

Instructions: Report of Guardian Cover Page

All guardians required to file periodic reports must complete the Report of Guardian Cover Page. This is a one-page document to which the appropriate report(s) will be attached.

The date of appointment should be filled in prior to the first numbered paragraph, even if the reporting period is different than that date. The start date and end date of the reporting period must be stated in the caption. Make sure to select appropriately as to the nature of your guardianship: Guardian of Person, Guardian of Estate, or Guardian of Both Person and Estate. This selection will guide you in choosing the appropriate reporting form(s) to attach to the Cover Page.

You must file the original report with the Surrogate. Check the judgment to see if you need to send copies of the report to anyone else. In most cases, this is not required because other individuals considered interested in the guardianship will be authorized to review the report at the Surrogate's Court. Remember that there is a fee of \$5/page for all documents filed with the Surrogate, including the Cover Page.

In a co-guardianship, all co-guardians must report as required by the judgment. Co-guardians may file a single Cover Page with all required information, but if the co-guardians reside in different places, it may be necessary to attach a separate page with the address and contact information for the additional co-guardian(s).

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: _____

Daytime Telephone Number: _____ Evening Telephone Number: _____

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

Guardian's relationship to the Incapacitated Person? _____

* If needed: attach a separate page with the current information 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

List all other responsibilities assumed:

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

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

