

Guardian of the Person Annual Report Form

The following information is being requested pursuant to Mental Hygiene Law §81.31(b), and the Court's Order dated _____, for _____, the Incapacitated Person.

Please answer the following questions to the best of your ability. If you need more space, please attach additional pages.

Guardian's Information

- 1) What is your present address and telephone number? (**Remember to let the Judge know if you do change your address in the future**).

- 2) Please list the approximate dates and locations of your visits with the Incapacitated Person.

- 3) State any activities that you performed on behalf of the Incapacitated Person.

- 4) Are you able to continue serving as Guardian of the Person? (**If not, the Court will schedule a conference**).

Incapacitated Person's Information

Residence:

- 1) What is the IP's present address and telephone number? (**Please be aware that Court authorization is required when changing the Incapacitated Person's living arrangements**).

2) Is the Incapacitated Person's current residential setting best suited to his/her current needs? Yes or no; if no, please explain.

Medical:

1) What is the Incapacitated Person's current medical condition? (**Provide disability, illness, etc.**).

2) On what date was the Incapacitated Person last examined or otherwise seen by a physician? What was the purpose of that visit? Did he/she receive treatment or medication?

3) Has there been any substantial change in condition, medication and/or treatment during this period? If so, please explain, and state who has authorized such change?

4) What is the plan for medical, dental, and mental health treatment, and related services, in the coming year? (If known).

Please attach a statement by a physician, psychologist, nurse clinician, social worker, or other person who has evaluated or examined the Incapacitated Person within the last three months prior to filing this Report. The statement must include an evaluation of the Incapacitated Person's condition and current functional level. (The Professionals listed are aware of the need for this statement and should willingly provide one).

Social:

1) What social and personal services are currently utilized by the Incapacitated Person? Do the services received meet the IP's social needs?

2) Is the Incapacitated Person in need of more social visits? (**The Guardian need not be responsible for making these visits; it is possible for the Court to arrange for additional visits by a social worker, etc.**)

Miscellaneous:

1) Please use this space to provide any other information you consider important.

Once you have completed this Report, please mail the original to the Judge's Chambers. Upon review, the Court will send the Report to the Kings County Clerk, Guardianship Record Room 122A, 360 Adams Street, Brooklyn, NY 11201. The Court, as it determines is necessary and/or applicable, will also serve copies by mail to the Incapacitated Person, the administrator of the facility in which the Incapacitated Person resides, and to the Mental Hygiene Legal Service (1 Metrotech Center North, 3rd Floor, Brooklyn, NY 11201).