

EXAMINER'S REPORT
ON ANNUAL REPORT OF GUARDIAN,
COMMITTEE OR CONSERVATOR*
(MHL § 81.31)

Name of Incapacitated Person: _____

Name of Guardian: _____

Index No.: _____

Name of Judge or Justice Appointing Guardian: _____

Date of Order/Judgment Appointing Guardian: _____

Date of filing of Guardian's Annual Report: _____

Date of filing of Guardian's Last Annual Report: _____

I - GENERAL

1. Does the annual report provide all of the information concerning the incapacitated person required by § 81.31 (b) (1) - (5) of the Mental Hygiene Law (MHL)? Yes No
If not, in what respect is the report deficient?

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2. Has guardian discharged the duty to visit the incapacitated person at least four times a year as required by MHL § 81.20 (5) (a)? Yes No
If not, please explain.

II - PROPERTY MANAGEMENT

3. To the extent the guardian is charged with property management, does report contain an accounting of the property of the incapacitated person as required by § 81.31 (b) (7) of the MHL? Yes No

* As used in this report, the term "guardian" shall also be deemed to refer to committees or conservators appointed prior to April 1, 1993.

REVISED 3/98

4. Provide the following figures from the guardian's accounting:

a. Value of estate as of date of last report \$ _____

b. Income received \$ _____

c. Disbursements paid \$ _____

d. Closing balance of estate \$ _____

5. Is the examiner satisfied that the accounting is accurate and complete and have all items of income and disbursement been satisfactorily verified by bank statements, bills, receipts, canceled checks and the like? Yes No

If not, please explain

III - PERSONAL NEEDS

6. To the extent that the guardian is charged with providing for personal needs, does the report contain each of the following items required by § 81.31 (b) (6) of the MHL?

a. statement as to whether current residential setting is best suited to the current needs of the incapacitated person? Yes No

b. summary of professional medical treatment given to the incapacitated person in preceding year. Yes No

c. plan for medical, dental and mental health treatment, and related services for coming year. Yes No

d. information concerning the social condition of the incapacitated person (see MHL § 81.31 [b] [6] [iv]). Yes No

If not, in what respects is the report deficient?

IV - TERMINATION OR ALTERATION OF POWERS

7. Does the report contain any facts indicating the need to terminate the guardian's appointment or to alter the guardian's power? Yes No

If yes, please explain

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8. If report indicates any reason for a change in powers authorized by the Court, has guardian made application within 10 days of filing of report as required by MHL § 81.3 1 (e)? Yes No

If application has not been made, please explain briefly.

COMPENSATION

9. Examiner's compensation is governed by 22 **NYCRR 806.17** (c). In estates of \$5000 or more, attach claim for examiner's fee, together with reasonable and necessary disbursements. In estates of less than \$5000, submit standard state voucher.

Date of this Report

(your signature)

City: _____

State: _____ Zip: _____

(your name and address)