

# ANNUAL REPORT OF GUARDIAN

Superior Court of New Jersey  
Chancery Division -- \_\_\_\_\_ County  
Probate Part

In the Matter of the Annual Report of  
\_\_\_\_\_, Guardian for  
\_\_\_\_\_, an Incapacitated  
Person.

Docket No. \_\_\_\_\_

CIVIL ACTION  
Guardian's Annual Report for the Period  
\_\_\_\_\_ to \_\_\_\_\_

This report must be filed by every Guardian once per year, unless the Judge otherwise specifies, on the anniversary date of your appointment, which is \_\_\_\_\_. File the original with the Surrogate and a copy with the court-appointed counsel for the ward at the following addresses:

Surrogate Address

Court Appointed Counsel Address

1. Date of Report:

2. Guardian's Current Information:

Name:

Address: <sup>1</sup>

Please Check:

- Guardian of Person
- Guardian of Estate
- Guardian of Both Person and Estate

Telephone No.:

Day:

Evening:

<sup>1</sup> Include mailing address, if different.

3. Incapacitated Person Current Information

Name:

Address: <sup>2</sup>

Telephone No.:

4. Bond Information:

Bonding Company's Name:

Address:

Value of bond <sup>3</sup> \$

<sup>2</sup> If the incapacitated person lives in a residential facility, include the name of the Director or person responsible for the incapacitated person's care.

<sup>3</sup>: If the bonding requirement was waived, so state.

5. Guardian's Relationship to Incapacitated Person

- A. \_\_\_\_\_ Spouse/ Civil or Domestic Partner
- B. \_\_\_\_\_ Parent
- C. \_\_\_\_\_ Child
- D. \_\_\_\_\_ Other Blood Relative
- E. \_\_\_\_\_ Friend
- F. \_\_\_\_\_ Private Attorney
- G. \_\_\_\_\_ Public Guardian or Public Agency
- H. \_\_\_\_\_ Other

6. Does the Incapacitated Person live with you?  Yes  No

If No, State the average number of visits you or your designee make each month? \_\_\_\_\_

What is the average length of said visits (in minutes)? \_\_\_\_\_

Identify all Guardianship Responsibilities

Check all that apply:

- Manage financial affairs
- Provide necessities
- Provide transportation
- Take on outings
- Housekeeping
- Bathe
- Feed
- Provide continuous care
- List All other Responsibilities Assumed:

**IF YOU ARE GUARDIAN OF THE PERSON, COMPLETE THE FOLLOWING QUESTIONS  
IF YOU ARE GUARDIAN OF THE PROPERTY ONLY, GO TO QUESTION 19.**

8. Describe the incapacitated person's overall situation, including any significant changes in physical health, intellectual functioning, emotional health and living conditions over the past year.

9. State if you believe the guardianship should continue.  yes  no

State reason:

10. Has there been any substantial change in the incapacitated person's medication?  yes  no

If yes, please explain:

11. Medical Examination: State the date and medical professional that last examined the incapacitated person and the purpose of such visit:

Date:

Physician:

Purpose:

Please attach a statement by a physician, psychologist, nurse clinician or social worker, or other person who has evaluated or examined the incapacitated person within three (3) months prior to the filing of this report, regarding an evaluation of the incapacitated person's condition and current functional level.

12. Residential Setting: Is the current residential setting suitable to the needs of the incapacitated person?

yes  no

If No, please explain:

13. Treatment. What professional medical treatment, if any, has been given to the incapacitated person during the preceding year?

Date

Treatment

14. Treatment Plan: Describe the treatment plan for the coming year for the incapacitated person regarding:

(a) Medical treatment

(b) Dental treatment

(c) Mental Health treatment

(d) Additional related services

15. Social Skills: Provide information concerning the condition of the incapacitated person's social skills and needs and the social and personal services used by the incapacitated person.

16. Are any modifications or adjustments needed in the guardianship? Please Describe.

17. Has eligibility for such programs as Social Security, Medicare, Medicaid, SSI or Food Stamps been investigated?  yes  no If no, state reason.

18. Is assistance, whether from the court or from a community agency, required? Please specify the assistance believed to be required.

19. Guardian's current assessment of Incapacitated Person's: (check a rating box for each category)

	1 Excellent	2 Satisfactory	3 Fair	4 Poor	5 Don't Know
Physical Health					
Emotional Health					
Intellectual Functioning					
Living Situation					

### Management of the Incapacitated Person's Estate

If the Court has granted powers regarding the control and management of the incapacitated person's estate, please provide the following information, consistent with your order of appointment, concerning your fulfillment of your responsibilities to the incapacitated person:

20. Have you identified, traced and collected all of the incapacitated person's assets since your appointment?  Yes  No

If No, please explain:

21. Have all of the incapacitated person's past and current state and federal tax returns been prepared and filed and all tax payments made?  Yes  No

If No, please explain:

22. Complete the following financial schedules. If you have nothing to list on a schedule, state "NONE". If additional space is required, attach a separate sheet of paper.

#### SCHEDULE A - ASSETS ON HAND AT THE BEGINNING OF THE ACCOUNTING PERIOD

List all assets of the incapacitated person over which you had control as guardian as of the **beginning** of the reporting period. Do not include in this schedule, trust principal in which the incapacitated person has an income interest, property under joint control of any court or real property not transferred to the guardian.

1. BANK ACCOUNT AND CASH –

<u>Name and Address of Financial Institution</u>	<u>Account number</u>	<u>Account Balance</u>
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Cash on hand not in bank accounts.

2. CORPORATE AND GOVERNMENT DEBT INSTRUMENTS AND SECURITIES (e.g., Corporate Stocks and Bonds; Federal, State or Municipal Bonds and notes.

Description

Market Value

3. PRESENT OR FUTURE INTERESTS (e.g., Interests in Partnerships, Trusts, Litigation Settlement Funds or Pensions) - List the estimated values of all present and future interests the incapacitated person has in property that has not been transferred to your control.

Interest

Market Value

4. OTHER TANGIBLE AND INTANGIBLE PERSONAL PROPERTY (e.g., Furniture, Jewelry, Artwork) List and describe other personal property and indicate estimated value.

Property Description

Market Value

5. REAL PROPERTY

Address/Location

Type of Real Property

Interest

Market Value

**SCHEDULE B - ASSETS RECEIVED DURING ACCOUNTING PERIOD**

List all principal assets received during the period of this report

Date Received

Property Description

Source

Amount or Value

**SCHEDULE C - INCOME RECEIVED DURING ACCOUNTING PERIOD**

List all income received during the period from property interests listed in Schedules A and B.

Date Received

Source

Amount

**SCHEDULE D - LOSSES INCURRED DURING ACCOUNTING PERIOD**

List all realized losses incurred on principal assets, whether due to sale, liquidation or asset depreciation.

<u>Date</u>	<u>Asset</u>	<u>Transaction Type</u>	<u>Amount of Loss</u>
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**SCHEDULE E - Moneys Paid Out During Accounting Period** (List all disbursements, excluding investments, during the period)

<u>Date of Payment</u>	<u>Payee</u>	<u>Purpose of Payment</u>	<u>Amount</u>
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