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

		X		
In the Matte	r of the Initial Report of			
		-	INITIAL REPORT	
As Guardiar	n for			
		-	Index #	
An Incapaci	tated person.			
		X		
I,		, with an addres	ss at	
			, as Guardian for	
the above-na	amed person, do hereby n	nake, render and file	the following initial Report of	
Guardia as f	follows:			
1. That your Guardian has successfully completed all educ			pleted all educational	
	requirements under Section 81.39 of the Mental Hygiene Law by			
	attending class on the	day of	, 20 sponsored by	
		at		
	(attach a copy of certif	icate issued to Guar	dian)	
2.	That your Guardian file with the Supreme Court his/her bond in the			
	amount of \$	on	,20	
	(attach a copy of bond)		
3.	That your Guardian received his/her commission from the County Clerk,			
	which commission is o	lated	, 20	
	(attach a copy of comr	nission).		

follow	Your Guardian has visited the Incapacitated Person and has taken the ring steps, consistent with the Court Order, and has provided for r personal needs as follows: Arrangements for medical, dental, mental health or related services to be provided to the Incapacitated Person:
В.	Arrangements for social and personal services to be provided to the Incapacitated Person, including services of a health care attendant and/or assistance in daily living, recreation and socialization:
C.	Health and/or accident insurance coverage, as well as government benefits, to which the Incapacitated Person is entitled and presently receives:
D.	Date/time and place of visits made by the Guardian with the Incapacitated Person since the order of appointment:

4.

5.	That the Incapacitated Persons date of birth is:	
6.	That the last four digits of the Incapacitated Persons Social Security	
	Number is: xxx-xx	
7.	The following is a true and full account of all assets of the Incapacitated Person that have been received by your Guardian and placed in guardianship accounts under the control of the Guardian:	
BANK ACCOUNTS (List name and address of institution, account numbers and amount of money on hand <u>prior</u> to liquidation by Guardian and the institution and account numbers to which the monies were deposited) Provide statements evidencing closeout of accounts		
All mo	onies have been deposited into guardianship accounts, except: in)	

STOCKS	AND	SECU	JRITIE	S
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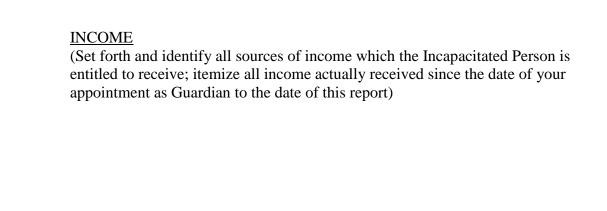
(List name and address of company, number of shares and fair market value of stock or security as of the date of your appointment)

REAL ESTATE

(List property address, description of property [i.e. two family dwelling] and approximate value of premises, and names of tenants, if any, as well as rental income collected. Set forth date of filing of Statement Identifying Real Property with County Clerk)

PERSONAL PROPERTY

(Set forth any jewelry, collectibles, automobiles and cash and set forth approximate values)



DISBURSEMENTS

(Set forth all payments made from the date of your appointment as Guardian to the date of this report)

ASSETS NOT YET MARSHALLED

(Set forth all bank accounts, stocks, securities and/or security accounts not yet converted to guardianship assets)

STATE OF NEW YORK)	
COUNTY OF)	SS.:
Guardian for the above-name inventory contain, to the best statement of all my receipts a Person; and of all money and which have come to my hand order or authority or for my	, being duly sworn, say I am the ed Incapacitated Person, the foregoing account and of my knowledge and belief, a full and true and disbursements on account of said Incapacitated other personal property of said Incapacitated Person is or have been received by any other persons by my use since my appointment, and of the value of all my error or omission in the report to the prejudice of
	Guardian
Sworn to before me this, 20_	_ day _