

# **ANNUAL REPORT OF GUARDIAN FORM**

**Print this document. These instructions are followed by the form for you to complete and submit.**

This document details the information and format for the Annual Report of Guardian in New Jersey.

*Adobe Acrobat Reader* or *Adobe Acrobat* on your computer will display the form with this instruction sheet. Print the complete document.

Complete and sign the form and mail the signed original to the Surrogate Court at this address:

**Morris County Surrogate Court  
Guardianship Reporting  
Administration & Records Building, 5<sup>th</sup> Floor  
Post Office Box 900  
Morristown, New Jersey, 07963-0900**

Use these forms when preparing your Annual Report to Morris County. You can also use the link, <http://morriscountynj.gov/surrogate/>, and select *Annual Report of Guardian Form* to download printable Annual Report forms.

**ANNUAL REPORT OF GUARDIAN**

Superior Court of New Jersey

Chancery Division—  Morris  County, Probate Part

Morris County Surrogate Court—Revision of 26 May 2016

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

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

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:** \_\_\_\_\_ **Period of Report:** \_\_\_\_\_

2. **Guardian’s Current Information:** Name: \_\_\_\_\_

Address: \_\_\_\_\_

Guardian of Person,  Guardian of Estate,  Guardian of both Person and Estate

Telephone: Day— \_\_\_\_\_

Evening— \_\_\_\_\_

Cell— \_\_\_\_\_

3. **Incapacitated Ward’s Information:** Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Street, Apt.

Municipality

State, ZIP

Telephones: \_\_\_\_\_

Day

Evening

Cell

If the incapacitated person lives in a residential facility, include the name of the Director or person responsible for the incapacitated person’s care.

4. **Bond Information:** Company Name: \_\_\_\_\_

Address: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Street

Municipality

State, ZIP

Telephones: \_\_\_\_\_

Value of Bond: \$ \_\_\_\_\_ (If the bonding requirement was waived, so state.)

**5. Guardian's Relationship to Incapacitated Person:**

- |  |  |
|--|--|
| <input type="checkbox"/> A. Spouse or Civil/Domestic Partner | <input type="checkbox"/> B. Parent               |
| <input type="checkbox"/> C. Child                            | <input type="checkbox"/> D. Other Blood Relative |
| <input type="checkbox"/> E. Friend                           | <input type="checkbox"/> F. Private Attorney     |
| <input type="checkbox"/> G. Public Guardian/Public Agency    | <input type="checkbox"/> 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. \_\_\_\_\_

If No, What is the average length of said visits (in minutes)? \_\_\_\_\_

**7. Identify all Guardianship Responsibilities. (Check all that apply.)**

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

**IF YOU ARE GUARDIAN OF THE PERSON, COMPLETE THE FOLLOWING QUESTIONS IF YOU ARE GUARDIAN OF THE PROPERTY ONLY, GO TO QUESTION 20.**

**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.**

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**9. State if you believe the guardianship should continue.**  Yes  No

State reasons: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 & findings: \_\_\_\_\_  
\_\_\_\_\_

Please attach a statement by a physician, psychologist, nurse clinician, 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?

<b>Date:</b>	<b>Treatment</b>
_____	_____
_____	_____
_____	_____
_____	_____

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

<b>Medical</b>	<b>Dental</b>	<b>Mental Health</b>	<b>Other Related Svcs</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**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:** (Check a rating box for each category)

	<b>Excellent</b>	<b>Satisfactory</b>	<b>Fair</b>	<b>Poor</b>	<b>Don't Know</b>
Physical Health					
Emotional Health					
Intellectual Functioning					
Living Situation					

**For those who are Guardians of the Property,  
continue to the following pages.**

## 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:

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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:

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**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, or property under joint control of any court or real property not transferred to the guardian.

Start this section on the same date and month each year. If this is year two or more, the **Schedule A Total** should equal the prior year's **Schedule F Total**.

#### 1 Bank Accounts and Cash

Financial Institution & Address	Account Number	Account Balance
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>
<hr/>	<hr/>	\$ <hr/>

Cash on hand not in bank accounts: \$ 

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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. **Assets such as Trusts And Businesses** (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.

Description	Market Value
_____	\$
_____	\$
_____	\$
_____	\$

4. **Tangible And Intangible Personal Property** (e.g., Furniture, Jewelry, Artwork) List and describe other personal property and indicate estimated value.

Description	Market Value
_____	\$
_____	\$
_____	\$
_____	\$

5. **Real Property** (home, land, etc.)

Address/Location	Property Type	Interest	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Schedule A:** \_\_\_\_\_

**Note 1**—Real Property cannot be sold or mortgaged without prior Court approval.

**Note 2**—If Property is sold this year, put net sales proceeds in Schedule B, below.

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

List all principal assets received during the period of this report

Date Received	Property Description	Source	Amount/Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Schedule B:** \_\_\_\_\_

**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/Value
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Total Schedule C:** \_\_\_\_\_

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

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

Date	Asset	Transaction Type	Amount of Loss
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Schedule D:** \_\_\_\_\_

**SCHEDULE E - Moneys Paid Out During Accounting Period**

List all disbursements, excluding investments, during the period.

Payment Date	Payee	Purpose of Payment	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Note 1**—Gifting cannot be done without prior court approval.

**Note 2**—Include Guardianship Commissions, which are limited to:  
0.005 X the totals of Schedule A + Schedule B of up to \$400,000,  
0.003 X the excess of Schedule A + Schedule B over \$400,000,  
Plus 0.06 X the total of Schedule C  
Unless the Court approves a higher fee.

**Total Schedule E:** \_\_\_\_\_



**SCHEDULE F - ASSETS ON HAND AT END OF THE ACCOUNTING PERIOD**

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

Name and Address of Financial Institution	Account Number	Account Balance
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Cash on hand</b> (not in bank or financial institution accounts)		\$ _____

2. Corporate and Government Debt Instruments and Securities

Description	Market Value
_____	\$ _____
_____	\$ _____

3. Present and Future Interests

Description	Market Value
_____	\$ _____
_____	\$ _____

4. Other Assets Including Tangible And Intangible Personal Property

Property Description	Market Value
_____	\$ _____
_____	\$ _____
_____	\$ _____

5. Real Property

Address/Location	Type of Real Property	Interest	Market Value
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Total Schedule F:** \_\_\_\_\_

## Financial Summary

Schedule A Total: \$ \_\_\_\_\_

Schedule B Total: \$ \_\_\_\_\_

Schedule C Total: \$ \_\_\_\_\_

Schedule D Total: \$ \_\_\_\_\_

Schedule E Total: \$ \_\_\_\_\_

Expected assets at end of period: \$ \_\_\_\_\_  
 (For expected value, use  $A + B + C - D - E$ .)

**Schedule F Total:** \$ \_\_\_\_\_

- Notes:**
1. Expected Assets at the end of the period should be same as the **Schedule F total**. If not, then you need to reconcile the discrepancy.
  2. This year's **Schedule F Total** becomes next year's **Schedule A Total**.

### CERTIFICATION

\_\_\_\_\_ (*print your name*), certify 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 statements are willfully false, I am subject to punishment.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date