

## **Instructions - Report of Guardian Cover Page**

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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 not aligned with that date (i.e., if reporting is required quarterly). 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 and serve copies of the report on the interested parties. Remember that there is a fee of \$5/page for all documents filed with the Surrogate, including the Cover Page. In terms of service, you should consult the Judgment to see if any particular method of service is required (i.e., by certified mail). If nothing is stated in the Judgment, then use your discretion as to the method of service.

The term “Interested Parties” (or parties-in-interest) includes the nearest of kin of the incapacitated person, meaning those relatives served with notice of the underlying guardianship action, including any relatives identified or located after the filing of the complaint and prior to entry of the judgment. Note that a child of an incapacitated person need not be served during minority but must be served upon reaching the age of eighteen (18) years, even if such child was a minor at the time of the guardianship proceeding and therefore not listed as an interested party in the verified complaint. Interested parties may also include any agent(s) appointed pursuant to a power of attorney or advance directive, as well as the director of a residential care facility having custody of the incapacitated person, and/or the attorney appointed for the incapacitated person in the guardianship action. If an interested party is under a guardianship or has died, then this should be noted in the certification of service section of the applicable report(s).

**Report of Guardian Cover Page**

**Superior Court of New Jersey  
Chancery Division - Probate Part**

County of \_\_\_\_\_  
Docket No. \_\_\_\_\_

In the Matter of

\_\_\_\_\_, Guardian for  
\_\_\_\_\_, an Incapacitated Person.

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

Initial Report     Amended Report

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

This report must be filed by every Guardian on the anniversary date of your appointment, which is \_\_\_\_\_, unless the Judge otherwise specifies. File the original with the Surrogate and send a copy to the parties-in-interest.

**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? \_\_\_\_\_

**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:

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

State reason:

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5. Are any modifications or adjustments needed in the guardianship? Please describe: