

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

_____ Unit

Case No. _____

In re Guardianship of :

[Empty box for guardian name]

SUMMARY OF ACCOUNT
for MINOR FINANCIAL GUARDIANSHIP

As the guardian(s) of the above named minor, I/we hereby account to the Court for the period beginning
_____ and ending _____.
(Date of appointment as guardian, or date of last accounting.) (End date for this accounting period.)

- checkbox This is an annual account (ongoing administration).
checkbox This is a final account. (The guardian or minor has passed away or a change to the guardian appointment has occurred).

ACCOUNTING WORKSHEET

- Fully complete all sections of this worksheet. If there is no value, enter 0.
If you enter an amount greater than 0 on any line in the worksheet, you must provide an itemized accounting on a separate sheet. At the top of each itemized accounting, indicate the Section, Schedule letter and number, and the type of asset, receipt or disbursement. For example: Section A, Schedule A-2, Gain on personal estate.
After you enter the amounts in Sections A and B, record them in the Account Summary section on page 3. If you use the fillable PDF version of this worksheet, the amounts will be entered in the Account Summary for you.
If the only financial asset of the personal under guardianship is Social Security, this is not the correct form to use. Please contact the court for the correct form, or you can download it yourself from our website www.vermontjudiciary.org

SECTION A – ASSETS (all assets that are NOT Real Estate)

Table with 3 columns: Schedule, Description, Value. Rows include A-1 Personal estate, A-2 Gain on personal estate, A-3 Income to estate since inventory or last account, A-4 Personal estate not listed on inventory, A-5 Monies advanced to the guardian(s) for the guardianship, and A-6 TOTAL PERSONAL ASSETS.

SECTION A – REAL ESTATE ASSETS

Schedule		Value
A-7	Real estate <i>(Use the amount reported in the Inventory or last account, whichever is more recent.)</i>	\$
A-8	Gain on real estate <i>(Provide an itemized list on a separate sheet.)</i>	\$
A-9	Real estate not listed on inventory <i>(Provide an itemized list on a separate sheet.)</i>	\$
A-10		TOTAL REAL ESTATE ASSETS Add lines A-7 through A-9
A-11		TOTAL COMBINED ASSETS Add lines A-6 and A-10

SECTION B – DISBURSEMENTS

Payments, expenditures, and losses.

Complete every line. If there is no value, enter **0**.

Only list disbursements since the guardianship was opened or the last account, whichever is most recent.

Schedule		Value
B-1	Loss on personal estate <i>(Provide an itemized list on a separate sheet.) Examples include selling items or item depreciation</i>	\$
B-2	Paid debts <i>(Provide an itemized list on a separate sheet. Examples include rent, groceries, clothes, credit card bills, utilities.)</i>	\$
B-3	Administrative expenses <i>(Provide an itemized list on a separate sheet.)</i>	\$
B-4	Attorney fees <i>(Provide an itemized statement on a separate sheet.)</i>	\$
B-5	Guardian fees if approved by the Court <i>(Provide an itemized statement on a separate sheet.)</i>	\$
B-6	Other disbursements <i>(Provide an itemized list on a separate sheet.)</i>	\$
B-7	Loss on real estate <i>(Provide an itemized list on a separate sheet.) Examples include selling real estate at a loss of the property value</i>	\$
B-8		TOTAL DISBURSEMENTS Add lines B-1 through B-7

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SUMMARY OF ACCOUNT

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ACCOUNT SUMMARY

1. TOTAL ASSETS

(From Section A-11 of the Accounting Worksheet) \$ _____

2. TOTAL DISBURSEMENTS

(From Section B-8 of the Accounting Worksheet) \$ _____

3. CURRENT BALANCE MANAGED BY GUARDIAN \$ _____ (Subtract Line 2 from Line 1)

I/We declare that the above statements are true and accurate to the best of my knowledge and belief. I/We understand that if the above statements are false, I/We will be subject to the penalty of perjury or to other sanctions in the discretion of the court.

Guardian Information

_____	_____
Date	Mailing Address
_____	_____
Signature	City / State / Zip
_____	_____
Printed Name	Phone Number

	Email Address

Co-Guardian Information *

_____	_____
Date	Mailing Address
_____	_____
Signature	City / State / Zip
_____	_____
Printed Name	Phone Number

	Email Address

* If there are co-guardians, both guardians must sign.

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MOTION TO ALLOW ACCOUNT

I/We, _____ (names of guardian(s)) request that the Court allow the account as set forth in the attached Summary of Account for Adult Guardianship.

I/we have attached an itemized list for each schedule that has a value greater than zero.

Guardian Information

_____ Date

_____ Mailing Address

_____ Signature

_____ City / State / Zip

_____ Printed Name

_____ Phone Number

_____ Email Address

Co-Guardian Information*

_____ Date

_____ Mailing Address

_____ Signature

_____ City / State / Zip

_____ Printed Name

_____ Phone Number

_____ Email Address

* If there are co-guardians, both guardians must sign.