



New Jersey Judiciary

REPORTING RANGE:

Guardianship Report

FINAL ACCOUNTING

Comprehensive Accounting Form
(end of last acct to date of death)

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)

Schedule B-4: All Other Disbursements						
#	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)						
Schedule C-1: Sales Proceeds						
#	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)						

Schedule C-2: Purchases				
#	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)				

Schedule D: Cash at the End of the Period				
(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)				

Schedule E: Bank Transfer Schedule				
Bank Account #	Transfer In		Transfer Out	
	Date	Amount	Date	Amount
	Total Transfer In		Total Transfer Out	

Schedule F: Bank Account Reconciliation				
	Account 1	Account 2	Account 3	Totals
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)				

LIABILITIES	
Description	Amount
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

**You only need to complete this Cover Page with your accounting if you are only Guardian of the Property.
If you have already completed one as Guardian of the Person, you do not need to duplicate it.**

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
