

STATE OF VERMONT

SUPERIOR COURT

PROBATE DIVISION

Unit

Docket No.:

In re:

In re:	
---------------	--

ACCOUNTING WHEN ONLY INCOME IS SOCIAL SECURITY BENEFITS

1. Amount of Social Security Benefits paid to you (for the person under guardianship) for the twelve-month reporting period of _____ 20____ to _____ 20____ = \$_____

2. Did you, the payee, decide how the \$_____ was spent or saved? If NO, please explain here:

3. How much of the \$_____ did you spend for the person under guardianship's food and housing for this reporting period?
Enter dollar amount here: \$_____

4. How much of the \$_____ did you spend on other things for the person under guardianship such as clothing, education, medical and dental expenses, recreation, or other personal items for this reporting period?
Enter dollar amount here: \$_____

5. How much, if any, of the \$_____ did you *save* for the person under guardianship as of the close of this reporting period?
Enter dollar amount here: \$_____

6. If you saved any money for the person under guardianship as of the close of this reporting period, please explain how you saved the money and provide a supporting bank statement that is current. For example, if you placed the money in a savings/checking account, please name the bank and type of account, and attach the most current statement, for the account, to this report.

7. Comments (Optional):

All Guardians must sign and have signatures notarized.

I hereby declare that this Accounting is complete and accurate to the best of my knowledge and belief.

Date

Signature of Fiduciary

Printed Name

Signed and sworn to before me:

Date	Signature of Notary Public	Expiration Date
------	----------------------------	-----------------