



New Jersey Judiciary

Guardianship Report EZ Accounting Form Instructions

Guardians of the estate may be required to report using Judiciary forms as to the financial affairs of the incapacitated person.

There are two different periodic reporting forms: the Periodic EZ Accounting form (“EZ form”), and the Periodic Comprehensive Accounting form (“Comprehensive form”). The Judgment of Incapacity should specify which form you are required to file, as well as the deadline for filing.

Note that instead of filing a Judiciary form, it is possible that a Judgment may direct periodic filing of a copy of a Social Security Representative Payee Report for the most recent reporting period, or of a formal accounting.

Sometimes, a Judgment may simply direct the filing of an annual report or an informal account. If the Judgment does not specify a type of accounting and you are unsure which form to utilize, you can file the EZ form and then wait for any further direction.

The EZ form is a three-page document to which additional pages may be attached if necessary.

Item A asks if a bond is required, and if so, if one is filed covering the period of this report. If you were appointed as guardian of the estate but the Judgment waived the requirement of bond, then you should select “N/A”. Even if no bond was imposed, if your Judgment requires the filing of a report, then you must file the report by the specified deadline.

Item B inquires if you have identified, traced and collected all of the incapacitated person’s assets since your appointment. If you answer “No” to this question, you must provide further explanation. For example, if you are aware of assets belonging to the incapacitated person but in the custody of someone else, you should explain what steps you have taken to retrieve those assets and bring them into the guardianship estate.

Item C addresses the status of the filing of the incapacitated person’s state and federal tax returns due for all calendar years prior to the year in which this report is being filed, as well as any payments due for same. If no tax returns are delinquent as of the filing of your report, then you should answer “Yes” to this question even if tax returns for the most recent year will soon be due.

For example, if your reporting deadline is in February, then in 2014 you may report that you have filed all past tax returns and made all payments due as long as all tax returns have been filed, and payments have been made, for past years including tax year 2012 (as the 2012 returns would have been filed by April 15, 2013). This is true even though you will shortly be filing the tax returns for 2013 (which will be due April 15, 2014). If the amount of income received by the protected person is too little to require the filing of taxes, then write this on the form.

Below items A-C is Part I of the form, which covers income and disbursements during the reporting period only. In line 1 of the SUMMARY table, you should report the beginning cash balance of the incapacitated person’s estate. In line 2, you should state the amount reflected under SCHEDULE A – EZ: INCOME, which amount is the Total Income Received. Remember to list all sources of income, even if some sources (such as Social Security benefits) may have been excluded for purposes of setting bond. If additional lines are needed, attach SCHEDULE A – EZ: ADDITIONAL INCOME ([11800_grdnshp_ez_acting_addtl.pdf](#)) and enter the total in the corresponding line of the SUMMARY table.

Below is an example showing the aggregate amount received for Social Security Disability for nine (9) months.

#	Source of Income (e.g. employment, social security)	Description	Total Income Amount
<i>Sample</i>	<i>Social Security Disability</i>	<i>9 months x \$689.00</i>	<i>\$6201.00</i>

If you are required to report annually, then income will generally cover twelve (12) months. You may wish to add a brief explanation if certain income is received for a shorter period of time (i.e., the incapacitated person participates through school in a structured work program for ten (10) months of the year, earning a stipend of \$100/month for that 10-month period, for a total of \$1000/year, but the protected person has no earned income during the other two (2) months of the year).

In line 3 of the SUMMARY table, you should state the total amount reflected under Schedule B-EZ: DISBURSEMENTS. This schedule lists the payments made from the guardianship estate for the reporting period. If additional lines are needed, attach SCHEDULE B – EZ: ADDITIONAL DISBURSEMENTS ([11800_grdnshp_ez_accting_addtl.pdf](#)) and enter the total in the corresponding line of the SUMMARY table. Some disbursements, like food and utilities, are for regular, recurring expenses. If food is purchased solely for the protected person, then the amount spent will likely vary from month to month. In this situation, the category of disbursements should be reported on a monthly basis. The following is sufficient:

#	Category	Payment Date/Period	Payee	Amount Spent
1	Monthly Grocery - January	January 2014	ACME/Shoprite	\$293.77
2	Monthly Grocery - February	February 2014	Shoprite	\$301.23
3	Monthly Grocery - March	March 2014	ACME	\$256.85

If the incapacitated person resides with the guardian(s) as part of a family unit, then it is permissible for a set amount of the protected person's funds to be utilized each month to cover his or her share of food purchases. In this case, for SCHEDULE B-EZ, you may report as follows:

#	Category	Payment Date/Period	Payee	Amount Spent
1	Grocery (12 months)	January-December 2014	ACME/Shoprite	\$2,700 (12 x \$225/month)

Other recurring monthly expenses, like a cell phone or cable plan, can also be reported in this manner.

#	Category	Payment Date/Period	Payee	Amount Spent
1	Jitterbug Plus (cell phone basic plan 29)	January-December 2014	Sprint	\$359.88 (12 x \$29.99/month)

Some disbursements will reflect occasional purchases, such as new clothes at the beginning of a season or for special events. For these items, all fields of the SCHEDULE B-EZ: DISBURSEMENTS should be completed, as follows:

#	Category	Payment Date/Period	Payee	Amount Spent
1	Clothing (winter coat, gloves, snow boots)	January 2, 2014	Kohl's	\$304.88
2	Clothing (sister's wedding)	April 2, 2014	David's Bridal	\$126.14

Keep in mind that reports are reviewed through the New Jersey Guardianship Monitoring Program. While the forms are designed for simplicity and ease of use, if the entries are unclear or raise questions in the minds of reviewers, then you may be asked to provide further explanation or substantiation.

Part II of the form covers the assets of the incapacitated person. As guardian, you must report to the court regarding not only income but also any assets owned by the incapacitated person, such as a house, car, or stocks. This is required even if the assets are restricted, meaning that you cannot sell or encumber them without court approval. In completing Part II of the EZ form, review the inventory or prior report(s) to make sure that you cover all assets previously disclosed to the court.

If the incapacitated person has no property within a particular schedule, then select “N/A” (not applicable). For example, if the protected person does not own a house or other real property, then complete Schedule A as follows:

Schedule A – Real Property

Has the ownership of the property changed since the inventory or last report? Yes No N/A

If yes, list the property and the disposition of same: _____

If the incapacitated person continues to own property and nothing has changed since the inventory or prior report, select “No” as follows:

Schedule A – Real Property

Has the ownership of the property changed since the inventory or last report? Yes No N/A

If yes, list the property and the disposition of same: _____

If ownership of the property has changed, then select “Yes” and explain. For example, if the inventory reflects that the incapacitated person owned a house and that house has been sold, the report would be completed in this manner:

Schedule A – Real Property

Has the ownership of the property changed since the inventory or last report? Yes No N/A

If yes, list the property and the disposition of same: House at 123 Apple Street sold on 3/15/16 for \$110,000.
Proceeds deposited into guardianship checking account (# - 9876).

Respond as to all categories – Schedules A through E – by indicating if the incapacitated person has any property, and if so, if the ownership of the property has changed since the inventory or prior report. An explanation is required only if you are reporting that ownership of property has changed. Otherwise, leave the far-right column blank.

The information provided in Part II (Assets) is separate and apart from the income and disbursements covered in Part I. Do not change the figures in Part I or in the Summary based upon the information reported in Part II.

After Part II, you are asked to identify any assistance required from the court or a community agency. Please be as specific as possible in describing any help that you need on behalf of the incapacitated person.

Following Part II is an optional section for you to share with the court any other information about the incapacitated person and/or the guardianship.



New Jersey Judiciary
Guardianship Report
EZ Accounting Form

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	
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 report of well-being 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