

SUPREME COURT OF THE STATE OF NEW YORK  
RICHMOND COUNTY

In the Matter of the **ANNUAL ACCOUNT** of

**ANNUAL ACCOUNT  
YEAR:**

\_\_\_\_\_

(IP's name) \_\_\_\_\_

Index #

Court Examiner:

An Incapacitated Person. \_\_\_\_\_

I, \_\_\_\_\_ residing at  
\_\_\_\_\_

and with telephone number: \_\_\_\_\_, as Guardian for the

above named person, by Order of the Supreme Court, Richmond County dated

\_\_\_\_\_ and have continued to act as such fiduciary since that

date, giving a bond in the original sum of \$ \_\_\_\_\_, pursuant to

subsequent orders, which is still in force and effect with [name of surety company or

agent] \_\_\_\_\_, Bond Number \_\_\_\_\_,

as Surety. There has been no change in the Surety thereon, and the Surety is in good

financial standing as when the bond was given. (Note: If there has been a change in

the bond, of the Surety thereon, or in financial standing of the Surety, explain in

Schedule "F"). The following is a true and full account of all receipts and disbursements

for the year \_\_\_\_\_.

**SUMMARY**

Schedule "A"	Principal on hand at date of appointment or last accounting	\$ _____
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**SCHEDULE "A-1"**

(Income Received)

(Bank Interest, Social Security Benefits, Pension Benefits, Rental Income, Salary, Bond Interest, Dividends, Annuity Income, etc.)

**SOURCE**

**AMOUNT**

**SCHEDULE "A-2"**

(Increases or Decreases to Principal)

(Increases - Proceeds of Sale of Property, Increases Realized upon Sale of Securities, Unrealized Increase to Securities Due to market Fluctuations, Tax Refunds, Insurance Premium Refunds, Newly discovered assets, inheritance, Capital Gains, etc.)

(Decreases to Principal - Cost of Purchase of Real Property, Loss on Sale of Securities, Unrealized Decreases in Value of Securities Due to Market Fluctuations, etc.)

**TOTAL SCHEDULE A (pincipal + income)**

**\$**

**SCHEDULE "B"**

(Disbursements - Expenditures - money paid out)

List ALL expenses paid from the funds of the IP as follows: ALL Disbursements must be categorized and subtotaled.

<u>PAID TO</u>		<u>AMOUNT</u>
BOND Premium		\$
<u>Court Ordered fees</u>		\$
	\$	
	\$	
	\$	
	\$	
Bank checkbook fee		\$
<u>Rent</u>		\$
<u>Nursing Home</u>		\$
<u>Groceries/Food</u>		\$
Personal Items - toiletries		
<u>Medical Expenses</u>		\$
<u>Utilities</u>		
Con Edison		\$
National Grid		\$
Verizon		\$
		_____
<b>TOTAL DISBURSEMENTS SCHEDULE B:</b>		<b>\$</b>

**SCHEDULE "C"**

**ASSETS ON HAND AT END OF PERIOD UNDER REVIEW**

(Leaves a balance with which the Guardian is chargeable - Balance on Hand)

\* **NOTE:** List here all bank accounts' securities; brokerage accounts; personal property. If property is owned jointly with others, give names of joint owners and their relationship to the incapacitated person. List bank account values as of end of accounting period. With respect to securities, list both inventory value and market value as of end of accounting period

DESCRIPTION

VALUE

**TOTAL OF SCHEDULE "C" (balance on hand) \$ \_\_\_\_\_**

**SCHEDULE "D"**

**REAL ESTATE**

\* **NOTE:** List here all real estate owned by the incapacitated person, either in whole or in part, stating its location, assessed value, amount of mortgage (if any), the weekly or monthly rental, and the approximate current market value. If property is owned jointly with others, give names of joint owners and their relationship to the incapacitated person.

**SCHEDULE "E"**

**ALL OTHER PERSONAL PROPERTY**

(Jewelry, Automobiles, Boats, etc.)



## PERSONAL NEEDS

1. **LIST:** Any major changes in physical or Mental Condition or substantial change in medication since the Initial Report.
  
2. Statement if the residence of the IP is best suited to his/her current needs; resume [list] of medical treatment given during year of report; projected medical, dental and mental health treatment for coming year.
  
3. State the social condition of the IP and his/her social needs and skills.
  
4. **LIST:** The last date the IP was seen by a physician, and a statement by a physician, psychologist, nurse clinician or social worker or other person who has evaluated or examined said person within 3 months of the filing of this report. (Attach a copy of the latest evaluation, if any.)
  
5. Resume of Guardian's activities [list of tasks] performed on behalf of the incapacitated person.
  
  
  
  
  
  
  
  
  
  
6. State any facts showing the need to terminate the Guardianship or for amendment [change] of powers of the Guardian.

STATE OF NEW YORK )

RICHMOND COUNTY ) ss:

I, \_\_\_\_\_ being duly sworn, say that I am the Guardian/Trustee for the above-named person. The foregoing account and inventory contains, to the best of my knowledge and belief, a full and true statement of all my receipts and disbursements on account of said person; and of all money and other personal property of said person which have come to my hands or have been received by any other persons by my order or authority since my appointment, or since filing my last account and inventory; also a full and true description of the amount and nature of each investment made by me since my appointment or since the filing of my last account and inventory. I do not know of any error or omission in the account and inventory to the prejudice of said person.

\_\_\_\_\_  
Guardian/Trustee [print name]

Sworn to before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**GENERAL INSTRUCTIONS**

**Complete all sections of this Annual Inventory and Account, including all schedules. The affidavit should be sworn to before a Notary Public or Commissioner of Deeds. The Annual Inventory and Account shall be filed annually by no later than the end May of each year for the preceding year, unless otherwise provided by statute, with the court of appointment or, if any, and a copy sent to the Court Examiner.**

**Statutes regarding inventories and accounting are contained in the Mental Hygiene Law. Failure to comply with the law with respect to filing an Annual Inventory and Account constitutes cause for removal. Any change of address of either Guardian or Incapacitated Person must be reported promptly to the Clerk of Richmond County Supreme Court, 4<sup>th</sup> floor, 25 Hyatt Street, Staten Island, New York 10301.**