

PRO SE LITIGANT ASSISTANCE ONLINE “GUARDIANSHIPS”

For information, instructions and court forms, please go to:

<http://www.judiciary.state.nj.us>

The New Jersey Courts site offers self help litigation assistance under two drop down tabs:

**“FORMS” and
“SELF HELP CENTER”**

Choose one of those tabs and scroll down until you find the section entitled:

“Chancery Division, Probate Part - Guardianship of Incapacitated Adults”

The guardianship forms for adults receiving DDD services may be used for all adult guardianships. Some parts may not apply and may be deleted or designated as “Not applicable.”

Please read and follow the instructions carefully so that you include all necessary supporting documents and information in your application.

How to Apply for Guardianship of the Person and Estate of a New Jersey Resident Adult

Superior Court of New Jersey – Chancery Division – Probate Part

Attached are instructions and forms which may be used to file for guardianship of allegedly incapacitated adults who reside in New Jersey. The forms are from, or have been modified from, the Self-help litigation forms prepared by the New Jersey Administrative Office of the Courts for Title 30 guardianships pertaining to the “developmentally” disabled. For this reason, there may be references to Title 30 guardianships which references will not apply to the other types of guardianship that this packet of information is intended to address.

Completed forms are to be submitted to the Surrogate’s Office in the county where the alleged incapacitated person is a resident. A list of Surrogate’s Offices is provided at njcourts.gov/courts/civil/guardianship.html

Things to Think About Before You Represent Yourself in Court

Try to Get a Lawyer

The court system can be confusing and it is a good idea to get a lawyer if you can. The law, the proofs necessary to present your case, and the procedural rules governing cases in the Chancery Division, Probate Part are complex. Since the civil rights, well-being or financial security of an alleged or adjudicated incapacitated person may be at stake, many litigants appearing in the Chancery Division, Probate Part have a lawyer. It is recommended that you make every effort to obtain the assistance of a lawyer. If you cannot afford a lawyer, you may contact the legal services program in your county to see if you qualify for free legal services. Their telephone number can be found online or in your local yellow pages under "Legal Aid" or "Legal Services."

If you do not qualify for free legal services and need help in locating an attorney, you can contact the bar association in your county. That number can also be found in your local yellow pages. Most county bar associations have a Lawyer Referral Service. The County Bar Lawyer Referral Service can supply you with the names of attorneys in your area willing to handle your particular type of case and will sometimes consult with you at a reduced fee.

There are also organizations of minority lawyers throughout New Jersey, as well as organizations of lawyers who handle specialized types of cases. Ask your county court staff for a list of Lawyer Referral Services that include these organizations.

If you decide to proceed without an attorney, these materials explain the procedures that must be followed to have your papers properly filed and considered by the court. These materials do not provide information nor other procedural and evidentiary rules governing guardianship matters.

What You Should Expect If You Represent Yourself

While you have the right to represent yourself in court, you should not expect special treatment, help or attention from the court. The following is a list of some things court staff can and cannot do for you. Please read it carefully before asking court staff for help.

- We *can* explain and answer questions about how the court works.
- We *can* tell you what the requirements are to have your case considered by the court.
- We *can* give you some information from your case file.
- We *can* provide you with samples of court forms that are available.
- We *can* provide you with guidance on how to fill out forms.
- We *can* usually answer questions about court deadlines.
- We *cannot* give you legal advice. Only your lawyer can give you legal advice.
- We *cannot* tell you whether or not you should bring your case to court.
- We *cannot* give you an opinion about what will happen if you bring your case to court.
- We *cannot* recommend a lawyer, but we can provide you with the telephone number of a local lawyer referral service.
- We *cannot* talk to the judge for you about what will happen in your case.
- We *cannot* let you talk to the judge outside of court.
- We *cannot* change an order issued by a judge.

Keep Copies of All Papers

Make and keep copies of all completed forms and documents related to your case.

Definitions of Words Used in This Packet

Alleged Incapacitated Person (AIP) - The *alleged incapacitated person* (or AIP) is the individual over whom the plaintiff(s) is/are seeking guardianship.

Certification - A *certification* is a statement that certain facts are true to the best of the knowledge of the person making the statement. It is like an affidavit, but it is not sworn before a notary or other authorized person.

County of Settlement - The *county of settlement* is the county responsible for a share of the charge incurred for services provided to persons unable to pay. Typically, this is the AIP's county of residence at the time of application for DDD services. However, it is possible that the county of residence and county of settlement may be different depending on the residential history of the AIP.

County Surrogate - The *county surrogate* is an elected Constitutional Officer who serves as judge of the Surrogate's Court for uncontested probate and estate matters. A Surrogate also serves as Deputy Clerk to the Superior Court for the Probate Part, including guardianships of incapacitated adults, as well as adoptions in the Family Part.

Docket Number - A *docket number* is the number the court assigns to your case so that it may be identified and located easily. Once you have a docket number, you must include it on all your communications with the court.

File - To *file* means to give the appropriate forms and fee to the court to begin the court's handling of your case.

General Guardianship - *general guardianship* is a "complete in every respect" type of guardianship in which the guardian is able to exercise all rights and powers of the incapacitated person in terms of the area of responsibility he or she is granted. Also known as full or plenary guardianship.

Guardian - a *guardian* is an individual appointed by the court with authority over the person and/or the estate of an adjudicated incapacitated person. A guardian may have general or limited authority.

Guardian of the Estate - An individual appointed by the court to handle the financial affairs of another person who has been adjudicated incapacitated. Unlike a guardian of the person, a *guardian of the estate* is not responsible for decisions regarding the personal well-being of the protected person. Rather, the guardian of the estate handles assets, income, expenses and liabilities.

Guardian of the Person - An individual appointed by the court to handle the personal affairs of another person who has been adjudicated incapacitated. Unlike a guardian of the estate, a *guardian of the person* does not manage the financial affairs of the incapacitated person, except that a guardian of the person may serve as representative payee for Social Security benefits.

Guardianship Monitoring Program (GMP) - In New Jersey, the *Guardianship Monitoring Program* is a statewide monitoring program implemented in all 21 counties as of 2014. Through the GMP, trained volunteers review the reports filed by guardians of incapacitated persons and flag issues that require further attention.

Incapacity - Inability to govern oneself and/or to manage one's affairs. *Incapacity* may be general (as to all areas) or limited (as to specific areas only).

Incapacitated Person - An individual adjudicated by the court as unable to govern himself or herself and/or unable to manage his or her affairs. Also known as a protected person or ward. Formerly referred to as an incompetent.

Interested Parties - A person or agency that has an involvement with the incapacitated person who is the subject of the guardianship. *Interested parties* (or parties in interest) are typically the same individuals entitled to notice of the initial application for guardianship - i.e., the incapacitated person's spouse, parent, adult child, county of settlement, DDD.

Judgment - The official decision of a court in a case. For purposes of guardianship, *Judgment* refers to the Judgment of Incapacity and Guardian Appointment, also known as the Judgment of Incapacity and Order Appointing Guardian.

Definitions of Words Used in This Packet (continued)

Letters of Guardianship - *Letters of Guardianship* are documents issued by the County Surrogate upon an individual's qualification as guardian, after the entry of a Judgment by the Superior Court.

Limited Guardianship - A less intrusive, more individualized, type of guardianship in which a guardian is appointed with authority as to some – but not all – areas. A *limited guardianship* is established based upon a court's finding that the person alleged to be incapacitated lacks the capacity to do some, but not all, of the tasks necessary to care for himself or herself.

Proof of Service - *Proof of Service* is documentation showing that parties actually received the papers that you sent to them. Service is established for all parties other than the alleged incapacitated person by a certification that the documents were sent by regular mail and certified mail, and the regular mail was not returned to you. If the signed return receipt (green cards) are received, these may be attached to the certification of service. As to the alleged incapacitated person, you must file a certification stating that he or she was personally served.

Qualification - A process conducted before the County Surrogate, or Surrogate's staff, following entry of a Judgment of Incapacity and Guardian Appointment. As part of *qualification*, the person appointed as guardian affirms his or her willingness to fulfill the duties of a guardian. If a bond is required, the bond must be posted in order for the guardian to qualify and obtain Letters of Guardianship.

Restricted Assets - Assets over which a guardian of the estate does not exercise full control. The most common *restricted asset* is real property. The restriction can be found in the Judgment and sometimes the Letters of Guardianship. It typically provides that the guardian of the estate "cannot sell, transfer, mortgage, or otherwise encumber the real property of the incapacitated person absent court approval."

Service - Delivery of papers in a legally appropriate way. For example, notice of an application for appointment of a guardian is served upon the alleged incapacitated person by *personal service*, meaning that copies of the papers are personally delivered.

Short Certificates - Short forms of the Letters of Guardianship, stating that by judgment of a particular date, the guardian was appointed with authority of the person and/or estate of the named incapacitated person. A *short certificate* will state that as of the date it was issued, the guardianship remains in effect. Additional short certificates may be purchased by a guardian, from the Surrogate, for \$5.00 each as long as the guardianship remains in effect. Unlike the original Letters of Guardianship, short certificates should be provided to doctors, care facilities, and other institutions that require proof of a guardian's authority.

Superior Court Judge - For purposes of guardianships, the judge of the Superior Court, Probate Part, who decides if the alleged incapacitated person is in fact incapacitated and in need of a guardian. The *Superior Court judge* makes the substantive decisions about the guardianship, including the determination of capacity and the choice of guardian. The Superior Court judge conducts any hearing(s) and signs the Judgment of Incapacity and Guardian Appointment.

Surety Bond - A contract between at least three parties: the obligee (the party who is the recipient of an obligation), the principal (the primary party who will perform the contractual obligation) and the *surety* (who assures the obligee that the principal can perform the task). A *bond* functions much like an insurance policy so that if the guardian of the estate steals or misuses the money, or makes some other mistake, the incapacitated person will be protected. The price of that insurance policy (the bond premium) can be paid from the guardianship estate.

Surrogate's Court - A county office headed by the County Surrogate that may be in the same location as the Superior Court or may be in a different location. The *Surrogate's Court* is the filing court for Probate Part actions, including actions to appoint a guardian. It is also where the guardian goes to qualify after entry of the Judgment.

Verified Complaint - A *verified complaint* is a sworn document in which the plaintiff tells the court the facts of the case and states what relief is sought.

Important information about Guardianship Actions

To apply for guardianship, you must submit several forms to the Superior Court. The forms in this packet are modifications of the State Title 30 (developmental disability) forms making them applicable to guardianships of adults who have become incapacitated through illness or injury.

You will fill out some of the forms, including the Verified Complaint. Other forms must be completed by other people.

Under New Jersey Court Rule 4:86-1, *et seq.*, an application for guardianship must be supported by:

1. A certification of Assets, containing information concerning all of the real and personal property that the alleged incapacitated person owns and all of his/her income sources.
2. Two certifications of physicians who have personally examined the alleged incapacitated person within thirty (30) days of your filing of the Complaint.
3. You may also file a certification containing information about the circumstances of the incapacitated person, the proposed guardian(s) or any other information that you feel is pertinent to the Court's decision.

In preparing your application, you must arrange for two physicians to examine the alleged incapacitated person and provide each with a copy of the Certification of Physician for completion. Both exams must be conducted and the reports dated within the thirty (30) days just prior to your filing the Complaint.

Type and Scope of Guardianship

There are different types of guardianships, specifically, guardianship of the person; guardianship of the estate (property); and guardianship of both the person and the estate (property). The type of guardianship that is appropriate in a particular case depends on the needs of the incapacitated person. Generally, if an incapacitated person has any type of income and /or owns any property, real or personal, a guardian of both person and property is needed.

Guardianships of each type may be "general" or "limited." In a general guardianship, the guardian(s) are given the authority to make all medical, housing and other personal decisions on behalf of their ward, as well as, manage and control the finances of the ward. If the alleged incapacitated person retains the ability to understand and manage some aspects of his/her life, then the guardianship may be "limited." In a limited guardianship, the ward specifically retains certain decision-making rights, such as for medical decisions, where to live or to control some aspects of his/her financial affairs. Retention of such rights depends upon the ward's ability to handle such matters *independently*.

In every guardianship, the court will appoint a private attorney to act as counsel for the incapacitated person. The attorney is entitled to charge a fee for services. That fee can be paid from the assets of the alleged incapacitated person. When the alleged incapacitated person has no assets, the fee is often paid by the individuals seeking guardianship.

Procedure

Once the verified complaint and supporting documents are filed with the Surrogate, the documents will be reviewed. If everything is satisfactory, the Order Fixing Hearing Date and Appointing Attorney for Alleged Incapacitated Person will be entered. This initial Order schedules the hearing date and appoints counsel for the alleged incapacitated person.

Service: You must personally serve a copy of the Order, Complaint, Certifications and any other document copies that you have attached on the alleged incapacitated person (the subject of the guardianship).

Service on all other interested persons of copies of the Order, Complaint, Certifications and other papers filed must be served by regular and by certified mail, return receipt requested.

A separate notice must also be personally served on the alleged incapacitated person stating that the alleged incapacitated person "may oppose the guardianship, that (s)he may appear in person or by an attorney and may demand a jury trial".

Investigation: The court-appointed attorney will conduct an investigation including a meeting with the alleged incapacitated person and the proposed guardian. The attorney will then make a recommendation to the court as to the need for guardianship, limited or general, and the choice of guardian(s). If the court-appointed attorney does not dispute the need for guardianship or the fitness of the proposed guardian, the attorney may recommend that the guardian be appointed without any court hearing. If a court hearing is required, then the alleged incapacitated person, his or her court-appointed attorney, and the individual(s) seeking guardianship generally must participate. Such participation may be in person, that is, in court before a Judge, or in extraordinary circumstances, by telephone appearance. If the alleged incapacitated person is unable to attend the court hearing, and the court-appointed attorney agrees, then the hearing may proceed without the alleged incapacitated person in attendance.

Judgment and Letters

Entry of the Judgment by the Superior Court establishes the guardianship, but it does not allow the guardian to act. The appointed guardian(s) must qualify before the County Surrogate before (s)he may act as guardian on behalf of the ward. For example, a guardian who has not yet qualified (sign acceptance documents) cannot make medical decisions on behalf of the incapacitated person. To qualify, the guardian(s) must sign certain acceptance documents reflecting acceptance of the guardianship. Modest fees must be paid to the Surrogate for issuance of Letters of Guardianship. The Letters should be kept in a secure location and must not be turned over to any other person or facility. Qualification may occur immediately following the guardianship hearing and must be done as soon thereafter as possible, but not later than thirty (30) days after the entry of the Judgment.

At the time of qualification, or at any time during the guardianship, the guardian(s) may apply to the Surrogate for up-to-date short certificates. Short certificates are issued with the Letters of Guardianship. The Short Certificate contains the basic information set forth in the Letters, stating that by Judgment of a particular date, the guardian was appointed to serve for a named individual. It also

states that, as of the date of issue, the guardianship remains in effect. A guardian may purchase additional up-to-date certificates to provide to medical service providers, care facilities, banks and other institutions as proof of his or her continuing authority.

The numbered steps listed below tell you what forms you will need to fill out and what to do with them. Each form should be typed or printed clearly on 8 1/2" x 11" white paper only. Forms may not be filed on a different size or color paper.

Steps to Apply for Guardianship of the Person and the Estate of an Adult

STEP 1: Complete the Adult Guardianship Case Information Form (CIS) (Form A).

This is a one page form that provides certain basic information about your application to the Court. Complete the CIS by following the instructions for Form A on page 10.

Note: Failure to file this required document will result in the return of your Verified Complaint.

STEP 2: Complete the Verified Complaint (Form B)

The Verified Complaint to Appoint Guardian(s) of the Person and of the Estate is the document you must file to request that the court appoint a guardian for another person who you believe to be incapacitated and unable to manage his or her own financial affairs and make medical decisions. Complete the Verified Complaint by following the instructions for Form B.

STEP 3: Complete Certification of Assets (Form C)

The Certification of Assets describes the assets and income, if any, of the alleged incapacitated person. Complete the Certification of Assets by following the instructions for Form C.

STEP 4: Have the Certifications of Physician (Form D) completed by two licensed physicians.

The Certification of Physician is completed by a physician who has evaluated the alleged incapacitated person within the thirty (30) days just prior to your filing the pleading package with the Court. Arrange for two licensed doctors to examine and evaluate the alleged incapacitated person and have each complete a Certification form. Follow the instructions for Form D.

STEP 5: NOT APPLICABLE

STEP 6: Complete the *Order Fixing Hearing Date and Appointing Attorney for Alleged Incapacitated Person* (Form F).

The *Order Fixing Hearing Date and Appointing Attorney for Alleged Incapacitated Person* is used by the judge to schedule a hearing and to appoint an attorney for the subject of the guardianship action. The judge handling the case will usually schedule a hearing to evaluate the need for the proposed guardianship. Please complete the information at the top of the form.

Note that there are places on the *Order Fixing Hearing Date* that the court will complete. Instructions for Form F can found on page 29.

STEP 7: Complete the *Judgment of Incapacity and Appointment of Guardian(s) of the Person and Estate* (Form G).

The *Judgment of Incapacity and Appointment of Guardian(s) of the Person and Estate* is the official document that will be completed and signed by the judge if it is determined that the alleged incapacitated person requires a guardian. Enter the information on the top of the form.

Note that there are places on the *Judgment* that the court will complete. Instructions for Form G are found on page 32.

STEP 8: Attach the Filing Fee.

Make a check or money order payable to the **Surrogate of the county** in which the application is filed in the amount of **\$175**. This is the fee for filing your papers.

STEP 9: Check your completed forms and make copies.

Check your forms and make sure they are complete. Remove all instruction sheets. Make sure you have signed all the forms wherever necessary. All forms must have an **original, ink signature**. You also need to make **several** copies of each form. The original and one (1) copy will be sent to the court. Copies will also need to be provided to anyone who requires notice of the action. Please also retain a copy for your records.

Checklist - In Step 10, you will be directed to mail your documents to the court. The following checklist will help insure your package is complete:

- The original of each of the forms you filled out: *Adult Guardianship Case Information Statement* (Form A); *Verified Complaint to Appoint Guardian(s) of the Person and Estate* (Form B); *Certification of Assets* (Form C); *Certification of Physician* **(TWO)** (Form D);

Certification in Support of Guardianship (E-2); *Order Fixing Hearing Date and Appointing Attorney for Alleged Incapacitated Person* (Form F); *Judgment of Incapacity and Appointment of Guardian(s) of the Person and Estate* (Form G).

- one (1) copy of each of the completed forms.

- The filing fee in the amount of \$175. It must be a check or money order payable to the **Surrogate** in the county in which the application is filed.

- A self-addressed stamped envelope so that the court will be able to return the filed forms to you. Be sure to include adequate postage.

STEP 10: Mail or deliver the forms to the court.

You may mail or deliver to the court the original and one copy of all the forms: *Adult Guardianship Case Information Statement* (Form A); *Verified Complaint to Appoint Guardian(s) of the Person and Estate* (Form B); *Certification of Assets* (Form C); *Certification of Physician or Psychologist* (Form D); *Cover Page Individualized Education Program OR Certification in Support of Guardianship* (Form E-1 or E-2); *Order Fixing Hearing Date and Appointing Attorney for Alleged Incapacitated Person* (Form F); *Judgment of Incapacity and Appointment of Guardian(s) of the Person and*

Estate (Form G) along with a self-addressed stamped envelope and the filing fee.

The addresses of the Surrogates' office for each county can be found on the Judiciary's website, njcourts.gov/courts/civil/guardianship.html.

If you mail the papers, we recommend that you use certified mail, return receipt requested.

STEP 11: Appear in court on the date set by the judge for your hearing.

Keep copies of all papers you provide to the court or any other party. Make and keep for yourself copies of all completed forms and any canceled checks, money orders, receipts, bills, contract estimates, letters, leases, photographs and other important papers that relate to your case.


Instructions for Completing the Adult Guardianship Case Information Statement - Form A

The Adult Guardianship Case Information Statement (CIS) is a one-page form that provides certain basic information about your application. You must complete all of this form except for the area in the upper right corner labeled "For Chambers or Surrogate's Office Use Only." Please leave that field blank.

Follow these instructions to complete the CIS:

1. In the boxes under *Plaintiff*, fill in your information as the plaintiff, that is, the party applying to have a guardian appointed. Include your full name, street address, city, state, zip, age, telephone number (including area code), and relationship to the individual for whom guardianship is being sought.
2. In the boxes under *Alleged Incapacitated Person*, fill in **all** information about the person alleged to be incapacitated and in need of a guardian, which includes their full name, street address, city, state, zip, date of birth and social security number.
3. Under *Case Type*, select the check box to indicate the type of guardianship application that is being brought. A Title 30 (DDD) application is one where the alleged incapacitated person is eligible for, or receiving services from, the Division of Developmental Disabilities ("DDD"). This application type is brought under N.J.S.A. 30:4-165.1, *et. seq.* A Title 3B (DD) application is one where the alleged incapacitated person is developmentally disabled, but is not eligible for or receiving services from DDD. This application type is brought under N.J.S.A. 3B:12-1, *et. seq.* For all other applications, select Title 3B (all other).
4. Select the appropriate checkbox as to whether or not you are seeking to be appointed as guardian.
5. Select the appropriate checkbox to indicate if anyone else is proposed to serve as guardian(s).
6. In the section marked *All person(s) proposed as guardian(s)*, print the full name, street address, city, state, zip, age, phone number (including area code), and relationship to the alleged incapacitated person for each person, or entity, who is a proposed guardian of the alleged incapacitated person; including yourself. If necessary, attach additional sheets listing the individuals or entities you seek to have appointed as guardian(s).
7. In the section marked *Other person(s) or entities to be noticed*, fill in all information for any person(s) or entity(ies) to be notified of the guardianship application. This must include the County Adjuster in the county where the alleged incapacitated person has legal settlement. It should also include other relatives of the alleged incapacitated person including spouse, parents, adult children, and persons of the same relationship to the alleged incapacitated person as the plaintiff. For example, if you are a sibling of the alleged incapacitated person, then you should list any other
8. If either you, any proposed guardian, or the alleged incapacitated person require an interpreter, check "Yes", otherwise, check "No." If you check "Yes", indicate for whom the interpreter is needed, and specify the language.
9. If either you, any proposed guardian, or the alleged incapacitated person are requesting any accommodation for a disability, check "Yes", otherwise, check "No." If you check "Yes", indicate what is needed and by whom.
10. The Adult Guardianship Case Information Statement is not a public document and all information on the form will be kept confidential. Therefore, all requested information, including any requested personal identifying information, such as a Social Security number, must be filled out, if known. However, other documents filed with the court may be public and any confidential personal identifiers should be redacted. The final box of this document contains the statement by which you certify that you will remove any confidential personal identifiers in future court submissions, unless such confidential personal identifiers are required by statute, court rule or court order. It also contains a statement by which you certify that you have completed this form to the best of your knowledge and ability, and that you will supplement the form as may be necessary should additional information become available. Sign below the statement.

Form A

 <p>New Jersey Courts www.njcourts.gov</p> <p>Independence • Integrity Fairness • Quality Service</p>	<p>New Jersey Judiciary</p> <p>Adult Guardianship</p> <p>Case Information Statement</p> <p>Use for initial Chancery Division Probate Part Pleadings under <i>Rule 4:5-1</i> Pleading will be rejected for filing, under <i>Rule 1:5-6(c)</i>, if information is not completed or signature is not affixed</p>	<p>For Chambers or Surrogate's Office Use Only</p> <p>Date Filed: _____</p> <p>Docket Number: _____</p> <p>Chambers: _____</p> <p>Surrogate's Office: _____</p>								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="4" style="padding: 5px;"> Plaintiff Name (last, first, middle initial) _____ Address: Street _____ City _____ State _____ Zip _____ Age _____ Telephone _____ Relationship to AIP _____ </td> <td colspan="4" style="padding: 5px;"> Alleged Incapacitated Person (AIP): Name (last, first, middle initial) _____ Address: Street _____ City _____ State _____ Zip _____ Date of Birth _____ Social Security Number _____ </td> </tr> </table>			Plaintiff Name (last, first, middle initial) _____ Address: Street _____ City _____ State _____ Zip _____ Age _____ Telephone _____ Relationship to AIP _____				Alleged Incapacitated Person (AIP): Name (last, first, middle initial) _____ Address: Street _____ City _____ State _____ Zip _____ Date of Birth _____ Social Security Number _____			
Plaintiff Name (last, first, middle initial) _____ Address: Street _____ City _____ State _____ Zip _____ Age _____ Telephone _____ Relationship to AIP _____				Alleged Incapacitated Person (AIP): Name (last, first, middle initial) _____ Address: Street _____ City _____ State _____ Zip _____ Date of Birth _____ Social Security Number _____						
Case Type <input type="checkbox"/> Title 30 (DDD) <input type="checkbox"/> Title 3B (DD) <input type="checkbox"/> Title 3B (All Others)										
Is the Plaintiff the proposed guardian? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Are any other person(s) proposed guardian(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No										
All person(s) proposed as guardian(s): (Attach additional sheets if necessary to list all proposed guardian(s))										
Name (last, first, middle initial) _____ Address: Street _____ City _____ State _____ Zip _____ Age _____ Telephone _____ Relationship to AIP _____			Name (last, first, middle initial) _____ Address: Street _____ City _____ State _____ Zip _____ Age _____ Telephone _____ Relationship to AIP _____							
Other person(s) or entities to be noticed: (Attach additional sheets if necessary to list all parties to be noticed, including DDD Administrator and County Adjuster, if applicable)										
Name (last, first, middle initial) _____ Address: Street _____ City _____ State _____ Zip _____ Age _____ Telephone _____ Relationship to AIP _____			Name (last, first, middle initial) _____ Address: Street _____ City _____ State _____ Zip _____ Age _____ Telephone _____ Relationship to AIP _____							
Does any party need an interpreter? If yes, for whom and for what language? <input type="checkbox"/> Yes <input type="checkbox"/> No										
Does any party need an accommodation for a disability? If yes, please identify the party and requested accommodation <input type="checkbox"/> Yes <input type="checkbox"/> No										
<p>I certify that I have completed this form to the best of my knowledge and ability, and will supplement this form as may be necessary should additional information become available. I further certify that, except as required on this page, confidential personal identifiers have been redacted from documents now submitted to the court, and will be redacted from all documents submitted in the future in accordance with <i>Rule 1:38-7(b)</i>.</p> <p>_____ Date</p> <p>_____ Attorney/Plaintiff Signature</p>										

Plaintiff's Name: _____

Address: _____

Tel. No.: _____

IN THE MATTER OF _____ An Alleged Incapacitated Person	SUPERIOR COURT OF NEW JERSEY CHANCERY DIVISION-PROBATE PART CUMBERLAND COUNTY CIVIL ACTION DOCKET NO.: VERIFIED COMPLAINT FOR DECLARATION OF INCAPACITY AND APPOINTMENT OF GUARDIAN
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_____, residing at _____,
 (Plaintiff's name) (Address)

City of _____, County of Cumberland and State of New Jersey, by way of
 complaint for Guardianship says:

1. Plaintiff, _____, is the _____ of _____,
 (Name) (State familial relationship) (Subject's name)

an alleged mentally incapacitated person.

2. The an alleged mentally incapacitated person, _____,
 (Subject's name)

was born on _____, and is:
 (Date)

() **Single**

() **Married to :** _____ who resides at _____
 (Name of spouse) (Address)

() **Widowed** and his/her spouse, _____, passed away on
 (Name)

(Date)

() **Divorced** from _____ by Judgment dated _____
 (Name)

3. _____, alleged incapacitated person, resides at _____
 (Subject's name)

(Address. Include name of institution if applicable)

and has been there since _____
(Date)

4. The following are the known living relatives of _____,
(Subject's name)

and, in accordance with Rule 4:86-2, the addresses of those persons who are his/her heirs
and all other persons known to the Plaintiff to be entitled to notice of this action:

NAME	ADDRESS	RELATIONSHIP (INCLUDE AGE, IF A MINOR)

() If checked, additional persons are listed on a separate sheet attached hereto.

5. _____ is unable to physically care for his/herself
and to manage his/her own financial affairs.

6. The interest of the Plaintiff in bringing this action is the following (explain reasons for
filing guardianship):

7. The alleged incapacitated person, _____, has the
following estate planning documents (Choose the applicable listed documents):

() Last Will and Testament, dated _____;

() Power of Attorney naming _____
(Name and address of agent) _____ as her agent, dated _____; and

() Advance Directive for Healthcare (Living Will) naming _____
(Name and address of representative) _____ as her healthcare representative and dated _____.

() Attached hereto is a copy of the documents checked above.

Or

A copy of the above-checked documents cannot be attached for the following reasons:

8. On or about _____, the alleged incapacitated person, _____
(Date of Examination) (Subject's name)
_____, was examined by medical physician _____
(Physician's name)
_____. Attached hereto is the report prepared by that

Physician, based upon his/her examination which took place in the thirty (30) days just prior to the filing of this complaint.

9. On or about _____, the alleged incapacitated person, _____
(Date of Examination) (Subject's name)
_____, was examined by a second medical practitioner named _____
(Physician's name). Attached hereto is the report prepared by the second physician, based upon his/her examination which took place in the thirty (30) days just prior to the filing of this complaint.

10. The property owned by the alleged incapacitated person, _____,
(Subject's name)
is set forth in a certification of assets, attached hereto and signed by the Plaintiff.

11. _____ is unfit and unable to govern him/herself and to
(Subject's name)
manage his/her own affairs, and the Plaintiff seeks a determination of his/her mental capacity.

12. Plaintiff seeks to have the following person(s) named as the Guardian(s) of the person and property of _____, alleged mentally incapacitated
(Subject's name)

Person:

Name _____

Address _____

Relationship _____ Age _____ Telephone No _____

Name _____

Address _____

Relationship _____ Age _____ Telephone No _____

13. To bring this action, Plaintiff has incurred costs in the amount of \$ _____,

for which Plaintiff seeks reimbursement from the assets of _____.
(Subject's name)

The costs incurred are comprised of the following: _____

13. _____
(Add any other information that is pertinent to the Subject's circumstances or to the relief sought)

14. _____

WHEREFORE, Plaintiff seeks judgment as follows:

A. Declaring _____ a mentally incapacitated person;
(Subject's name)

B. Directing that Letters of guardianship of the person and property of the said
_____ be granted to _____ to
serve as his/her guardian with/without bond.

C. For reimbursement of costs to the Plaintiff payable from the guardianship estate.

D. _____

E. _____

F. For such other relief as the Court deems equitable and just.

CERTIFICATION PURSUANT TO R. 4:5-1. The undersigned hereby certifies that to the best of my knowledge and belief, there are no other parties who should be joined in this action. I further certify that the matter in controversy is not subject to any other action pending in any Court or of a pending arbitration proceeding, nor is any other action or arbitration proceeding contemplated.

Dated: _____
(INSERT DATE OF SIGNATURE)

(SIGNATURE OF PLAINTIFF)

(PRINT NAME OF PLAINTIFF)

Plaintiff's Name: _____

Address: _____

Tel. # _____

IN THE MATTER OF An Alleged Incapacitated Person	SUPERIOR COURT OF NEW JERSEY CHANCERY DIVISION-PROBATE PART CUMBERLAND COUNTY CIVIL ACTION DOCKET NO.: VERIFICATION OF PLAINTIFF
---	---

STATE OF NEW JERSEY) SS:
COUNTY OF CUMBERLAND)

I, _____, Plaintiff in the annexed complaint,
(NAME OF PLAINTIFF)

being duly sworn on his/her oath, according to law, deposes and says that the contents of the annexed Complaint are true to the best of my knowledge and belief.

Signature Plaintiff

Sworn and Subscribed to Before me
this _____ day of _____, 20____.

NOTARY

(This document must be notarized By a Notary Public. Rule 4:83-5. Verification All Complaints shall be verified by the plaintiff upon oath that the allegations thereof are true to the best of the plaintiff's knowledge and belief. The Verified Complaint can be notarized by one of the notaries in the Surrogate's Office. Do not sign the Complaint until you are in front of one of them. They are verifying your signature and must actually see you sign.)

PAGES 18 IS INAPPLICABLE TO ADULT, TITLE 3B
GUARDIANSHIPS AND HAS BEEN REMOVED FROM THIS PACKET.

Instructions for Completing the Certification of Assets - Form C

1. At the top left of the form, enter your name, address, and daytime phone number. If you are not an attorney, leave the *Attorney ID and Law Firm/Agency Name* fields blank.
2. On the line above *Name of Alleged Incapacitated Person (AIP)*, fill in the full legal name of the alleged incapacitated person for whom you are seeking a guardianship.
3. On the line labeled *County*, enter the county in which the alleged incapacitated person resides. This will be the county where the action is filed.
4. Leave *Docket Number* blank. It will be assigned and filled in by the Court upon filing.
5. Fill in the blank spaces in the first paragraph indicating your full legal name and the full legal name of the alleged incapacitated person.
6. Select the appropriate checkbox as to whether or not the alleged incapacitated person possesses property.
 - If you select the first option (the alleged incapacitated person possesses no property, or possesses only Social Security benefits, etc.), enter the alleged incapacitated person's full legal name on the line. **Note:** If you select this option, be sure to check "None" in Schedules A through G.
 - If you select the second option (the alleged incapacitated person possesses property, or possesses money other than Social Security benefits, a State-funded Personal Needs Allowance, and/or funds held in trust for their benefit), you must provide a complete and accurate statement and valuation of all real and personal property and income of the alleged incapacitated person.
 - A diligent inquiry must be performed to identify the requested information. All Schedules (A through G) must be completed to the best of your ability. The proper entry for any schedule without assets is "None." If you are unsure whether a particular type of asset exists, the proper entry is "Unknown." Should additional information regarding the alleged incapacitated person's assets be discovered, this form should be supplemented.
7. Schedule A: Identify the incapacitated person's interests in real property (i.e. homes or land). This includes land held jointly or in common with other individuals. Provide the most recent municipal tax assessed value and market value for the property. The market value may be estimated rather than based upon a new appraisal.
8. Schedule B: Identify the incapacitated person's interest in stocks, bonds, mutual funds, securities and investment accounts. This includes any interest held jointly or in common with other individuals, or in trust. For Schedule B, you are asked to provide face value, if applicable, and market value. Some assets, like bonds, will have both a face value and a market value. For those assets, list both the face value and market value. Other assets will only have a market value.
9. Schedule C: Identify any checking accounts, savings accounts, certificates of deposit in banks, notes or other indebtedness due the alleged incapacitated person.
10. Schedule D: List any pension or retirement accounts.
11. Schedule E: List any other personal property including, but not limited to, any motor vehicles, recreation vehicles, collections, interests in partnerships/ unincorporated businesses, etc.
12. Schedule F: List any secured debts or encumbrances on the above assets (i.e. mortgage on a home, car loan).
13. Schedule G: List all sources of monthly income.
14. Complete the Certification at the bottom.

Form C**Filing Attorney Information or Pro Se Litigant:**

Name _____
 NJ Attorney ID Number _____
 Law Firm/Agency Name _____
 Address _____

 Telephone Number _____

In the Matter of,

_____,
 Name of Alleged Incapacitated Person (AIP)
 an Alleged Incapacitated Person

Superior Court of New Jersey
 Chancery Division - Probate Part
 County _____
 Docket Number _____

Civil Action
Certification of Assets

I, _____, of full age, hereby certify as follows:

This certification is made by me in support of an application for a declaration of incapacity for
 _____. (Check one)

- ☐ The alleged incapacitated person, _____, possesses no property, or possesses only Social Security benefits, a **State-funded Personal Needs Allowance**, and/or funds held in trust for his/her benefit. (Note: If you select this option, check "None" in the following schedules)

OR

- ☐ The following schedules contain a complete and accurate statement and valuation of all real and personal property and income of _____, based upon my diligent inquiry.

Schedule A: Real Property

☐ None ☐ Unknown

All interests in real property including real property held in common or jointly with other(s) and, if held jointly, describe the interest.

#	Description: Address (include county and state)	Municipal Tax Assessed Value	Market Value
1.		\$	\$
2.		\$	\$
Total Schedule A			\$ 0.00

Schedule B: Stocks, Bonds, Mutual Funds, Securities and Investment Accounts

☐ None ☐ Unknown

Include all interests in stocks, bonds, mutual funds, securities and investment accounts including interests held in common or jointly with other(s) or in trust, and, if held jointly, describe the interest.

#	Description (include name of financial institution, account type, number of shares or last four digits of account and date value fixed)	Face Value	Market Value
1.		\$	\$
2.		\$	\$
Total Schedule B			\$ 0.00

Schedule C: Money on Hand☐ None ☐ Unknown

Checking and savings accounts and certificates of deposit in banks and notes or other indebtedness due the alleged incapacitated person.

#	Description (include name of financial institution, account type, last four digits of account and date value fixed)	Value
1.		\$
2.		\$
Total Schedule C		\$ 0.00

Schedule D: Pensions, retirement accounts☐ None ☐ Unknown

IRA's, 401(k), annuities, profit sharing plans, etc. Include last four digits of account.

#	Description (include name of financial institution, account type, last four digits of account and date value fixed)	Value
1.		\$
2.		\$
Total Schedule D		\$ 0.00

Schedule E: Miscellaneous Personal Property☐ None ☐ Unknown

Tangible personal property, motor vehicles, recreation vehicles, employment bonus or award, interest in a partnership or unincorporated business, articles or collections have either artistic or intrinsic value, etc.

#	Description	Value
1.		\$
2.		\$
Total Schedule E		\$ 0.00

Schedule F: Liabilities/Encumbrances☐ None ☐ Unknown

If any asset listed in this certification has a secured associated debt, such as a mortgage or a car loan, indicate below. List all other debts.

#	Description	Encumbrance Amount
1.		\$
2.		\$
Total Schedule F		\$ 0.00

Schedule G: Sources of Monthly Income☐ None ☐ Unknown

#	Description	Value
1.		\$
2.		\$
Total Schedule G		\$ 0.00

I hereby certify and say that the foregoing statements made by me are true to the best of my knowledge, and that I will supplement this form as may be necessary should additional information become available. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date _____

Signature _____

Print Name _____

Plaintiff's Name: _____
Address: _____
Telephone No.: _____

FORM C- EZ VERSION

IN THE MATTER OF

An Alleged Incapacitated Person

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION-PROBATE PART
CUMBERLAND COUNTY

CIVIL ACTION

DOCKET NO.:

CERTIFICATION OF ASSETS

I, _____, OF FULL AGE, HEREBY CERTIFIES AS FOLLOWS:

1. _____, the alleged incapacitated person, owns the following property:

2. The income of _____ is as follows:

3. _____ is the beneficiary of a trust/estate and receives or is entitled to receive

4. _____ has been conferred a power of appointment concerning the assets of

5. _____

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

DATE: _____

Instructions for Completing the Certification of Physician or Psychologist - Form D

This is a form certification which should be provided to the physician or psychologist who will be supporting your application for declaration of incapacity. Provide this certification to the physician or psychologist to be filled out. Should additional room be needed, the physician or psychologist may attach a separate report. Remember to include this certification with your Verified Complaint.

1. At the top left of the form, enter your name, address, and daytime phone number. If you are not an attorney, leave the *Attorney ID and Law Firm/Agency Name* fields blank.
2. On the line above *Name of Alleged Incapacitated Person (AIP)*, fill in the full legal name of the alleged incapacitated person for whom you are seeking a guardianship.
3. On the line labeled *County*, enter the county in which the alleged incapacitated person resides. This will be the county where the action is filed.
4. Leave *Docket Number* blank. It will be assigned and filled in by the Court upon filing.
5. The remainder of the form is to be filled out by the certifying physician or psychologist.

Form D

Filing Attorney Information or Pro Se Litigant:

Name _____
NJ Attorney ID Number _____
Law Firm/Agency Name _____
Address _____
Telephone Number _____

In the Matter of,

Name of Alleged Incapacitated Person (AIP)
an Alleged Incapacitated Person

Superior Court of New Jersey
Chancery Division - Probate Part
County _____
Docket Number _____

Civil Action
Certification of
Physician

I, _____, (check one) ☐ M.D., ☐ D.O., ☐ Ph.D., ☐ Psy.D., of full age,
hereby certify as follows:

1. This certification is made by me in support of an application for a declaration of incapacity for _____, an alleged incapacitated person.
2. _____ was born on _____. S/He is ____ years old. S/He weighs ____ pounds and is approximately ____ in height. S/He has ____ hair and ____ eyes.
3. Select one:
☐ I am a (check one) ☐ physician ☐ psychologist licensed to practice in the State of _____. I currently maintain an office at _____. I am, and have been, in the actual practice of _____ for ____ years.

OR

- ☐ I am an employee of the Division of Developmental Disabilities authorized to conduct psychological evaluations as part of my duties.
4. I earned a degree in _____, from _____ in _____. I received my license to practice in the State of _____ in _____. My area of specialty is _____.
5. I examined the alleged incapacitated person on _____. This examination took place at _____.
6. Select one:
☐ I have been treating the alleged incapacitated person for _____, since _____.

OR

- ☐ I am not treating the alleged incapacitated person for _____, but have merely examined her/him for the purpose of evaluating her/his mental capacity.

7. During my examination, I observed that s/he was (describe findings or attach report)

8. As a result of my examination and a review of her/his history, my diagnosis is _____
The prognosis for recovery is _____.

9. In my opinion, the alleged incapacitated person is:

☐ unfit and unable to govern herself/himself and to manage her/his affairs in all areas.

OR

☐ unfit and unable to govern herself/himself and to manage her/his affairs in **some** areas but **does have capacity** in the areas listed below (select all that apply):

☐ medical decision making

☐ legal decision making

☐ residential decision making

☐ educational decision making

☐ vocational decision making

☐ financial decision making

☐ other (please describe) _____

10. My opinion is based upon the examination of the alleged incapacitated person, and the history of her/his condition. The factual basis for my diagnosis and prognosis, and my opinion as to any areas in which the individual retains capacity, is: (describe or attach report)

11. It is my opinion that the alleged incapacitated person (check one) ☐ is ☐ is not capable of attending the court hearing in this matter. If the alleged incapacitated person is not capable of attending the court hearing the following are the reasons for the individual's inability:

12. I am not related either through blood or marriage, to the alleged incapacitated person, nor to a proprietor, director or chief executive officer of any institution for the care and treatment of the mentally ill in which the alleged incapacitated person is living or in which it is proposed to place her/him; nor am I professionally employed by the management thereof as a resident physician or psychologist; nor am I financially interested therein.

I hereby certify and say that the foregoing statements made by me are true to the best of my knowledge, and that I will supplement this form as may be necessary should additional information become available. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature

Print Name

Form D**Filing Attorney Information or Pro Se Litigant:**

Name _____

NJ Attorney ID Number _____

Law Firm/Agency Name _____

Address _____

Telephone Number _____

In the Matter of,

_____,
Name of Alleged Incapacitated Person (AIP)

an Alleged Incapacitated Person

Superior Court of New Jersey
Chancery Division - Probate Part

County _____

Docket Number _____

Civil Action**Certification of
Physician**I, _____, (check one) ☐ M.D., ☐ D.O., ☐ Ph.D., ☐ Psy.D., of full age,
hereby certify as follows:1. This certification is made by me in support of an application for a declaration of incapacity for
_____, an alleged incapacitated person.2. _____ was born on _____. S/He is ____ years old. S/He
weighs _____ pounds and is approximately _____ in height. S/He has _____ hair and
_____ eyes.

3. Select one:

☐ I am a (check one) ☐ physician ☐ psychologist licensed to practice in the State of _____. I
currently maintain an office at _____. I
am, and have been, in the actual practice of _____ for ____ years.**OR**☐ I am an employee of the Division of Developmental Disabilities authorized to conduct
psychological evaluations as part of my duties.4. I earned a degree in _____, from _____.
in _____. I received my license to practice in the State of _____ in _____. My area of specialty is
_____.5. I examined the alleged incapacitated person on _____. This examination took place at
_____.

6. Select one:

☐ I have been treating the alleged incapacitated person for _____,
since _____.**OR**☐ I am not treating the alleged incapacitated person for _____, but have
merely examined her/him for the purpose of evaluating her/his mental capacity.

7. During my examination, I observed that s/he was (describe findings or attach report)

8. As a result of my examination and a review of her/his history, my diagnosis is _____ The prognosis for recovery is _____.

9. In my opinion, the alleged incapacitated person is:

☐ unfit and unable to govern herself/himself and to manage her/his affairs in all areas.

OR

☐ unfit and unable to govern herself/himself and to manage her/his affairs in **some** areas but **does have capacity** in the areas listed below (select all that apply):

☐ medical decision making ☐ legal decision making ☐ residential decision making

☐ educational decision making ☐ vocational decision making ☐ financial decision making

☐ other (please describe) _____

10. My opinion is based upon the examination of the alleged incapacitated person, and the history of her/his condition. The factual basis for my diagnosis and prognosis, and my opinion as to any areas in which the individual retains capacity, is: (describe or attach report)

11. It is my opinion that the alleged incapacitated person (check one) ☐ is ☐ is not capable of attending the court hearing in this matter. If the alleged incapacitated person is not capable of attending the court hearing the following are the reasons for the individual's inability:

12. I am not related either through blood or marriage, to the alleged incapacitated person, nor to a proprietor, director or chief executive officer of any institution for the care and treatment of the mentally ill in which the alleged incapacitated person is living or in which it is proposed to place her/him; nor am I professionally employed by the management thereof as a resident physician or psychologist; nor am I financially interested therein.

I hereby certify and say that the foregoing statements made by me are true to the best of my knowledge, and that I will supplement this form as may be necessary should additional information become available. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Date

Signature

Print Name

PAGES 25 THROUGH 28 ARE INAPPLICABLE TO ADULT,
TITLE 3B GUARDIANSHIPS AND HAVE BEEN REMOVED FROM
THIS PACKET.

**Instructions for Completing the Order Fixing Hearing Date and Appointing Attorney for
Alleged Incapacitated Person - Form F**

1. At the top left of the form, enter your name, address, and daytime phone number. If you are not an attorney, leave the *Attorney ID* and *Law Firm/Agency Name* fields blank.
2. On the line above *Name of Alleged Incapacitated Person (AIP)*, fill in the full legal name of the alleged incapacitated person for whom you are seeking a guardianship.
3. On the line labeled *County*, enter the county in which the alleged incapacitated person resides. This will be the county where the action is filed.
4. Leave *Docket Number* blank. It will be assigned and filled in by the Court upon filing.
5. In the first paragraph, fill in your full legal name as the plaintiff. Fill in the alleged incapacitated person's full legal name on the second blank line.
6. Leave the remainder of the document blank. The court will use this document to schedule and order a hearing on the guardianship application as well as appoint an attorney to represent the interests of the alleged incapacitated person.

Form F

Filing Attorney Information or Pro Se Litigant:

Name _____
NJ Attorney ID Number _____
Law Firm/Agency Name _____
Address _____
Telephone Number _____

In the Matter of,

_____,
an Alleged Incapacitated Person

Superior Court of New Jersey
Chancery Division - Probate Part
County _____
Docket Number _____

Civil Action

Order Fixing Guardianship Hearing Date and Appointing Attorney for Alleged Incapacitated Person

THIS MATTER having been opened to the court by _____, plaintiff(s), for a judgment declaring _____, an incapacitated person and appointing a guardian of the person and/or estate (property) pursuant to applicable New Jersey statutes and Rules of Court, and for such other relief as the court may deem just, and the court having read and considered the verified complaint, the supporting certifications or affidavits, and all other papers and pleadings filed in this matter, and for good cause shown:

IT IS on this ____ day of _____, 20__, **ORDERED** that:

1. This matter be set down for hearing before this court at the _____ County Courthouse, _____, New Jersey on the ____ day of _____, 20__, at _____ ☐ a.m. ☐ p.m. or as soon thereafter as plaintiff may be heard, to determine the issues of incapacity of _____ and the appointment of a guardian.
2. A copy of the verified complaint, supporting affidavits or certifications and this Order, shall be served on the alleged incapacitated person, by personally serving the same at least 20 days prior to the date scheduled for the hearing.
3. A separate notice shall be personally served on the alleged incapacitated person stating that if he/she desires to oppose the action he/she may appear either in person or by attorney and may demand a trial by jury.
4. A copy of the verified complaint, supporting affidavits or certifications and this Order shall also be served on all the next-of-kin and other parties-in-interest identified in the verified complaint by certified mail, return receipt requested at least 20 days prior to the date scheduled for the hearing. If applicable, a copy of the verified complaint, supporting affidavits or certifications and this Order shall be served on the County Adjuster and the Regional Administrator for the Division of Developmental Disabilities.
5. _____, Esquire office address _____, telephone number _____, be and hereby is appointed as attorney for the alleged incapacitated person. Said attorney shall personally interview the alleged incapacitated person, examine the medical records, make inquiry of persons having knowledge of the alleged incapacitated person's circumstances, his/her physical and mental state and his/her property, make reasonable inquiries to locate any Will or other testamentary substitutes, powers of attorney or health care directives previously executed by the alleged incapacitated person, or to

discover any interests the alleged incapacitated person may have as a beneficiary of a will or trust. Said attorney shall prepare a written report of findings and recommendations (and, if applicable, an affidavit of services) to be filed with the Court and with the plaintiff(s) and other parties who have filed a written response at least ten (10) days prior to the hearing.

SELECT ONE:

☐ The attorney appointed to represent the alleged incapacitated person is appointed *pro bono* (without cost);

OR

☐ The attorney appointed to represent the alleged incapacitated person is to be paid. Pursuant to R. 4:86-4(d), the court may direct that counsel be paid from the assets of the alleged incapacitated person, or if such assets are insufficient, then from the party seeking guardianship or otherwise.

6. If the alleged incapacitated person obtains counsel other than that appointed by the above paragraph, such counsel shall notify the court and appointed counsel at least ten (10) days prior to the hearing date.

7. A copy of the verified complaint, supporting affidavits or certifications and this Order shall be immediately served on the attorney for the alleged incapacitated person by personal service, certified mail, return receipt requested. If acceptable to the court-appointed attorney, service may be via facsimile, by regular mail, and/or by email.

8. The attorney above appointed to represent the alleged incapacitated person is hereby regarded as a HIPAA (Health Insurance Portability and Accountability Act) representative for the alleged incapacitated person and shall have the right and power to examine complete medical records, including medical and psychiatric records and written charts, pertaining to the alleged incapacitated person, and to visit and confer with the alleged incapacitated person.

9. The attorney above appointed to represent the alleged incapacitated person shall have the right and power to examine financial and legal documents and records pertaining to the alleged incapacitated person.

10. The plaintiff shall file with the County Surrogate a proof of service of the pleadings required by this order to be served on the alleged incapacitated person and the parties in interest no later than ten (10) days before the date this matter is scheduled to be heard.

11. Any next-of-kin and other party-in-interest who wishes to be heard with respect to any of the relief requested in the verified complaint shall file with the Surrogate of _____ County at the following location: _____, together with the applicable filing fee and serve upon the attorney for the plaintiff and the attorney for the alleged incapacitated person at the address set forth above, a written answer, an answering affidavit, a motion returnable on the date this matter is scheduled to be heard or other written response ten (10) days before the date this matter is scheduled to be heard.

12. If applicable, any proposed guardian shall complete guardianship training as promulgated by the Administrative Director of the Courts, by viewing or otherwise reviewing the Court Appointed Guardian Tutorial posted on the Judiciary's website at njcourts.gov/courts/civil/guardianship.html and receiving copies of the relevant guardianship training guide(s).

J.S.C.

**Instructions for Judgment of Incapacity and Appointment of Guardian(s)
of the Person and Estate - Form G**

1. At the top left of the form, enter your name, address, and daytime phone number. If you are not an attorney, leave the *Attorney ID and Law Firm/Agency Name* fields blank.
2. On the line above *Name of Alleged Incapacitated Person (AIP)*, fill in the full legal name of the alleged incapacitated person for whom you are seeking a guardianship.
3. On the line labeled *County*, enter the county in which the alleged incapacitated person resides. This will be the county where the action is filed.
4. Leave *Docket Number* blank. It will be assigned and filled in by the Court upon filing.
5. Leave the remainder of the document blank. The court will use this document if your application for a guardianship is granted. This document will set the terms for the guardianship.

Form G

Filing Attorney Information or Pro Se Litigant:

Name _____
NJ Attorney ID Number _____
Law Firm/Agency Name _____
Address _____
Telephone Number _____

In the Matter of:

_____,
an Incapacitated Person

Superior Court of New Jersey
Chancery Division - Probate Part
_____ County

Docket No. _____

Civil Action

Judgment of Incapacity and Appointment of Guardian(s) of the Person and Estate

THIS MATTER being opened to the Court by _____, plaintiff(s), by and through his/her attorney, _____ in the presence of _____, attorney for the then alleged incapacitated person, and _____, the then alleged incapacitated person, and no demand having been made for a jury trial, and the Court sitting without a jury having found from the report of counsel together with the report of the examining physician or psychologist and other supporting document and proofs given that _____ is an incapacitated person who lacks sufficient capacity to govern himself/herself or to manage his/her affairs, and it further appearing that _____, consents to serve as Guardian(s) of the Person and Estate (Property) of _____, and for good cause shown:

IT IS on this _____ day of _____, 20____, **ORDERED AND ADJUDGED** that:

1. **GUARDIANSHIP TYPE:** _____ is an incapacitated person and is unfit and unable to govern himself/herself and manage his/her affairs. This is a guardianship:

As to the Person	<input type="checkbox"/> General	<input type="checkbox"/> Limited
As to the Estate	<input type="checkbox"/> General	<input type="checkbox"/> Limited

Limited Guardianship: The incapacitated person is able at this time to govern himself/herself and manage his/her own affairs with respect to the following areas:

Check if applicable:

☐ The subject of this guardianship is incapacitated as a result of developmental disability.

Firearms: Pursuant to 18 U.S.C. 922(g)(4), the incapacitated person does not retain the right to possess firearms.

2. **GUARDIAN APPOINTMENT:** _____ be and hereby is/are appointed Guardian(s) of the Person and Estate of the incapacitated person and that Letters of Guardianship of the Person and Estate be issued upon his/her/their (a) qualifying according to law, (b) acknowledging to the Surrogate completion of guardianship training and receipt of the guardianship training guides, and (c) unless waived for extraordinary reasons, entering into a surety bond unto the Superior Court of New Jersey in the

amount of \$ _____, which bond shall contain the conditions set forth in *N.J.S.A. 3B:15-7* and *R. 1:13-3*. The court shall approve the bond as to form and sufficiency.

3. Upon qualifying, the Surrogate shall issue Letters of Guardianship of the Person and Estate to _____ and thereupon the guardian(s) be and hereby is/are authorized to perform all the functions and duties of a Guardian of the Person and Estate as allowed by law, except as limited herein or in areas where the incapacitated person retains decision making rights.
4. In exercising the authority conferred by this Judgment, the guardian(s) shall:
- Ascertain and consider those characteristics of the incapacitated person which define his/her uniqueness and individuality, including but not limited to likes, dislikes, hopes, aspirations, and fears;
 - Encourage the incapacitated person to express preferences and participate in decision-making;
 - Give appropriate deference to the expressed wishes of the incapacitated person;
 - Protect the incapacitated person from injury, exploitation, undue influence, and abuse;
 - Promote the incapacitated person's right to privacy, dignity, respect, and self-determination; and
 - Make reasonable efforts to maximize opportunities and individual skills to enhance self-direction.
5. **GUARDIAN LIMITATIONS: If applicable**, the authority of the guardian(s) is limited as follows, and all limitations shall be stated in the Letters of Guardianship.
- ☐ The Guardian(s) of the Estate may not alienate, mortgage, transfer or otherwise encumber or dispose of real property without court approval.
- ☐ _____

6. The guardian(s) appointed hereunder shall be considered the personal representatives under the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule") issued pursuant to the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and shall have full and complete access to all records of the incapacitated person.
7. **INVENTORY:** The Guardian(s) shall file with the Court an inventory of all of the incapacitated person's property and income, along with a Report of Guardian Cover Page, within 90 days. Said inventory shall be available for inspection by any party in interest in this guardianship action, upon request to the Surrogate's Court to review the inventory.
8. **REPORTING AS TO PERSON:**
- ☐ _____, as Guardian(s) of the Person, is/are hereby directed to file annually a report of the well-being of the incapacitated person, along with a Report of Guardian Cover Page.
- OR**
- ☐ The filing of a report of well-being is hereby waived for the reasons stated on the record.
9. **REPORTING AS TO ESTATE (PROPERTY):**
- ☐ _____, as Guardian(s) of the Estate, is/are directed to file annually, along with a Report of Guardian Cover Page..
- ☐ Formal accounting (presumptive if guardianship estate valued over \$5,000,000);
 - ☐ Comprehensive accounting (presumptive if guardianship estate valued \$1,000,000 - \$5,000,000);
 - ☐ EZ accounting (presumptive if guardianship estate valued under \$1,000,000); or

- ☐ Copy of the Social Security Representative Payee Report (presumptive if guardian is also representative payee for Social Security benefits and incapacitated person has no other assets or income);

OR

- ☐ The filing of a Periodic Accounting is hereby waived for the reasons stated on the record.

If an informal accounting is ordered, said Periodic Accounting does not replace or satisfy the duty to file and bring on for approval a formal accounting as required by law or as ordered by the court.

10. The report(s) indicated in paragraphs 8 and/or 9 above is/are to be filed not later than fourteen (14) days after the anniversary date of this judgment with the County Surrogate. The report(s) to be filed by the guardian(s) shall be filed by the Surrogate and shall be made available by the Surrogate to any party in interest entitled to review pursuant to R. 1:38-3(e), as well as to the following parties or persons: _____, and the reference in this Judgment shall constitute a showing of a special interest as required by R. 1:38-3(e) for the purpose of reviewing such reports.
11. The Guardian(s) of the Person and Estate is/are hereby directed to advise the County Surrogate within ten (10) days of any changes in the address or telephone number of himself or herself or the incapacitated person or within thirty (30) days of the incapacitated person's death or of any major change in status or health. If the incapacitated person dies during the guardianship, the Guardian(s) will notify the Surrogate in writing and forward a copy of the death certificate upon receipt.
12. The Guardian(s) of the Person and Estate is/are agent(s) of the court and shall cooperate fully, with any court staff, Surrogate staff, or volunteers until the guardianship is terminated by the death or return to capacity of the incapacitated person, or the Guardian's death, removal or discharge.
13. COUNSEL FOR INCAPACITATED PERSON:
- ☐ The court-appointed attorney for the alleged incapacitated person, having reported to the court and advocated on behalf of the incapacitated person, is hereby discharged with the appreciation of the court for his or her *pro bono* services, with no further obligation to act as attorney for the incapacitated person.
- OR
- ☐ The court having reviewed the affidavit or certification of services of _____, Esquire, previously filed with the court, the Guardian of the Estate shall, within ____ days of the date of this Judgment, pay _____, Esquire, court-appointed attorney for the then alleged incapacitated person, a fee of \$_____ for professional services rendered and \$_____ for expenses incurred, which disbursements from the funds of the incapacitated person's estate are hereby approved. Court-appointed counsel, having reported to the court and advocated on behalf of the incapacitated person, be and hereby is discharged with no further obligation to act as attorney for the incapacitated person.
14. Any power of attorney previously executed by the incapacitated person be and hereby is revoked. Any advance directive for healthcare previously executed by the incapacitated person is voided as to proxy designation, but the guardian(s) shall consider the preferences expressed in such advance directive.
15. Plaintiff(s) shall serve a Judgment upon the Guardian(s) and all interested parties and attorneys of record within seven (7) days of receipt.

J.S.C.

Plaintiff's Name: _____

FORM E-2, NON-TITLE 30

Address: _____

Telephone No.: _____

IN THE MATTER OF

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION-PROBATE PART
CUMBERLAND COUNTY

_____,
An Alleged Incapacitated Person

CIVIL ACTION

DOCKET NO.:

CERTIFICATION OF _____

I, _____, OF FULL AGE, HEREBY CERTIFIES AS FOLLOWS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

DATE: _____

CERTIFICATION OF PLAINTIFF IN SUPPORT OF THE GUARDIANSHIP COMPLAINT

The attached blank certification is provided for the Plaintiff to provide the court with any additional information that might prove pertinent to the guardianship. As an example, you may explain circumstances regarding the alleged incapacitated person, their care, condition or about the choice of guardian(s). The certification is blank to allow you to provide the court with any information that may help in the court's determination of the guardianship issues.

Plaintiff's Name: _____

Address: _____

Telephone No.: _____

IN THE MATTER OF

_____,
An Alleged Incapacitated Person

SUPERIOR COURT OF NEW JERSEY
CHANCERY DIVISION-PROBATE PART
CUMBERLAND COUNTY

CIVIL ACTION

DOCKET NO.:

CERTIFICATION OF _____

I, _____, OF FULL AGE, HEREBY CERTIFIES AS FOLLOWS:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____

I CERTIFY THAT THE FOREGOING STATEMENTS MADE BY ME ARE TRUE. I AM AWARE THAT IF ANY OF THE FOREGOING STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO PUNISHMENT.

DATE: _____