

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

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**APPLICATION FOR APPROVAL  
OF EXPENDITURES / ORDER**

In the Matter of \_\_\_\_\_

\_\_\_\_\_,

guardian/trustee

as guardian of

\_\_\_\_\_,

An Incapacitated Person.

Index No.: \_\_\_\_\_

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**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* -----

