



**New Jersey Judiciary**

**REPORTING RANGE:**

**Guardianship Report  
Comprehensive Accounting Form**

**Notice to Interested Parties:** Interested parties should act to protect the welfare and/or finances of an adult incapacitated person under legal guardianship. Within the time and in the manner provided by law, interested parties may file a motion to object to actions taken by the guardian or to seek review of the guardianship. Although some guardianship reports are subject to review by authorized Judiciary and/or Surrogate personnel, interested parties remain responsible for requesting court review as to any misstatements or misconduct by a guardian.

**If you are Guardian of the Estate, Complete the Following Questions**

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.

Guardian's Name: \_\_\_\_\_ Docket Number: \_\_\_\_\_

Incapacitated Person's Name: \_\_\_\_\_

A. If a bond is required, is one filed that covers this period?  Yes  No  NA

B. Have you identified, traced and collected all of the incapacitated person's assets since your appointment? If No, please explain.  Yes  No  NA

\_\_\_\_\_

\_\_\_\_\_

C. Have all of the incapacitated person's past and current state and federal tax returns been prepared and filed and all tax payments made? If No or N/A, please explain.  Yes  No  NA

\_\_\_\_\_

\_\_\_\_\_

**Summary**

**PART I. Cash**

**Section 1**

1. **Schedule A: Income** \$ \_\_\_\_\_

**Schedule B: Disbursements**

2. Schedule B-1: Attorney Fees & Costs	(\$ _____)	
3. Schedule B-2: Guardian Fees & Reimbursements	(\$ _____)	
4. Schedule B-3: Other Court Ordered Disbursements	(\$ _____)	
5. Schedule B-4: All Other Disbursements	(\$ _____)	
6. Total Disbursements (Add lines 2, 3, 4, & 5)	(\$ _____)	

**Schedule C: Principal Assets**

7. Schedule C-1: Sales Proceeds	(\$ _____)	
8. Schedule C-2: Purchases	(\$ _____)	
9. Increase (Decrease) in cash for accounting period (Add Lines 1 & 7 and subtract lines 6 & 8)		\$ _____

**Section 2**

Cash at the beginning of the period from Schedule BC	
Increase (Decrease) in cash (from line 9)	
Cash at the end of period (should agree with your amount listed on Schedule D)	

Note: Part 1 excludes *Cash on Hand* listed on Schedule G (*Cash on Hand* listed in Part II)

**PART II. Assets, Other than Cash in Bank**

Beginning assets, from Schedule BA	
Ending assets, from Schedule G	
Increase (Decrease) in assets for accounting period	

**Schedule BC: Cash at the Beginning of the Period**

(Attach copies of each statement from each depository of the incapacitated person's cash and cash equivalent assets from the beginning of the accounting period.)

#	Institution Name	Institution Address (Street, City, State, Zip)	Bank Account #	Amount
1				
2				
3				
4				
5				
Total Cash Beginning of Period (Section 2)				

**Schedule BA: Beginning Assets Other than Cash in Bank**

**Assets**

**Real Estate**

Description	Address (Street, City, State, Zip)	Beginning Balance/Value

**Personal Property**

Description	Beginning Balance/Value

**Other Assets:** (cash on hand not in bank accounts, stocks, etc.)

Description	Beginning Balance/Value

Total Assets (Real Estate, Personal Property, and Other Assets)

**Liabilities**

Description	Amount
Total Liabilities	

Beginning Assets, other than cash in the bank (Assets minus Liabilities)

**Schedule A: Income** (Do not include receipts for the sale or disposition of principal assets. Such transactions are shown on Schedule C-1.)

**Income During Period:** \_\_\_\_\_.

#	Source of Income (e.g. employment, social security)	Description (e.g. number of months times dollar amount)	Deposited into Bank Account #	Total Income Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Total Income Received (Schedule A. Total on Summary, Line 1)

**Schedule B-1: Attorney Fees & Costs**

Bank Account #	Check #	Period Covered		Payee	Court Order Date	Amount
		To	From			

Total Attorney Fees & Costs (Schedule B-1. Total on Summary, Line 2)

**Schedule B-2: Guardian Fees & Reimbursement**

Bank Account #	Check #	Period Covered		Payee	Court Order Date	Amount
		To	From			

Total Guardian Fees & Reimbursements (Schedule B-2. Total on Summary, Line 3)

**Schedule B-3: Other Court Ordered Disbursements**

Bank Account #	Check #	Period Covered		Payee	Court Order Date	Amount
		To	From			

Total Other Court Ordered Disbursements (Schedule B-3. Total on Summary, Line 4)

<b>Schedule B-4: All Other Disbursements</b>						
#	Category	Bank Account #	Check #	Payment Date	Payee	Amount
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
All Other Disbursements (Schedule B-4. Total on Summary, Line 5)						
<b>Schedule C-1: Sales Proceeds</b>						
#	Full Description	Date of Transaction	Deposited into Account #	Sales Proceeds		
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total Sales Proceeds (Schedule C-1. Total on Summary, Line 7)						

<b>Schedule C-2: Purchases</b>				
#	Full Description	Date of Transaction	From Account #	Purchase Price
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
Total Purchases (Schedule C-2. Total on Summary, Line 8)				

<b>Schedule D: Cash at the End of the Period</b>				
(Attach copies of each statement from each depository of the incapacitated person's cash and cash equivalent assets from the end of the accounting period.)				
#	Institution Name	Institution Address (Street, City, State, Zip)	Bank Account #	Amount
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total Cash End of Period (Section 2)				

<b>Schedule E: Bank Transfer Schedule</b>				
Bank Account #	Transfer In		Transfer Out	
	Date	Amount	Date	Amount
	Total Transfer In		Total Transfer Out	

<b>Schedule F: Bank Account Reconciliation</b>				
	<b>Account 1</b>	<b>Account 2</b>	<b>Account 3</b>	<b>Totals</b>
Bank Account Number				
Beginning Balance				
Plus Transfers In (Schedule E)	+	+	+	
Plus Income & Sales Proceeds (total of lines 1 and 7 on the Summary)	+	+	+	
Minus Disbursements & Purchases (total of lines 6 and 8 on the Summary)	-	-	-	
Minus Transfers Out (Schedule E)	-	-	-	
Ending Balance				

**Optional: Account Information Verification Tool**

Bank Account Number _____.	
Ending Balance per Bank Statement	
Plus Deposits in Transit (Deposits not yet credited by date of statement)	+
Minus Outstanding Checks (Checks not yet cleared by date of statement):	
Check # _____ Amount \$ _____	
Check # _____ Amount \$ _____	
Total: Outstanding Checks	-
Ending Cash Balance	

**Schedule G: Ending Assets Other than Cash in Bank**

**ASSETS**

**Real Estate**

Description	Address (Street, City, State, Zip)	Beginning Balance/Value

**Personal Property**

Description	Beginning Balance/Value

**Other Assets:** (cash on hand not in bank accounts, stocks, etc.)

Description	Beginning Balance/Value
Total Assets (Real Estate, Personal Property, and Other Assets)	

<b>LIABILITIES</b>	
<b>Description</b>	<b>Amount</b>
Total Liabilities	
Total Schedule G, other than cash in the bank (Assets minus Liabilities)	

NOTE: The Judiciary's Guardian Support/Guardianship Monitoring Program webpage, found at <http://www.njcourts.gov/courts/civil/guardianship.html>, features general court information, forms, frequently asked questions, and helpful links.

Is information or assistance, whether from the court or a community agency, required? If Yes, please describe:  Yes  No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Optional:**

In addition to the information provided above, the court should be aware of the following issues related to the incapacitated person and/or the guardianship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CERTIFICATION**

\_\_\_\_\_, certifies that I/we am/are the Guardian(s) of the within named (insert your name) incapacitated person and that the attached Comp. Accounting is to the best of my/our personal knowledge, complete and true statement of my/our activities as Guardian(s). I/we will supplement this form as may be necessary should additional information become available. I/We am/are aware that if any of the foregoing statements are willfully false, I/we am/are subject to punishment.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If applicable: Date

\_\_\_\_\_  
Signature of Co-Guardian

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
If applicable: Date

\_\_\_\_\_  
Signature of Co-Guardian

\_\_\_\_\_  
Print Name

## Report of Guardian Cover Page

In the Matter of the Report of

\_\_\_\_\_, Guardian(s) for  
\_\_\_\_\_, an Incapacitated Person.

Superior Court of New Jersey  
Chancery Division - Probate Part

County of \_\_\_\_\_

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

**Civil Action  
Guardian's Report  
for the Period**

\_\_\_\_\_ to \_\_\_\_\_

This report must be filed by every Guardian within fourteen (14) days of the anniversary date of your appointment, which is \_\_\_\_\_, unless the Judge otherwise specifies. File the original with the Surrogate.

1. Guardian's Current Information\*

Street address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Include mailing address, if different

Mailing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Select one:  Guardian of Person  Guardian of Estate  Guardian of Both Person and Estate

Guardian's relationship to the Incapacitated Person? \_\_\_\_\_

State any changes to the guardian's criminal or civil judgment history, including bankruptcies:

\_\_\_\_\_  
\*If needed: attach a separate page with additional information, including for any co-guardian(s).

2. Incapacitated Person's Current Information: does he/she reside with the guardian?  Yes  No

**If No**, complete the incapacitated person's residency information below. **If Yes**, continue to #3.

**A.** Incapacitated Person's address: If the incapacitated person lives in a residential facility, include the name of the Director or person responsible for the incapacitated person's care.

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**B.** State the average number of visits you or your designee made to the Incapacitated Person during the period: \_\_\_\_\_.

3. Identify all Guardianship responsibilities (check all that apply):

- Manage financial affairs  Provide necessities  Feed  Take on outings  
 Provide transportation  Housekeeping  Bathe  Provide continuous care  
 Social Security Representative Payee

List all other responsibilities assumed:

\_\_\_\_\_

4. State if you believe the guardianship should continue? State reason:  Yes  No

\_\_\_\_\_

5. Is there any change to the guardianship estate? **If Yes**, describe:  Yes  No

\_\_\_\_\_

6. Are any modifications or adjustments needed in the guardianship? **If Yes**, describe:  Yes  No

\_\_\_\_\_