SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF NASSAU

		v		
In the Matter	of the Initial Report of	х		
			INITIAL REPORT	
As Guardian	for		T 1 "	
An Incapacitated person.		Index #		
-	ated person.	Y		
		A		
I,		, with an address at		
			, as Guardian for	
the above-na	med person, do hereby n	nake, render and file the	following initial Report of	
Guardia as fo	ollows:			
1.	That your Guardian has successfully completed 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 certificate issued to Guardian)			
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 re	ceived his/her commissi	on from the County Clerk,	
	which commission is o	lated	, 20	
	(attach a copy of comr	nission).		

follow	rour 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.	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:
(List nand p	X ACCOUNTS name and address of institution, account numbers and amount of money on orior to liquidation by Guardian and the institution and account numbers to the monies were deposited) Provide statements evidencing closeout of onts
All mo	onies have been deposited into guardianship accounts, except: in)

(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)

INCOME (Set forth and identify all sources of income which the Incapacitated Person is entitled to receive; itemize all income actually received since the date of your appointment as Guardian to the date of this report)

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. :	
I,Guardian for the above-named Incapacitated inventory contain, to the best of my knowledgestatement of all my receipts and disbursement Person; and of all money and other personal personal personal of the personal person	ge and belief, a full and true ts on account of said Incapacitated property of said Incapacitated Person eceived by any other persons by my ointment, and of the value of all
Sworn to before me this day of, 20	Guardian
Notary Public-Commissioner of Deeds	