

## The Initial Report

The attached Initial Report is also called the “90-day Report” since it must be submitted 90 days after the day that you received your Commission. All Guardians Must Include The Following Information In The Initial Report:

What type of guardian you are-for personal needs, property management, or both.

Whether you have completed a guardianship training program (attach a copy of the certificate of completion to your report).

Your ward’s age and where your ward lives.

The name of the facility or residence where your ward lives, if your ward does not live at home.

How often you have visited your ward during these first 90 days-you must have visited at least once.

A list of important documents you have found that your ward signed in the past, such as power of attorney, a will, a health care proxy, or a living will.

What plans you have to take care of your ward in the immediate future.

Whether there have been changes in your ward’s situation since the hearing.

### **Guardians for Personal Needs Must Provide the Following Information:**

The names and addresses of your ward’s personal doctor and (if applicable) psychiatrist or psychologist (and their diagnosis).

A list of other professionals or service agencies that provide services to your ward (home care agencies, meals on wheels, social services). You should list each one with an address and phone number.

A list of day care programs your ward attends regularly with their names and phone numbers.

A list of medications your ward is currently taking.

### **Guardians for Property Management Must Provide Detailed Financial Information on:**

Bank accounts your ward owned at the time of your appointment as guardian (include the name of the bank, the account number and the amount of money in each account).

Whether you have opened a Guardianship Account.

A list of stocks, bonds, other securities that you have found, and whether you have changed the title of the accounts to your name as guardian.

A list of any other funds you have found, where they were located, what their value is, and what you have done with these funds.

A list of other personal property-such as a car, furniture, jewelry, and artwork-with a description, their location, and their value. A

list of real property your ward owns including the location, the type of property it is, and its value.

A list of the sources of your ward’s monthly income, including the source and the amount each month.

A list of other income, such as interest or dividends.

A list of any debts or unpaid bills, including who needs to be paid and how much.

Any public benefits you have applied for.

Whether you have applied for insurance on behalf of your ward.

Your ward’s insurance policies (medical, long term care, homeowner’s, auto, valuable items, art work, life insurance).

Whether your ward has a safe deposit box, including the name of the bank, the address, and whether or not you have been able to see its contents and determine their value.

**NOTE:** When you submit your report you should attach all receipts, invoices and bank statements so that the court examiner can easily review how you have spent your ward’s money.

## New York State Mental Hygiene Law § 81.30 Initial Report.

(a) No later than ninety days after the issuance of the commission to the guardian, the guardian shall file with the court that appointed the guardian a report in a form prescribed by the court stating what steps the guardian has taken to fulfill his or her responsibilities. Proof of completion of the guardian education requirements under section 81.39 of this article must be filed with the initial report.

(b) To the extent that the guardian has been granted powers with respect to property management, the initial report shall contain a verified and complete inventory of the property and financial resources over which the guardian has control, the location of any will executed by the incapacitated person, the guardian's plan, consistent with the court's order of appointment, for the management of such property and financial resources, and any need for any change in the powers authorized by the court.

© To the extent that the guardian has been granted powers regarding personal needs, the initial report shall contain a report of the guardian's personal visits with the incapacitated person, and the steps the guardian has taken, consistent with the court's order, to provide for the personal needs of that person, the guardian's plan, consistent with the court's order of appointment, for providing for the personal needs of the incapacitated person, a copy of any directives in accordance with sections two thousand nine hundred sixty-five and two thousand nine hundred eighty-one of the public health law, any living will, and any other advance directive, and any necessary change in the powers authorized by the court. The plan for providing for the personal needs of the incapacitated person shall include the following information:

1. the medical, dental, mental health, or related services that are to be provided for the welfare of the incapacitated person;
2. the social and personal services that are to be provided for the welfare of the incapacitated person;
3. any physical, dental, and mental health examinations necessary to determine the medical, dental, and mental health treatment needs; and
4. the application of health and accident insurance and any other private or government benefits to which the incapacitated person may be entitled to meet any part of the costs of medical, dental, mental health, or related services provided to the incapacitated person.

(d) If the initial report sets forth any reasons for a change in the powers authorized by the court, the guardian shall make an application within ten days of the filing of the report on notice to the persons entitled to such notice in accordance with paragraph one of subdivision (d) of section 81.07 of this article for such relief. If the initial report sets forth any reasons for a change in the powers authorized by the court and the guardian fails to act under this subdivision, any person entitled to commence a proceeding under this article may petition the court for a change in such powers on notice to the guardian and the persons entitled to such notice in accordance with paragraph one of subdivision (d) of section 81.07 of this article for such relief.

(e) The guardian shall send a copy of the initial report to the incapacitated person by mail unless the court orders otherwise pursuant to paragraph seven of subdivision (b) and paragraph nine of subdivision © of section 81.15 of this article.

(f) The guardian shall send a copy of the initial report to the court evaluator and counsel for the incapacitated person at the time of the guardianship proceeding unless the court orders otherwise pursuant to paragraph seven of subdivision (b) and paragraph nine of subdivision © of section 81.15 of this article.

(g) The guardian shall send a copy of the initial report to the court examiner.

(h) If the incapacitated person resides in a facility, the guardian shall send a duplicate of such report to the chief executive officer of that facility.

(I) If the incapacitated person resides in a mental hygiene facility, the guardian shall send a duplicate of such report to the mental hygiene legal service of the judicial department in which the residence is located.





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:

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



