

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

**INITIAL REPORT**

\_\_\_\_\_  
County  
-----X

INDEX NO. \_\_\_\_\_

**In the Matter of**

\_\_\_\_\_  
Name of Incapacitated Person/Person in Need

(“IP” designates Incapacitated Person in this report)  
(“PING” designates Person in Need of Guardian)

-----X

Please mark appropriate boxes with [ X ], and type or print all requested information. For more space, please use reverse side of page of question being answered..

DATE OF ORDER APPOINTING GUARDIAN(S): \_\_\_\_\_

APPOINTING JUDGE: \_\_\_\_\_

**PERSON(S) FILING THIS REPORT:**

**What is the status of your educational requirements under MHL § 81.30?**

Waived

Completed

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Phone Relationship

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Phone Relationship

\_\_\_\_\_  
Name Address

\_\_\_\_\_  
Phone Relationship

**FILING STATUS OF PERSON FILING THIS REPORT:**

A.  Sole Guardian of Person

D.  Co-Guardians of Person

B.  Sole Guardian of Property

E.  Co-Guardians of Property

C.  Sole Guardian of Person and Property

F.  Co-Guardians of Person and Property

REVISED 2/9/2024

INCAPACITATED PERSON/PERSON IN NEEDS'S PERSONAL DATA:

1. IP's Age: \_\_\_\_\_

2. IP resides in:

a.  Community at: \_\_\_\_\_  
Address Phone Years in residence

This address is the IP's own home, which is  rented  owned.

The IP lives here alone.

The IP lives here with others:

\_\_\_\_\_  
Name Relationship

\_\_\_\_\_  
Name Relationship

This address is the home of another. \_\_\_\_\_  
Name Relationship

b.  Facility: \_\_\_\_\_  
Facility Name Address

\_\_\_\_\_  
Phone FAX Date Admitted Name of Social Worker

3. Language of IP:  English  Spanish  Other \_\_\_\_\_

4. Citizenship:  US  Other \_\_\_\_\_

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**PERSONAL NEEDS**  
**(Complete if your filing status is A, C, D or F)**

5. Primary Care Physician: \_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Frequency of examinations Date of last examination Primary Diagnosis

6. Psychiatrist/Psychologist or Other Mental Health Provider:

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Frequency of examinations Date of last examination Primary Diagnosis

7. Dentist: \_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Frequency of examinations Date of last examination

Complete the following ONLY if the IP resides IN THE COMMUNITY.

8. Pharmacy: \_\_\_\_\_  
Name Address Phone

9. List professionals and service agencies (e.g., geriatric care managers, social workers, home healthcare agencies, social service agencies, "meals on wheels") assisting IP.

|      |         |       |                    |
|------|---------|-------|--------------------|
| Name | Address | Phone | Profession/Service |
| Name | Address | Phone | Profession/Service |
| Name | Address | Phone | Profession/Service |
| Name | Address | Phone | Profession/Service |

10. List Day Care Programs or other regularly attended programs for nutrition, rehabilitation, socialization, etc..

|      |         |       |                         |
|------|---------|-------|-------------------------|
| Name | Address | Phone | Frequency of Attendance |
| Name | Address | Phone | Frequency of Attendance |
| Name | Address | Phone | Frequency of Attendance |
| Name | Address | Phone | Frequency of Attendance |

**PROPERTY/FINANCIAL MANAGEMENT**

Complete if your filing status is B, C, E or F.  
 Report all liquid assets, personal property, real property and income you are AUTHORIZED to take into your possession, management and control, AS GUARDIAN.

11. Liquid Assets:

a.  Cash Accounts:

Have you changed the title of accounts to your name, *as guardian*?

|             |                      |        |                              |                             |
|-------------|----------------------|--------|------------------------------|-----------------------------|
| Institution | Acct. Type/Acct. No. | Amount | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Institution | Acct. Type/Acct. No. | Amount | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Institution | Acct. Type/Acct. No. | Amount | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Institution | Acct. Type/Acct. No. | Amount | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

TOTAL

(Accounts in any one institution should not exceed \$100,000 in order to avoid the loss of FDIC coverage.)

b.  Mutual Funds, Securities and Brokerage Accounts:

Have you changed the title of accounts to your name, *as guardian*?

|             |                      |        |                              |                             |
|-------------|----------------------|--------|------------------------------|-----------------------------|
| _____       | _____                | _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Institution | Acct. Type/Acct. No. | Amount |                              |                             |
| _____       | _____                | _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Institution | Acct. Type/Acct. No. | Amount |                              |                             |
| _____       | _____                | _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Institution | Acct. Type/Acct. No. | Amount |                              |                             |
| _____       | _____                | _____  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Institution | Acct. Type/Acct. No. | Amount |                              |                             |

TOTAL

c.  Stocks

Have you changed the title on certificates to your name, *as guardian*?

|             |               |       |                              |                             |
|-------------|---------------|-------|------------------------------|-----------------------------|
| _____       | _____         | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Corporation | No. of shares | Value |                              |                             |
| _____       | _____         | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Corporation | No. of shares | Value |                              |                             |
| _____       | _____         | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Corporation | No. of shares | Value |                              |                             |
| _____       | _____         | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Corporation | No. of shares | Value |                              |                             |

TOTAL

d.  Bonds:

Have you changed the title on bonds to your name, *as guardian*?

|                           |       |                              |                             |
|---------------------------|-------|------------------------------|-----------------------------|
| _____                     | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Issuing govt./agcy./corp. | Value |                              |                             |
| _____                     | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Issuing govt./agcy./corp. | Value |                              |                             |
| _____                     | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Issuing govt./agcy./corp. | Value |                              |                             |
| _____                     | _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Issuing govt./agcy./corp. | Value |                              |                             |

TOTAL

e. Other: list any other liquid asset, giving type, location and value :

Have you changed title to these assets to your name, *as guardian*, or not applicable (N/A)?

|      |          |       |                              |                             |                              |
|------|----------|-------|------------------------------|-----------------------------|------------------------------|
| Type | Location | Value | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Type | Location | Value | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Type | Location | Value | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| Type | Location | Value | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

**TOTAL**

**f. TOTAL VALUE OF LIQUID ASSETS:**

**BOX A**

**12. Personal Property (e.g., cars, boats, furniture, jewelry, artwork) :**

|             |          |       |
|-------------|----------|-------|
| Description | Location | Value |
| Description | Location | Value |
| Description | Location | Value |
| Description | Location | Value |
| Description | Location | Value |
| Description | Location | Value |
| Description | Location | Value |
| Description | Location | Value |

**TOTAL VALUE OF PERSONAL PROPERTY:**

**BOX B**

**13. Real Property (e.g., vacant land, residential [including cooperative apartments and condominiums] commercial or income producing property):**

***In the letter you received at your appointment, you were instructed about filing the "Statement Identifying Real Property" (Form #3 attached to letter). Attach a copy of form(s) filed for property listed below.***

|          |               |         |  |
|----------|---------------|---------|--|
| _____    | _____         | _____   | [ ] sole [ ] joint [ ] part*** (____%)**** |
| Location | Property Type | Value** |  |
| _____    | _____         | _____   | [ ] sole [ ] joint [ ] part (____%)        |
| Location | Property Type | Value   |  |
| _____    | _____         | _____   | [ ] sole [ ] joint [ ] part (____%)        |
| Location | Property Type | Value   |  |
| _____    | _____         | _____   | [ ] sole [ ] joint [ ] part (____%)        |
| Location | Property Type | Value   |  |
| _____    | _____         | _____   | [ ] sole [ ] joint [ ] part (____%)        |
| Location | Property Type | Value   |  |
| _____    | _____         | _____   | [ ] sole [ ] joint [ ] part (____%)        |
| Location | Property Type | Value   |  |

\*\*Only give value of IP's ownership share or mortgage

\*\*\* "Part" includes IP's part ownership or mortgage interest. and "%" mortgage interest.

\*\*\*\* "%" includes IP's part ownership or mortgage interest. Mortgage % is proportion of debt to total value.

**TOTAL VALUE OF REAL PROPERTY:**

**BOX C**

**ESTATE VALUE**

14. TOTAL VALUE OF LIQUID ASSETS, PERSONAL AND REAL PROPERTY:

**(ADD BOXES A, B and C)**

**15. Regular Monthly Income**

- a. [ ] Social Security Retirement .....\$\_\_\_\_\_ per month.
- b. [ ] Supplemental Security Income (SSI).....\$\_\_\_\_\_ per month.
- c. [ ] Social Security Disability (SSD).....\$\_\_\_\_\_ per month.
- d. [ ] Veterans' Benefits (VA).....\$\_\_\_\_\_ per month.
- e. [ ] Pension/Retirement Benefits.....\$\_\_\_\_\_ per month.
- f. [ ] Annuity Income.....\$\_\_\_\_\_ per month.
- g. [ ] Rental Income.....\$\_\_\_\_\_ per month.

- h.  Mortgage Interest Income.....\$\_\_\_\_\_ per month.
- i.  Other from list on reverse side.....\$\_\_\_\_\_ per month.

**TOTAL REGULAR MONTHLY INCOME:**

16. Other Income (report approximate amounts on an annual basis):

- a.  Interest.....\$\_\_\_\_\_
- b.  Dividends.....\$\_\_\_\_\_
- c.  Trust Income.....\$\_\_\_\_\_
- d.  Other from list on reverse side.....\$\_\_\_\_\_

**TOTAL OTHER INCOME:**

17.  IP is the beneficiary of the following trusts:

| Type | Name of Trustee | Trustee's Address/Phone |
|------|-----------------|-------------------------|
|      |                 |                         |
|      |                 |                         |
|      |                 |                         |
|      |                 |                         |

18. Debt (List all debt over \$500):

- a.  Mortgage(s) (Total balance due on all mortgages).....\$\_\_\_\_\_
- b.  Rent arrears (Total of past du rent).....\$\_\_\_\_\_
- c.  Utilities (Total of past due gas, electric, oil, telephone bills).....\$\_\_\_\_\_
- d.  Real Property Taxes (Total of past due real property tax).....\$\_\_\_\_\_
- e.  Hospital/Medical (Total of past due hospital, doctor, lab bills).....\$\_\_\_\_\_
- f.  Income Taxes (Total of federal/state/local income taxes).....\$\_\_\_\_\_
- g.  Other from list on reverse side.....\$\_\_\_\_\_

**TOTAL DEBT:**

19. Application has been made for the following government entitlements:

a.  Social Security Retirement

f.  STAR (relief from property taxes)

b.  Supplemental Security Income (SSI)

g.  Other (please explain)

c.  Social Security Disability (SSD)

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d.  Medicaid

e.  HEAP (aid for heating costs)

20. Are any civil judicial proceedings pending or threatened against the IP (e.g., mortgage foreclosure, eviction, debt collection, divorce, immigration proceeding; please explain):

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21.  Medical/Hospital insurance has been provided for the IP, as follows (please explain):

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22.  Homeowner/Renter's insurance has been provided for the IP, as follows (please explain):

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23.  Auto insurance has been provided for the IP, as follows (please explain):

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24.  Other insurance has been provided for the IP, as follows (please explain):

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25.  Safe Deposit Boxes are authorized to be opened and have been located, as follows:

|             |               |  |
|-------------|---------------|--|
|             |               | <input type="checkbox"/> Opened (inventory attached) |
| Institution | Address/Phone |  |
|             |               | <input type="checkbox"/> Opened (inventory attached) |
| Institution | Address/Phone |  |
|             |               | <input type="checkbox"/> Opened (inventory attached) |
| Institution | Address/Phone |  |
|             |               | <input type="checkbox"/> Opened (inventory attached) |
| Institution | Address/Phone |  |

26.  Mail is authorized to be collected and opened and arrangements are, as follows (please explain):

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27.  Income tax authority has been granted and arrangements to exercise that authority are, as follows (e.g., tax returns filed previously have been located, accountant previously retained to prepare returns has been contacted, IRS FORM 4506 (Request for Copies of Tax Returns) has been filed, IRS FORM 56 (Notice of Fiduciary Relationship) has been filed, IRS FORM SS-4 (Request for Employer Identification Number, if employing persons to assist IP) has been filed, similar state and local forms have been filed; please explain):

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**The following must be completed by ALL GUARDIANS**

**DOCUMENTS**

28. The following documents have been found (e.g., power of attorney, health care proxy, will); if any document is inconsistent with the powers granted in the guardianship (e.g., power of attorney grants same property management powers as the guardianship of property or health care proxy grants same medical decision making as guardianship of personal needs), application will be made to the court for further instructions; please mark box if fiduciary (e.g., attorney-in-fact, health care agent, executor/trix) has been given NOTICE of guardianship appointment:

|               |      |         |  |
|---------------|------|---------|--|
|               |      |         | <input type="checkbox"/> Application to court required |
| Document Type | Date | Located | <input type="checkbox"/> NOTICE given to fiduciary     |
|               |      |         | <input type="checkbox"/> Application to court required |
| Document Type | Date | Located | <input type="checkbox"/> NOTICE given to fiduciary     |
|               |      |         | <input type="checkbox"/> Application to court required |
| Document Type | Date | Located | <input type="checkbox"/> NOTICE given to fiduciary     |
|               |      |         | <input type="checkbox"/> Application to court required |
| Document Type | Date | Located | <input type="checkbox"/> NOTICE given to fiduciary     |

**VISITS**

29. The frequency of the Guardian/Co-Guardians' visits to the IP and the date of the last visit (Guardians are required to visit at least 4 times per year):

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(Frequency (e.g., daily, weekly, monthly, 4 Xs per year) Date of last visit)

**CHANGES AND ADDITIONAL POWERS**

30. Please report any changes to the IP's personal care and maintenance or management of his/her financial and property affairs currently needed and planned.

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31. Do these changes require additional powers or a modification of the powers granted? **YES or NO**

INTENTIONALLY LEFT BLANK

STATE OF NEW YORK )  
 ) SS:  
 COUNTY OF \_\_\_\_\_ )  
 County

I/We, being duly sworn, say, that I am/we are the Guardian/Co-Guardians for \_\_\_\_\_

\_\_\_\_\_ Name of IP  
 and have executed this Initial Report, which to the best of my/our knowledge and belief contains true and accurate information regarding the personal needs and/or property of the Incapacitated Person/Person in Need and all of the activities I/we have undertaken on behalf of the Incapacitated Person/Person in Need. I/we verify that all matters reported herein are known to me/us of my/our own knowledge, except those which are stated upon information and belief.

**AFFIRMATION:**

**I affirm this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.**

Sign: \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name of Guardian/Co-Guardian/Trustee of  
 Person  Property  Person & Property

Sign: \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name of Co-Guardian/Trustee  
 Person  Property  Person & Property

Sign: \_\_\_\_\_  
 \_\_\_\_\_  
 Print Name of Co-Guardian/Trustee  
 Person  Property  Person & Property

**FILE THIS REPORT, BANK STATEMENTS, HEALTHCARE REPORTS AND ANY OTHER SUPPORT DOCUMENTS, WITH THE GUARDIANSHIP DEPARTMENT, ROOM 216, THE COURT EXAMINER/REFEREE AND ALL PARTIES ENTITLED TO NOTICE**

*REVISED 2/9/2024*

# Affidavit of Mailing

I/We, the undersigned, being sworn, say

On the \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_

I/We delivered the within Initial Report of Guardian by mailing or consent emailed or faxed a true copy to each person named below at the address indicated:

\*List parties and their addresses here

| Name: | Form of Service: |
|-------|------------------|
| _____ | _____            |
| _____ | _____            |
| _____ | _____            |

### AFFIRMATION:

I/We affirm this \_\_\_\_\_ day of \_\_\_\_\_, 202\_\_\_\_, under the penalties of perjury under the laws of New York, which may include a fine or imprisonment, that the foregoing is true, and I understand that this document may be filed in an action or proceeding in a court of law.

Sign: \_\_\_\_\_

Sign: \_\_\_\_\_

Print: \_\_\_\_\_  
Name of Guardian/Co-Guardian/Trustee of  
[ ] Person [ ] Property [ ] Person & Property

Print: \_\_\_\_\_  
Name of Co-Guardian/Trustee of  
[ ] Person [ ] Property [ ] Person & Property

**CONTINUED AFFIRMATION**

**Sign:** \_\_\_\_\_

**Print:** \_\_\_\_\_

**Name of Co-Guardian/Trustee of**

Person  Property  Person & Property

**FILE THIS REPORT, BANK STATEMENTS, HEALTHCARE REPORTS AND ANY OTHER  
SUPPORT DOCUMENTS, WITH THE GUARDIANSHIP DEPARTMENT, ROOM 216, THE  
COURT EXAMINER/REFEREE AND ALL PARTIES ENTITLED TO NOTICE**

*REVISED 2/9/2024*