

Each guardian must complete their own Cover Page.
(Spouses at the same address can complete one together.)

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
