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Receipt No.: \_\_\_\_\_

SURROGATE'S COURT OF THE STATE OF NEW YORK  
COUNTY OF \_\_\_\_\_

Petition for a Compulsory Accounting and Related Relief  
in the Estate of \_\_\_\_\_

**PETITION FOR A COMPULSORY  
ACCOUNTING AND RELATED RELIEF  
SCPA 2205**

File No. \_\_\_\_\_

Deceased.

To the Surrogate's Court of the County of \_\_\_\_\_:

It is respectfully alleged:

1. The name, citizenship and domicile (or, in the case of a corporation, its principal office) of the petitioner(s) are as follows:

Name: \_\_\_\_\_

Domicile or Principal Office: \_\_\_\_\_  
(Street and Number)

(City, Village or Town) (State) (Zip Code)

Citizen of: \_\_\_\_\_

Name: \_\_\_\_\_

Domicile or Principal Office: \_\_\_\_\_  
(Street and Number)

(City, Village or Town) (State) (Zip Code)

Citizen of: \_\_\_\_\_

2. That the decedent died on \_\_\_\_\_.

3. That letters [ ] testamentary [ ] of administration [ ] of trusteeship [ ] other (specify) \_\_\_\_\_  
were granted by the Surrogate's Court of the County of \_\_\_\_\_ on \_\_\_\_\_,  
to \_\_\_\_\_ residing at \_\_\_\_\_.

4. That the fiduciary has not filed an account.

5. The petitioner(s) is/are a [ ] distributee [ ] legatee [ ] creditor [ ] other (specify) \_\_\_\_\_ and the reason  
why petitioner(s) wish(es) the fiduciary to account is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

[NOTE: Complete paragraph 6, if relief requested is in addition to a compulsory accounting.]

6. The persons entitled to notice on an application to suspend, modify or revoke a fiduciary's letters, to appoint a successor fiduciary or to settle a fiduciary's account (See SCPA Section 2206(2)) are:

<u>Name</u>	<u>Address</u>	<u>Nature of Interest</u>
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WHEREFORE your petitioner(s) pray(s) that process issue requiring \_\_\_\_\_  
(Name of Fiduciary)

to show cause why he/she should not file his/her account and cause same to be judicially settled and upon failure to file his/her account with petition for judicial settlement on the return date of citation, that the court issue an order requiring him/her to file an account.

[For additional relief pursuant to SCPA §2205 and §2206, check the appropriate box]:

[ ] upon failure to appear on the return date of process without satisfactory excuse therefore, or upon failure to file an account in the time and manner directed by the court, show cause why his/her letters should not be suspended and why the court should not appoint \_\_\_\_\_, an eligible person(s), as temporary fiduciary(ies) and to fix a trial date for a hearing on the removal of \_\_\_\_\_ whose letters have been suspended and for the appointment of \_\_\_\_\_ as Successor Fiduciary(ies).

[ ] if the fiduciary's letters are suspended or the fiduciary fails to account in the time and manner directed by the court, why the court should not fix a date for a hearing to take and state the fiduciary's account, in accordance with the proposed accounting attached to the petition, the summary statement of such account has been served herewith.

[State any further relief requested]

Dated: \_\_\_\_\_

1. \_\_\_\_\_  
(Signature of Petitioner)

2. \_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

3. \_\_\_\_\_  
(Name of Corporate Petitioner)

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Print Name and Title of Officer)

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) ss.:

\_\_\_\_\_, being duly sworn deposes and says that I am/we are the petitioner(s) above named. I/we have read the foregoing petition and the same is true of my/our own knowledge except as to matters therein stated to be alleged upon information and belief and as to those matters I/we believe them to be true.

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Signature of Petitioner)

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Print Name)

On \_\_\_\_\_, \_\_\_\_\_, before me personally came

\_\_\_\_\_ to me known to be the person(s) described in and who executed the foregoing instrument. Such person(s) duly swore to such instrument before me and duly acknowledged that he/she/they executed the same.

\_\_\_\_\_  
Notary Public  
Commission Expires:  
(Affix Notary Stamp or Seal)

STATE OF NEW YORK )  
COUNTY OF \_\_\_\_\_ ) ss.:

The undersigned, a \_\_\_\_\_ of \_\_\_\_\_  
(Title) (Name of Corporation)  
a corporation duly qualified to act in a fiduciary capacity without further security, being duly sworn, say:

1. VERIFICATION: I have read the foregoing petition subscribed by me and know the contents thereof, and the same is true of my own knowledge, except as to the matters therein stated to be alleged upon information and belief, and as to those matters I believe it to be true

\_\_\_\_\_  
(Name of Corporate Petitioner)

\_\_\_\_\_  
(Signature of Officer)

\_\_\_\_\_  
(Print Name and Title of Officer)

On \_\_\_\_\_, \_\_\_\_\_, before me personally came \_\_\_\_\_, to me known, who duly swore to the foregoing instrument and which did say that he/she resides at \_\_\_\_\_ and that he/she is a \_\_\_\_\_ of \_\_\_\_\_ the corporation described in and which executed such instrument, and that he/she signed his/her name thereto by the order of the Board of Directors of the corporation.

\_\_\_\_\_  
Notary Public  
Commission Expires:  
(Affix Notary Stamp or Seal)

Signature of Attorney: \_\_\_\_\_

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

Firm Name: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

SURROGATE'S COURT : \_\_\_\_\_ COUNTY

CITATION

THE PEOPLE OF THE STATE OF NEW YORK,

By the Grace of God Free and Independent

TO:

A petition having been filed by \_\_\_\_\_,  
who is/are domiciled, or in the case of a corporation, its principal office, at \_\_\_\_\_  
\_\_\_\_\_.

YOU ARE HEREBY CITED TO SHOW CAUSE before the Surrogate's Court, \_\_\_\_\_ County, at  
\_\_\_\_\_, New York, on \_\_\_\_\_  
at \_\_\_\_\_ o'clock in the \_\_\_\_\_ noon of that day why \_\_\_\_\_ should  
not file his/her account and cause same to be judicially settled, and upon failure to file his/her account, with petition for judicial settlement,  
on the return date of citation, that the court issue an order requiring him/her to file an account in the estate of  
\_\_\_\_\_.

**[For additional relief pursuant to SCPA §2205 and §2206, check appropriate box]:**

upon failure to appear on the return date of process without satisfactory excuse therefore, or upon failure to file an account in the  
time and manner directed by the court, show cause why his/her letters should not be suspended and why the court should not appoint  
\_\_\_\_\_, an eligible person(s), as temporary fiduciary(ies) and to fix a trial date for a  
hearing on the removal of \_\_\_\_\_ whose letters have been suspended and for the  
appointment of \_\_\_\_\_, as Successor Fiduciary(ies).

if the fiduciary's letters are suspended or the fiduciary fails to account in the time and manner directed by the court, why the court  
should not fix a date for a hearing to take and state the fiduciary's account, in accordance with the proposed accounting attached to the  
petition, the summary statement of such account has been served herewith.

[State any further relief requested]

Dated, Attested and Sealed,

HON.  
Surrogate

(Seal)

\_\_\_\_\_, Chief Clerk

Attorney for Petitioner(s): \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Address of Attorney: \_\_\_\_\_

[Note: This citation is served upon you as required by law. You are not required to appear. If you fail to appear, it will be assumed you do not  
object to the relief requested. You have a right to have an attorney appear for you, and you or your attorney may request a copy of the full account  
from the petitioner or petitioner's attorney.]