

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF SUFFOLK

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In the Matter of the Initial Report of

INITIAL REPORT

As Guardian for

Index # _____

An Incapacitated person.

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I, _____, with an address at _____, as Guardian for the above-named person, do hereby make, render and file the following initial Report of Guardia as follows:

1. That your Guardian has successfully completed all educational requirements under Section 81.39 of the Mental Hygiene Law by attending class online or in person 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 if not e-filed)
3. That your Guardian received his/her commission from the County Clerk, which commission is dated _____, 20__
(attach a copy of commission if not e-filed).

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:

BANK ACCOUNTS

(List name and address of institution, account numbers and amount of money on hand prior to liquidation by Guardian and the institution and account numbers to which the monies were deposited) Provide statements evidencing closeout of all accounts.

All monies have been deposited into guardianship accounts, except:
(explain)

STOCKS AND SECURITIES

(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)
) ss. :
COUNTY OF)

I, _____, being duly sworn, say I am the Guardian for the above-named Incapacitated Person, the foregoing account and inventory contain, to the best of my knowledge and belief, a full and true statement of all my receipts and disbursements on account of said Incapacitated Person; and of all money and other personal property of said Incapacitated Person which have come to my hands or have been received by any other persons by my order or authority or for my use since my appointment, and of the value of all property. I do not know of any error or omission in the report to the prejudice of said Incapacitated Person.

Guardian

Sworn to before me this ____ day
of _____, 20__

Notary Public-Commissioner of Deeds