

Insert Court Examiner's Name

INITIAL REPORT OF GUARDIAN

_____ Court OF STATE OF NEW YORK

COUNTY OF _____

In the Matter of the Initial Report of _____,

As Guardian for _____, Index No. _____
An Incapacitated Person

General Instructions

1. All guardians must complete **Section I**.
2. All guardians must attach a copy of the Order of appointment.
3. All guardians must sign and file a Designation with, and obtain a Commission from, the county clerk.
4. If you have been appointed guardian for the personal needs of the incapacitated person complete **Section II**.
5. If you have been appointed guardian for the property management of the incapacitated person complete **Section III, the summary and attached schedules** pertaining to the guardianship assets and financial resources.
 - (a) When listing property on a schedule be sure to specify the details. For instance, with bank accounts, list name and address of bank, number of account and balance; with stocks, list number of shares, name of stock, type and value. Do not list any monies held in a Supplemental Needs Trust fund on this report, a separate report is required.
 - (b) If a schedule does not provide enough space, attach additional sheets with a reference to the schedule to which the information applies.

- (c) In any schedule, when there is nothing to list, state "NONE".
6. All guardians must file an original completed initial report in the county clerk's office no later than ninety (90) days after the issuance by the county clerk of your commission as guardian.
 7. All guardians must send a copy of the initial report to the incapacitated person by mail, unless the court has ordered otherwise.
 8. All guardians must send a time-stamped copy of the completed and filed initial report to the Court Examiner assigned to this matter. If you are not aware of the name and address of the Court Examiner, the information may be obtained from the New York State Supreme Court, Appellate Division, Fourth Department at (585)530-3225.
 9. All guardians must send a copy of the completed and filed initial report to any person noted in the Court Order. Also, if the incapacitated person resides in a facility, send a duplicate of your initial report to the chief executive officer of that facility; if the incapacitated person resides in a mental hygiene facility, send a duplicate of your initial report to Mental Hygiene Legal Service at M. Dolores Denman Courthouse 50 East Avenue - Suite 402 Rochester, New York 14604. If you have questions about to whom you need to send a copy of your report, ask the Court Examiner assigned to review your report.
 10. If you require additional space to answer any question or portion of a question, attach additional sheets of paper to your report and make a notation within this report form that you are attaching additional sheets of paper.

SECTION I GENERAL INFORMATION

(all guardians must complete this section).

1. **DATE OF THIS REPORT:** _____

2. **GUARDIAN(S):** (List all guardians who have submitted this report)

Name(s): _____

Address(es) (include mailing address, if different):

Telephone no.: _____

3. **INCAPACITATED PERSON:**

Name: _____

Address (if a residential facility, include name of director or person responsible for person's care):

Telephone no.: _____

Date of Birth: _____

Last 4 digits of Social Security Number _____

4. **APPOINTMENT:**

Date of Order: _____

Court: _____

Name of Judge/Justice: _____

Date Designation was signed and filed: _____
(Attach copy of Designation)

Date Commission was issued: _____
(Attach copy of Commission)

5. **BOND:** (Complete if bond was required by Court Order)

Bonding company name: _____

Date bond was filed: _____
(Attach copy of Bond)

Bonding company address:

Value of bond: _____

6. **EDUCATIONAL REQUIREMENTS:**

Unless waived by the Court, you must fulfill the educational requirements set forth in Mental Hygiene Law § 81.30(a) by completing a training program approved by the chief administrator.

See link for on-line training: <http://www.nyCourts.gov/ip/gan/training.shtml>.

Have you fulfilled this requirement? Attach certificate.

Yes No

If you have not fulfilled the educational requirements and the requirements have not been waived by the Court explain:

7. **VISITS:** (guardians are required to visit the incapacitated person at least four [4] times a year or more frequently as specified by Court Order).

Have you visited the incapacitated person?

Yes No

If yes, provide the date and location of such visits:

	<u>Date</u>	<u>Location</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____

If no, explain:

8. **TYPE OF GUARDIANSHIP:**

Have you been granted powers over the personal needs of the incapacitated person?

Yes No

If yes, complete **Section II**.

Have you been granted powers regarding property management of the incapacitated person?

Yes No

If yes, complete **Section III**.

9. **CHANGE IN POWERS:**

Is there any reason for any alterations in your powers as guardian as authorized by the Order appointing you?

Yes No

If yes, specify change requested:

If you want to change your authorized powers, you must make an application within TEN (10) days of filing this report and provide notice to the Court Examiner and any other person specified in your Order of appointment as entitled to such notice. If you fail to comply with this provision, any person entitled to commence a proceeding under this article may petition the Court for a change in the powers on notice to you, the guardian, and the persons entitled to such notice as stated in the Order of appointment.

SECTION II PERSONAL NEEDS

If you have been granted powers with respect to personal needs of the incapacitated person, provide the following information, consistent with the Order appointing you:

1. Explain the steps you have taken, consistent with the Order appointing you, to provide for the personal needs of the incapacitated person.

2. Describe the plan for providing for the personal needs of the incapacitated person by setting forth information regarding:
 - (a) Provisions for medical, dental, mental health, or related services:

(b) Provisions for any personal and social services:

(c) Medical, dental and mental health examinations necessary to determine the health needs of the incapacitated person:

<u>Date</u>	<u>Type of Examination</u>	<u>Diagnosis/Treatment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d) Utilization of health and accident insurance and any other private or government benefits to which the incapacitated person may be entitled:

(e) Any additional provisions of the plan for providing for the personal needs of the incapacitated person:

3. Indicate whether the incapacitated person has any of the following. If so, attach a copy to this report:

- | | | |
|---|------------------------------|-----------------------------|
| (a) living will | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (b) health care proxy | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (c) surrogate decision-making directive | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (d) any other advance directive | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| (e) MOLST | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

SECTION III PROPERTY MANAGEMENT

If you have been granted powers regarding the property management of the incapacitated person, provide the following information, consistent with the Order which appointed you, pertaining to the fulfillment of your responsibilities to the incapacitated person to provide for property management.

1. Describe the plan for the management of the property and financial resources of the incapacitated person.

2. Is there a Supplemental Needs Trust?

Yes No

3. Are you required by Court Order to provide an annual report as Trustee of the Supplemental Needs Trust?

Yes No

If yes, provide a copy of the Order establishing the Supplemental Needs Trust to the Court Examiner with this report.

4. Has the Incapacitated Person executed a will?

Yes No

If yes, provide location of will.

Schedules and Summary follow.

Complete the following schedules and summary. If you have nothing to list on a schedule, state "NONE".

SCHEDULE A

Provide a complete inventory of the property of the Incapacitated Person over which you have control. List all guardianship assets you had on the first day of the accounting period.

I. PERSONAL PROPERTY

1. Bank accounts and cash - list the name and address of the institution, account numbers and balance at the time of your appointment. Attach a copy of any and all statements indicating a monetary balance as of the time of your appointment. Additionally, list any cash on hand not in bank accounts. **If a Supplemental Needs Trust exists, do not list any fund monies here. If reporting for the Supplemental Needs Trust fund is required by Court Order, report separately pursuant to the terms of such Court Order.** However, if there was a transfer of monies from the Supplemental Needs Trust into the Incapacitated Person's estate, list those monies here. Those transferred funds are considered income for the Incapacitated Person's estate.

<u>Institution</u>	<u>Account Number</u>	<u>Balance</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Value \$ _____

2. Corporate and government securities (e.g., corporate stocks and bonds; Federal, State or municipal bonds and notes).

Total Value \$ _____

3. Present or future interests (e.g., interests in partnerships, trusts, litigation settlement funds or pensions) - list and describe all present or future interests the Incapacitated Person has in property which has not been transferred to your control and indicate estimated value. Provide copies of all Trust documents. **Do not list any Supplemental Needs Trust fund monies here. If reporting for the Supplemental Needs Trust fund is required by Court Order, report separately pursuant to the terms of such Court Order.** However, if there was a transfer of monies from a Supplemental Needs Trust into the Incapacitated Person's estate, list those monies here. Those transferred funds are considered income for the Incapacitated Person's estate.

Total Value \$ _____

4. Other personal property (e.g., furniture, jewelry, artwork) - list and describe other personal property and indicate estimated value.

Total Value \$ _____

TOTAL VALUE OF ALL PERSONAL PROPERTY \$ _____

II. REAL PROPERTY - give the address, description and approximate value of any real property. Additionally, provide the date of filing of statement identifying real property with the County Clerk as required by Mental Hygiene Law § 81.20(a)(6)(vi). (Attach to this report a copy of the statement identifying real property.)

<u>Address</u>	<u>Description</u>	<u>Value</u>	<u>Date of filing</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TOTAL VALUE OF REAL PROPERTY \$ _____

Indicate on the above list if the Incapacitated Person is residing in any of the listed real property.

SCHEDULE A SUMMARY

Assets on hand at date of appointment

- I. Personal property..... \$ _____
- II. Real property..... \$ _____

TOTAL SCHEDULE A \$ _____

SCHEDULE B

Provide a complete inventory and identification of all sources of income or periodic payments the Incapacitated Person is entitled to receive, including: interest, dividends, pension plans, social security benefits, trust income (other than a Supplemental Needs Trust) and any rental income.

<u>Type of income or payment</u>	<u>Amount per month</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Total Monthly Income/Payment \$ _____

VERIFICATION

STATE OF _____)

ss:

COUNTY OF _____)

_____, being duly sworn, state that I am the guardian of the within named Incapacitated Person and that the attached initial report and schedule(s) contain, to the best of my knowledge and belief, a complete and true statement of my activities as such guardian; receipts and payments on behalf of such Incapacitated Person; money and other property which has come into by possession or has been received by other persons by my order or authority since the date of my appointment; and the value of such property. I do not know of any error or omission in this report to the prejudice of such Incapacitated Person.

Guardian

(Your name, address and telephone number)

Sworn to before me this ____ day

of _____, 20__.

Notary Public