

SUPREME COURT OF THE STATE OF NEW YORK  
RICHMOND COUNTY

In the Matter of the **INITIAL REPORT** of

Index #

\_\_\_\_\_  
As Guardian For

**INITIAL REPORT OF  
GUARDIAN MHL §81.30**

Court Examiner:

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

I, \_\_\_\_\_, residing at \_\_\_\_\_  
\_\_\_\_\_, New York \_\_\_\_\_, and with telephone number  
\_\_\_\_\_, as Guardian for the above named Incapacitated Person, do  
hereby make, render and file the following Initial Report of Guardian as follows:

1. That the Guardian was appointed by Order & Judgment of this Court on  
the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

That the Guardian has successfully completed all educational  
requirements under §81.39 of the Mental Hygiene Law  
by attending class on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, sponsored by \_\_\_\_\_  
**(Attach a copy of Certificate issued to Guardian).**

2. That the Guardian duly qualified as such Guardian by filing, in  
the Clerk's Office of Richmond County, a Bond in the sum of  
\$ \_\_\_\_\_ with Bonding Company,  
\_\_\_\_\_; Bond  
Number: \_\_\_\_\_, OR bond was waived pursuant to the  
Order & Judgment of this Court, and the Commission to Guardian was  
issued on \_\_\_\_\_, 20\_\_\_\_.  
**(Attach a copy of the Commission to Guardian).**

3. That the Guardian has visited the above named Incapacitated  
Person and has taken steps, consistent with the Court Order:

Date

Time

Place of Visit

4. Provisions for Medical, Dental, Mental Health or Related Services:

5. Provisions for Social and Personal Services:

6. Application of Health and Accident Insurance, as well as Governmental Benefits:

7. The following is a true and full account of all assets of the Incapacitated Person that have been marshaled by Guardian of the Property:

**BANK ACCOUNTS:** (List names and addresses of Institutions, account numbers and amount of money on hand, prior to liquidation by Guardian):

NAME

ADDRESS

ACCOUNT #

AMOUNT

**STOCKS AND SECURITIES:** (List names and addresses of company, number of shares and fair market value of Stock or Security, as of the date of appointment)

<u>NAME</u>	<u>ADDRESS</u>	<u># OF SHARES</u>	<u>FAIR MARKET VALUE</u>
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**REAL ESTATE:** (List property address, description of property, approximate value, names of tenants, if any, rental income collected, if any. Set forth date of filing of **Statement** identifying real property with the County Clerk)

Address: \_\_\_\_\_

Description: \_\_\_\_\_  
\_\_\_\_\_

Approximate Value: \_\_\_\_\_

Tenants, if any: \_\_\_\_\_

Rental Income Collected, if any: \_\_\_\_\_

**PERSONAL PROPERTY:** (Set forth any Jewelry, Collectibles, Automobiles and Cash)

**INCOME:** (Set forth and identify all sources of income the Incapacitated Person is entitled to receive)

**ASSETS NOT YET MARSHALED:** (Set forth all Bank Accounts, Stocks, Securities, Security Accounts)

<u>Bank Accounts</u>	<u>Stocks</u>	<u>Securities</u>	<u>Security Accounts</u>
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**DISBURSEMENTS MADE ON BEHALF OF INCAPACITATED PERSON:**

**CLAIMS AND DEBTS AGAINST THE ESTATE:**

STATE OF NEW YORK)

RICHMOND COUNTY ) ss:

I, \_\_\_\_\_, being duly sworn,

depose and say:

THAT I am the Guardian for the above named Incapacitated Person;

THAT the foregoing Initial Account and Inventory, contain, to the best of my knowledge and belief, a full and true statement of all receipts of the Incapacitated

Person;

THAT all of the money and other personal property of said Incapacitated Person, which have come into my hands, or have been received by any other persons, by my Order of Authority, or for my use since my appointment, and of the value of the property; and

THAT 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