SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF SUFFOLK

		X	
In the Matte	r of the Initial Report of		
		-	INITIAL REPORT
As Guardiar	n for		
		-	Index #
An Incapaci	tated person.		
		X	
I,		, with an addres	ss at
			, as Guardian for
the above-na	amed person, do hereby n	nake, render and file	the following initial Report of
Guardia as f	follows:		
1. That your Guardian has successfully completed all educational			
	requirements under Se	ection 81.39 of the M	Iental Hygiene Law by
	attending class on the	day of	, 20 sponsored by
		at	
	(attach a copy of certif	icate issued to Guar	dian)
2. That your Guardian file with the Supreme Court his/her bond in the supr		Court his/her bond in the	
	amount of \$	on	,20
	(attach a copy of bond)	
3.	That your Guardian received his/her commission from the County Clerk,		
	which commission is o	lated	, 20
	(attach a copy of comr	nission).	

follow	rour Guardian has visited the Incapacitated Person and has taken the ring steps, consistent with the Court Order, and has provided for r personal needs as follows: Arrangements for medical, dental, mental health or related services to be provided to the Incapacitated Person:
В.	Arrangements for social and personal services to be provided to the Incapacitated Person, including services of a health care attendant and/or assistance in daily living, recreation and socialization:
C.	Health and/or accident insurance coverage, as well as government benefits, to which the Incapacitated Person is entitled and presently receives:
D.	Date/time and place of visits made by the Guardian with the Incapacitated Person since the order of appointment:

4.

5.	The following is a true and full account of all assets of the Incapacitated Person that have been received by your Guardian and placed in guardianship accounts under the control of the Guardian:
(List n hand <u>p</u>	ACCOUNTS ame and address of institution, account numbers and amount of money on rior to liquidation by Guardian and the institution and account numbers to the monies were deposited) Provide statements evidencing closeout of ats
	onies have been deposited into guardianship accounts, except:
(explain	

(List name and address of company, number of shares and fair market value of stock or security as of the date of your appointment)

REAL ESTATE

(List property address, description of property [i.e. two family dwelling] and approximate value of premises, and names of tenants, if any, as well as rental income collected. Set forth date of filing of Statement Identifying Real Property with County Clerk)

PERSONAL PROPERTY

(Set forth any jewelry, collectibles, automobiles and cash and set forth approximate values)

INCOME (Set forth and identify all sources of income which the Incapacitated Person is entitled to receive; itemize all income actually received since the date of your appointment as Guardian to the date of this report)

DISBURSEMENTS

(Set forth all payments made from the date of your appointment as Guardian to the date of this report)

ASSETS NOT YET MARSHALLED

(Set forth all bank accounts, stocks, securities and/or security accounts not yet converted to guardianship assets)

STATE OF NEW YORK)	
COUNTY OF) ss.:	
I, Guardian for the above-named Incapacitated inventory contain, to the best of my knowleds statement of all my receipts and disbursement Person; and of all money and other personal purchase to my hands or have been reorder or authority or for my use since my app property. I do not know of any error or omiss said Incapacitated Person.	ge and belief, a full and true is on account of said Incapacitated property of said Incapacitated Person ecceived by any other persons by my ointment, and of the value of all
Sworn to before me this day of, 20	Guardian
Notary Public-Commissioner of Deeds	