORM SS-4 (Request for	or Emplo	filed, IRS FORM 56 (Notice of oyer Identification Number, if employing filed; please explain):
_				
The following mu	ıst be completed k	y ALL GUARDIA	NS	
J	·			
		DOCUMENTS		
inconsistent with the p management powers a as guardianship of per	owers granted in the guas the guardianship of promal needs), applications	uardianship (e.g., powe property or health care on will be made to the	er of atto proxy g court for	olth care proxy, will); if any document is brney grants same property rants same medical decision making further instructions; please mark box if wen NOTICE of guardianship
Document Type	Date	Located]]] Application to court required] NOTICE given to fiduciary
Document Type	Date	Located]] Application to court required] NOTICE given to fiduciary
Document Type	Date	Located]] Application to court required] NOTICE given to fiduciary
Document Type	Date	 Located]] Application to court required]NOTICE given to fiduciary
	24.0		ı] Application to court required
Document Type	Date	Located	[NOTICE given to fiduciary

VISITS

29. The frequency of the Guardian/Co-Guardians' vis required to visit at least 4 times per year):	sits to the IP ar	nd the date of the last visit (Guardians a	are
(Frequency (e.g., daily, weekly, monthly, 4 Xs per year)		Date of last visit	
CHANGES AND	ADDITION	AL POWERS	
30. Please report any changes to the IP's personal c property affairs currently needed and planned.	are and mainte	enance or management of his/her finan	cial and
31. Do these changes require additional powers or a	modification c	f the powers granted?	
DATED:, 20			
STATE OF NEW YORK)) SS: COUNTY OF)			
I/We, being duly sworn, say, that I am/we are the Guarand have executed this Initial Report, which to the be information regarding the personal needs and/or prophave undertaken on behalf of the Incapacitated Persone/us of my/our own knowledge, except those which	est of my/our kr perty of the Inc on. I/we verify	Name of owledge and belief contains true and a apacitated Person and all of the activiti that all matters reported herein are kno	accurate es I/we
Sign:	Sign:		_
Print Name of Guardian/Co-Guardian of [] Person [] Property [] Person & Propert	- <u>-</u>	Print Name of Co-Guardian [] Person [] Property [] Person & Property	/
Sign:	<u> </u>		
Print Name of Co-Guardian [] Person [] Property [] Person & Property			
FILERS & JOINT FILERS		Sworn to before me	
All filers may only mark one (1) box under their name. To qualify as joint-filers, the same box must be marked under each joint-filer's name.		day of	, 20
markoa anaci caon joint-illei 3 liaille.		Notary Public	

AFFIDAVIT OF MAILING

i, the undersigned, be	eing sworn, say		
On the	day of _		, 20
	Initial Report of Guardi t parties and their addresse		to each person named below at the
	s named in the Order shall be filed with th		served with a copy of this report
		SIGN NAME	
		PRINT NAME	
Sworn before me on t	the		
	day of		, 20
Notary Public			