



# Passaic County Surrogate's Court

## Hon. Zoila S. Cassanova, Esq.

Judge of the Surrogate's Court

71 Hamilton Street, Room 101, Paterson NJ 07505

8:30 AM - 4:30 PM



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: All Guardians Names Docket Number: \_\_\_\_\_

Incapacitated Person's Name: Name of the Incapacitated Person  
**If bond was waived at Judgment, select "N/A"**

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

**If you are aware of assets (monies/property) belonging to the Incapacitated person but in the custody of someone else, please explain what steps you have taken to retrieve those assets? If there are no assets to claim, select "N/A".**

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

**If taxes are not filed, select No or "N/A" and state the reason why. EXAMPLE:  
Income does not require to file income tax return . OR Taxes have not been filed yet.**

#### PART I. Income and Disbursements

##### SUMMARY

**If this is your first EZ Accounting Report, your beginning cash balance should be the amount provided in your inventory. Your beginning cash balance should always be the ending cash balance from the previous year.**

1. Beginning Cash Balance	
2. SCHEDULE A-EZ: Income	Total from below
• SCHEDULE A-EZ: Additional Income (if applicable)	
3. SCHEDULE B-EZ: Disbursements	Total from page 2
• SCHEDULE B-EZ: Additional Disbursements (if applicable)	
4. Ending Cash Balance (Add lines 1 & 2 and subtract line 3)	

Add beginning Cash Balance plus Income, then minus Disbursements (expenses) to get Ending Cash Balance

**NOTE: The Ending Cash Balance will be the Beginning Cash Balance for the following year's report. 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	<b>Report all income: If incapacitated person received social security or employment for a specific time, please state it here.</b>		
2			
3	<b>EX: Social Security</b>	<b>EX: 9 Months X \$689.00, 3 Months x \$695.00</b>	<b>Amount for the year</b>
4	<b>EX: Employment</b>	<b>EX: \$15.00 per hour</b>	<b>Amount for the year</b>
5			
Total Income Received (Schedule A: Income)			<b>Total Income</b>

The total amount also goes on line 2 of the Summary.

Schedule B - EZ: Disbursements (Attach Schedule B - EZ: Additional Disbursements if needed)				
#	Category	Payment Date/Period	Payee	Amount Spent
1		Report all disbursements (expenses).		
2	EX: Groceries, Rent,	Time Period	EX: Shoprite/	Total for Time Re-
3	Entertainment,	Reporting	Stop N Shop	porting. EX: \$2,700
4	Clothing, Restau-	EX: June 2, 2022—		(12 x \$225/month)
5	rants, Vacation,	June 1, 2023		
	etc.			
Total All Disbursements (Schedule B-EZ: Disbursements)				Total Disbursements
<b>PART II. Assets</b>				
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).				
<b>Schedule A – Real Property</b>				
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: If the inventory reflected the incapacitated person owned a home but that have since been sold, you must list when it was sold, for how much and where the proceeds have been deposited.				
<b>Schedule B – Stocks, Bonds, Mutual Funds, Securities and Investment Accounts</b>				
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:				
<b>Schedule C – Money on hand, checking and savings accounts and certificates of deposit in banks and notes or other indebtedness due the incapacitated person.</b>				
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: If the Bank Accounts have changed, please provide the new account numbers and advise if the old account has been closed.				
<b>Schedule D – Pensions, retirement accounts (IRA's, 401(k), annuities, profit sharing plans, etc.</b>				
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:				
<b>Schedule E – Miscellaneous Personal Property – (tangible personal property, motor vehicles, recreation vehicles, etc.).</b>				
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:				
NOTE: The Judiciary's Guardian Support/Guardianship Monitoring Program webpage, found at njcourts.gov, features general court information, forms, frequently asked questions, and helpful links.				

The total amount also goes on line 3 of the Summary on page 1

Kindly answer Schedule A—E

Note: You can not sell the property of an incapacitated person without the consent/order from the Court.

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.

**All Appointed Guardians Must Sign Affirming Information Provided Is Correct**

Date \_\_\_\_\_ Signature of Guardian \_\_\_\_\_

**NOTE: All Co-Guardians can sign one accounting.**

Print Name \_\_\_\_\_

If applicable: Date \_\_\_\_\_ Signature of Co-Guardian \_\_\_\_\_

Print Name \_\_\_\_\_

If applicable: Date \_\_\_\_\_ Signature of Co-Guardian \_\_\_\_\_

Print Name \_\_\_\_\_