

 <p style="font-size: 8px;">New Jersey Courts www.njcourts.gov</p> <p style="font-size: 8px;">Independence • Integrity Fairness • Quality Service</p>	<p>REPORTING RANGE:</p> <p><i>(end of last acct to date of death)</i></p>	<p>New Jersey Judiciary</p> <p>Guardianship Report</p> <p>EZ Accounting Form</p>	<p><i>FINAL</i></p> <p><i>ACCOUNTING</i></p>
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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

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

PART I. Income and Disbursements

SUMMARY

1. Beginning Cash Balance This should match last year's ending balance.	
2. SCHEDULE A-EZ: Income	
• SCHEDULE A-EZ: Additional Income (if applicable)	
3. SCHEDULE B-EZ: Disbursements	
• SCHEDULE B-EZ: Additional Disbursements (if applicable)	
4. Ending Cash Balance (Add lines 1 & 2 and subtract line 3)	

Schedule A --EZ: INCOME (Attach Schedule A --EZ: ADDITIONAL INCOME if needed)

#	Source of Income (e.g. employment, social security)	Description (e.g. 12 months times \$ amount, or lump sum of \$ amount, etc.)	Total Income Amount
1			
2			
3			
4			
5			
Total Income Received (Schedule A: Income)			

Schedule B - EZ: Disbursements (Attach Schedule B - EZ: Additional Disbursements if needed)				
#	Category	Payment Date/Period	Payee	Amount Spent
1				
2				
3				
4				
5				
Total All Disbursements (Schedule B-EZ: Disbursements)				
PART II. Assets				
<p>List all assets in which the incapacitated person has an interest, including interests held in common or jointly with other(s) and, if held jointly, describe the interest. State whether the ownership or title of the property has changed since the last report to the court (prior EZ Accounting, Inventory, or Affidavit of Assets).</p>				
<p>Schedule A – Real Property Has the ownership of the property changed since the inventory or last report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If Yes, list the property and the disposition of same:</p>				
<p>Schedule B – Stocks, Bonds, Mutual Funds, Securities and Investment Accounts Has the ownership of the property changed since the inventory or last report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If Yes, list the property and the disposition of same:</p>				
<p>Schedule C – Money on hand, checking and savings accounts and certificates of deposit in banks and notes or other indebtedness due the incapacitated person. Has the ownership of the property changed since the inventory or last report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If Yes, list the property and the disposition of same:</p>				
<p>Schedule D – Pensions, retirement accounts (IRA’s, 401(k), annuities, profit sharing plans, etc. Has the ownership of the property changed since the inventory or last report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If Yes, list the property and the disposition of same:</p>				
<p>Schedule E – Miscellaneous Personal Property – (tangible personal property, motor vehicles, recreation vehicles, etc.). Has the ownership of the property changed since the inventory or last report? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA If Yes, list the property and the disposition of same:</p>				
<p>NOTE: The Judiciary’s Guardian Support/Guardianship Monitoring Program webpage, found at www.njcourts.gov/courts/civil/guardianship.html, features general court information, forms, frequently asked questions, and helpful links.</p>				

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 EZ 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

REMINDER: ALL Guardians must sign.

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
