

IN THE COURT OF CHANCERY OF THE STATE OF DELAWARE

Register in Chancery
Kent County
38 The Green, Ste. 208
Dover, DE 19901
302-735-1930

Register in Chancery
New Castle County
500 N. King Street, Ste. 11600
Wilmington, DE 19801
302-255-0544

Register in Chancery
Sussex County
34 The Circle
Georgetown, DE 19947
302-856-5777

In the matter of:

Jane Doe,
A person with a disability

:
:
: C.M. #: 12345-N
:

Guardian's Accounting

Accounting Number: [First, Second, Third, 7th] or Final
Please circle or fill-in the appropriate number

Accounting Period: January 1, 2024 to December 31, 2024
Beginning Date Ending Date

Date Guardian(s) was/were appointed: July 1, 2017

Guardian's Information

Guardian's name: John Doe

Guardian's complete address: 178 Dalmatian Way, Bear, DE 19701

Guardian's phone number: 302-888-8888

If applicable:

Co-Guardian's name: _____

Co-Guardian's complete address: _____

Co-Guardian's phone number: _____

PLEASE NOTE: THE GUARDIAN(S) MUST ATTACH THE ANNUAL UPDATE AND MEDICAL STATEMENT TO EACH ACCOUNTING, EXCEPT THE FIRST SIX MONTH ACCOUNTING AND THE FINAL ACCOUNTING.

*Form CM22
Rev. 08/2025*

In the matter of: Jane Doe, a person with a disability

Additional Information Regarding Accountings

(Please see the Court of Chancery Rules for further information)

The guardian is required to file an accounting at least once every year. The guardian shall file the first accounting for a period of six months beginning with the date of their appointment as guardian and the accounting is due nine (9) months after they are appointed. Each subsequent accounting shall cover a twelve (12) month period and shall begin on the date following the date the previous accounting ended. The annual accountings are due on or before the first business day of the calendar quarter in which the guardian was appointed, and at such other times as the Court may direct.

If additional space is required on schedules, please insert sheets of the same size. All items must be listed as separate entries (*e.g.* Social Security must be listed each month it was received, not as one lump payment). Spreadsheets can be filed as an attachment to any schedule.

The guardian must sign either the C-16-A or C-16-B form (the last two pages of this packet), but the form does not need to be notarized.

The guardian is required to provide cancelled checks, bank statements, receipts and any other pertinent information to show how the money of the person with a disability was used (per Chancery Rule 120). Even if the payment was directly paid from the guardianship account, a receipt or invoice is still required.

Once your accounting has been audited by the Register in Chancery clerk, a bill will be mailed to the guardian; the fees are based on Chancery Rule 3(e).

Supporting documents (*e.g.* bank statements and receipts) are not kept by the Register in Chancery after the accounting has been reviewed by the Judicial Officer, so please select one of the following options:

As the guardian, I wish for all supporting documentation to be-

- ☐ Shredded by the Register in Chancery clerk
- ☒ Returned to the guardian (If you choose this box, you will be called or sent a letter and given thirty days to pick up the documents or they will be shredded. You may also choose to give the clerk a pre-paid envelope for the items to be returned to you.)

I have read the accounting instructions.

John Doe
Guardian

Co-Guardian

December 1, 2023
Date

Date

In the matter of: Jane Doe, a person with a disability

Summary of Accounting Schedules

SCHEDULE	TITLE	VALUE
A	PRINCIPAL ON HAND	\$183,500.00
B	ADDITIONS TO PRINCIPAL	\$40,000.00
C	INCOME RECEIVED	\$1,200.12
	TOTAL:	\$224,700.12
D	DEDUCTIONS FROM PRINCIPAL	\$3,000.00
E	INCOME PAID OUT	\$275.00
	TOTAL:	\$3,275.00
F	PRINCIPAL REMAINING ON HAND	\$221,425.12

*****PLEASE NOTE THAT A COPY OF ALL BANK STATEMENTS, CANCELLED CHECKS, RECEIPTS, AND INVOICES PAID DURING THE ACCOUNTING PERIOD MUST BE FILED WITH THE ACCOUNTING.**

Schedule A

AMOUNT OF PRINCIPAL ON HAND ON 1/1/2024 Date). This amount should be the same amount of the original principal reported in the inventory if this is a First Accounting or the ending principal of the last accounting. (This schedule includes all bank accounts, real estate owned by the person with a disability, automobiles, collectibles and jewelry.)

DESCRIPTION OF ASSET	VALUE
WSFS Bank Checking Account #9999	\$20,000.00
WSFS Bank Savings Account #1234	\$1,500.00
2017 Chevy Malibu	\$12,000.00
House: 476 Milton Drive, Milford, DE 19963	\$150,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL:	\$183,500.00

In the matter of: Jane Doe, a person with a disability

Schedule B

ADDITIONS TO PRINCIPAL, WHEN MADE, AND THE SOURCE FROM WHICH THEY WERE OBTAINED. This should include Capital Gain in stock, sale of real estate, etc. Please state: (1) the date of the transaction, (2) the description of the investment and (3) the gain realized.

[illegible]

In the matter of: Jane Doe, a person with a disability

Schedule C

INCOME RECEIVED, WHEN RECEIVED AND FROM WHAT SOURCE. This schedule should include any and all income received such as social security, pension, alimony, certificate of deposit interest, dividends and interest from stock, interest on savings accounts, income from rental properties, etc. All income must be listed in date order.

DATE	TRANSACTION DESCRIPTION	VALUE
1-2-2024	Social Security	\$100.00
2-2-2024	Social Security	\$100.00
3-2-2024	Social Security	\$100.00
4-2-2024	Social Security	\$100.00
5-2-2024	Social Security	\$100.00
6-2-2024	Social Security	\$100.00
7-2-2024	Social Security	\$100.00
8-2-2024	Social Security	\$100.00
9-2-2024	Social Security	\$100.00
10-2-2024	Social Security	\$100.00
11-2-2024	Social Security	\$100.00
12-2-2024	Social Security	\$100.00
		\$
	TOTAL:	\$12,000.00

Schedule C, cont.

INCOME RECEIVED, WHEN RECEIVED AND FROM WHAT SOURCE. This schedule should include any and all income received such as social security, pension, alimony, certificate of deposit interest, dividends and interest from stock, interest on savings accounts, income from rental properties, etc. All income must be listed in date order.

DATE	TRANSACTION DESCRIPTION	VALUE
1-6-2024	WSFS Savings Interest	\$0.03
2-15-2024	WSFS Savings Interest	\$0.02
3-14-2024	WSFS Savings Interest	\$0.05
4-15-2024	WSFS Savings Interest	\$0.02
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
	TOTAL:	\$0.12

Schedule D

DEDUCTIONS FROM PRINCIPAL, WHEN MADE AND FOR WHAT PURPOSE. This schedule should include actual losses on investments. Examples are capital losses on stocks, and/or losses from sale of property. (If a household article was appraised at \$2000.00, but sold for \$1,500.00, this would result in a \$500.00 loss).

[illegible]

In the matter of: Jane Doe, a person with a disability

Schedule E

INCOME PAID OUT\EXPENSES PAID, TO WHOM, WHEN PAID, AND FOR WHAT PURPOSE. This schedule should include all income paid out for the benefit of the person with a disability (also include any and all bank service charges). All expenses must be listed in date order.

DATE	CHECK #	TO WHOM/CREDITOR AND PURPOSE	AMOUNT
1-3-24	111	Verizon	\$100.00
1-10-24	Debit	Royal Farms (gas)	\$20.00
1-29-24	112	Delmarva Power	\$50.00
2-16-24	113	Monthly statement fee	\$5.00
3-20-24	114	Register in Chancery – accounting fee	\$100.00
			\$
			\$
			\$
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			\$
			\$
		TOTAL:	\$275.00

In the matter of: Jane Doe, a person with a disability

Schedule F

PRINCIPAL ON HAND AT THE END OF THE ACCOUNTING PERIOD. This schedule should include the remaining balance in all bank accounts after all deductions and additions are made. This schedule should also include any real or personal property of the person with a disability (including automobiles, collectibles, jewelry) that are still in their possession (which has not been sold). Please include the source and the amount.

DESCRIPTION OF ASSET	VALUE
WSFS Bank Checking account #9999	\$29,925.00
WSFS Bank Savings account #1234	\$1,500.12
State Farm Life Insurance Policy (cash value)	\$40,000.00
House: 476 Milton Drive, Milford, DE 19963	\$150,000.00
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL:	\$221,425.12

In the matter of: Jane Doe, a person with a disability

List of Beneficiaries/Interested Parties

The following is a list of all next-of-kin and any beneficiaries over the age of eighteen regarding the person with a disability/minor. If the beneficiary is under the age of eighteen, then the name and address of his or her guardian should be provided.

	Name of Beneficiary	Address of Beneficiary	Relationship
1	John Doe	178 Dalmatian Way, Bear DE 19701	Husband/ Guardian
2	Robert Doe	222 Sea St., Milton, DE 19799	Son
3	Sara Doe	99 Star Lane, Milford, DE 19827	Daughter
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