

ANNUAL REPORT OF GUARDIAN

Superior Court of New Jersey
Chancery Division, Probate Part

In the Matter of the Annual Report of

County

*As Guardian for
An Incapacitated Person.*

,
Docket No.
,

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 .
The original must be filed with the Surrogate and a copy must also be sent to court-appointed counsel for the ward at the following address:

Surrogate:

Court-Appointed Counsel:

1. Date of Report

2. Guardian:

Name:

Address (include mailing address, if different):

Please Check:

guardian of person only

guardian of property only

both

Telephone No.

(Day)

(Evening)

3. Incapacitated Person:

Name:

Address: (If the person lives in a residential facility, include name of the Director or person responsible for care):

Telephone No.

4. Bond:

Bonding company name:

Bonding company address:

Value of bond (If the bonding requirement was waived, so state):

5. Guardian's relationship to ward:

- 1____spouse 2____parent of ward 3____child of ward 4____ other
relative
5____friend 6____private attorney 7____public guardian or agency 8____other

6. Does the ward live with you? ___ Yes ___ No If not, how many times do you or your designee visit the ward on an average each month? . On average, how long is the visit (in minutes)?

7. What does the guardian do for the ward? Check all that apply:

- | | |
|---|--|
| <input type="checkbox"/> Manage financial affairs | <input type="checkbox"/> Provide necessities |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Take on outings |
| <input type="checkbox"/> Provide transportation | <input type="checkbox"/> Bathe |
| <input type="checkbox"/> Feed | <input type="checkbox"/> Provide continuous care |

List any others:

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

8. What is the guardian's view of the ward's overall situation, including any significant changes in physical health, intellectual functioning, emotional health and living situation that have occurred over the past year:

9. Does the guardian feel that the guardianship should continue? ___ Yes ___ No
Why?

10. Has there been any substantial change in the incapacitated person's medication? ___ Yes ___ No
If yes, please explain:

11. Examination:
Please state the date and place the incapacitated person was last examined or otherwise seen by a physician 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:
Please 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. Any changes needed in the guardianship?

17. Has eligibility for such programs as Social Security, Medicare, Medicaid, SSI or Food Stamps ever been checked? ___ Yes ___No

18. Does the guardian need assistance, whether from the court or from a community agency? Please specify.

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

	Excellent 1	satisfactory 2	fair 3	poor 4	don't know 5
Physical health					
Emotional health					
Intellectual functioning					
Living situation					

PROPERTY MANAGEMENT

If you have been granted powers regarding the property management of the incapacitated person, please provide the following information, consistent with your order of appointment, pertaining to your fulfillment of your responsibilities to the incapacitated person to provide for property management:

20. Have you identified, traced and collected assets of the incapacitated person since your appointment?

Yes No

If no, please explain:

21. Have all of the incapacitated person's past and current income tax returns and payments been brought up to date? Yes No

If no, please explain:

22. **Please complete the following schedules and summary. If you have nothing to list on a schedule, state "NONE".**

SCHEDULE A
Assets on Hand at the Beginning of the Accounting Period

Please list all assets of the incapacitated person over which you had sole control as guardian as of the beginning of the accounting 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 ACCOUNTS AND CASH** - please list the name and address of institutions, account numbers and balance deposited in banks or other financial institutions. Please also list any cash on hand not in bank accounts.

2. **CORPORATE AND GOVERNMENT SECURITIES (e.g., CORPORATE STOCKS AND BONDS; FEDERAL, STATE OR MUNICIPAL BONDS AND NOTES)**

3. **PRESENT OR FUTURE INTERESTS (e.g., INTERESTS IN PARTNERSHIPS, TRUSTS, LITIGATION SETTLEMENT FUNDS OR PENSIONS)** - please list the estimated values of all present and future interests the incapacitated person has in property that has not been transferred to your control.

4. **OTHER PERSONAL PROPERTY (e.g., FURNITURE, JEWELRY, ARTWORK)** please list and describe other personal property and indicate estimated value.

5. **REAL PROPERTY** please describe location and type of real property, type of interest and market value.

SCHEDULE B

Assets Received During Accounting Period

Please list all principal assets received during the period of this report (show date received, source and amount or value).

SCHEDULE C

Income Received During Accounting Period

Please list all income received during the period from property interests listed in Schedules A and B (show date received, source and amount).

SCHEDULE D

Losses Incurred During Accounting Period

Please list all realized losses incurred on principal assets, whether due to sale or liquidation, indicating the asset involved, the date and amount of loss.

SCHEDULE E

Moneys Paid Out During Accounting Period

Please list all disbursements, excluding investments, during the period, including date of payment, payee and amount.

SCHEDULE F

Assets on Hand at End of the Accounting Period

Please list assets of the type listed in Schedule A on hand at the end of the period and value thereof (see Schedule A for further instructions)

1. **BANK ACCOUNTS AND CASH**

2. **CORPORATION AND GOVERNMENT SECURITIES**

3. **PRESENT OR FUTURE INTERESTS**

4. **OTHER PERSONAL PROPERTY**

5. **REAL PROPERTY**

CERTIFICATION

(your name), certifies that I am the Guardian of the within named incapacitated person and that the attached annual report (and schedule(s) (is) (are), to the best of my personal knowledge, complete and true statement of my activities as such Guardian. I am aware that if any of the foregoing are willfully false, I am subject to punishment.

Date

Guardian

Print Name