SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF BRONX -----X APPLICATION FOR APPROVAL OF EXPENDITURES / ORDER In the Matter of _____ guardian/trustee as guardian of An Incapacitated Person. Index No.: -----X TO THE JUSTICE PRESIDING: 1. Guardians respectfully requests permission to expend a sum not to exceed \$_____ for the following: 2. The current value of Guardianship estate (Excluding the value of real property) is \$______. The current value of the Supplemental Needs Trust (If any) \$______. 3. The last annual report filed by the Guardian was for the year: ______. 4. The Guardians believes that the aforesaid expenditures are for the direct benefit of the Incapacitated Person in that (explain briefly) 5. The Guardians annexes supporting documentation (e.g., 2 or 3 expense estimates) and other necessary information establishing that this sum is fair and reasonable. 6. _______, (insert the name(s) of the interested parties requiring notice, if any. If there is a SNT the department of social services must be served) was/were notified of the pending application by mail/email/fax on the ___ day of ______, 202__. Dated: Signature of Guardian Sworn to before me this day of 20 Name of Guardian Notary Public ----- To be submitted with second page to the Court Examiner for recommendation -----

To be submitted by the	Court Examiner for consideration
1. My last filed examination covered the year/per	riod:
2. I respectfully recommend Do not recommend	mendapproval of the above expenditures.
Dated:20	
	Signature of Court Examiner
	Name of Court Examiner
To be submitted to	o assigned Judge for decision
Upon reading and filing the foregoing, the expendi	iture(s) is/are
APPROVED	NOT APPROVED/DENIED
NOT APPROVED/DENIED WITHOU	T PREJUDICE
Additional Comments:	
So Ordered:	
D. a.d.	
Dated:	

*The Guardian is directed to serve a copy of this Order on the Court Examiner within 5 days of the date of the Order.