

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF QUEENS

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IN THE MATTER OF THE ANNUAL ACCOUNT OF

Index #: _____/____

**AS GUARDIAN
OF THE PERSONAL NEEDS OF**

ANNUAL ACCOUNT FOR
20_____

AN INCAPACITATED PERSON/
PERSON IN NEED OF A GUARDIAN

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I, _____, residing at

as Guardian for the above-named person, do hereby make, render and file the following annual account in accordance with Mental Hygiene Law Section 81.31:

On the _____ day of _____, _____ I was duly appointed Guardian of the PERSONAL NEEDS ONLY of the above-named person, by Order of the Supreme Court of Queens County. The Commission to Guardian of the Personal Needs was issued on _____ and I have continued to act as such Guardian since that date.

The following is a true and accurate Report of the Personal Needs of the Incapacitated Person/Person in Need of a Guardian for the year 20____:

AS TO THE INCAPACITATED PERSON/PERSON IN NEED OF A GUARDIAN:

1. State the age, date of birth and marital status of the Incapacitated Person/Person in Need of a Guardian.

2. List here the name and present address of the spouse, children and siblings of the Incapacitated Person/Person in Need of a Guardian. If none, please indicate same. If any immediate family members have predeceased the Incapacitated Person/Person in Need of a Guardian, please provide their dates of death.

3. State the present residence address, telephone number and email address of the Guardian.

4. State the present residence address and telephone number of the Incapacitated Person/Person in Need of a Guardian. If said Incapacitated Person/Person in Need of a Guardian does not presently reside at his/her personal home, set forth the name, address and telephone of the facility or place at which they reside, and the name of the chief executive officer of the facility or the person otherwise responsible for the care of the Incapacitated Person/Person in Need of a Guardian.

5. State whether there have been any changes in the physical or mental condition of the Incapacitated Person/Person in Need of a Guardian, and/or any substantial change in medication. If so, state the changes.

6. State the date and place the Incapacitated Person/Person in Need of a Guardian was last seen by a physician and the purpose of that visit.

7. State the number of times you have visited the Incapacitated Person/Person in Need of a Guardian for the period under review, including the date of your last visit.

8. a) Attach a statement by a physician, psychologist, nurse clinician or social worker, or other person who has evaluated or examined the Incapacitated Person/Person in Need of a Guardian within the three months prior to the filing of this report, regarding an evaluation of the Incapacitated Person/Person in Need of a Guardian's condition and the current functional level of the Incapacitated Person/Person in Need of a Guardian.

b) Attach a resume of any professional medical treatment given to the Incapacitated Person/Person in Need of a Guardian during the preceding year.

9. Please state whether the current residential settings are suitable to the current needs of the Incapacitated Person/Person in Need of a Guardian and why or why not.

10. State the plan for medical, dental and mental health treatment and related services for the coming year, including the social and personal services currently utilized by the Incapacitated Person/Person in Need of a Guardian, the social skills of the Incapacitated Person/Person in Need of a Guardian, and the social needs of the Incapacitated Person/Person in Need of a Guardian.

11. State whether the Incapacitated Person/Person in Need of a Guardian is covered by medical insurance, government benefits and/or any other benefits. If so, list the benefits received by the Incapacitated Person/Person in Need of a Guardian.

12. State whether the Incapacitated Person/Person in Need of a Guardian has made a Will or executed a Power of Attorney or Health Care Proxy. If so, please attach a copy of the filing receipt with Surrogate's Court for the Will, a copy of the Power of Attorney or Health Care Proxy, if not already provided.

13. State any other pertinent facts relative to the care and maintenance of Incapacitated Person/Person in Need of a Guardian and any other information necessary for the proper administration of this matter.

14. State whether you would like a conference to discuss and/or clarify any of your duties and obligations as Guardian. If so, please indicate the items you would like to discuss so that the Court may act accordingly.

STATE OF NEW YORK)
 SS:
COUNTY OF)

I _____ being duly sworn, say: I am the Guardian for the above-named person. The foregoing account and inventory contains, to the best of my knowledge and belief a full and true statement as to the personal needs and current medical status of the Incapacitated Person/Person in Need of a Guardian. I do not know of any error or omission in the account to the prejudice of said person.

Sworn to before me this
_____ day of _____ 20____

Notary Public

Index Number: _____ / 20__

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ACCOUNT OF

AS PERSONAL NEEDS GUARDIAN OF

AN INCAPACITATED PERSON/PERSON IN NEED OF A GUARDIAN.

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ANNUAL ACCOUNT FOR 20__

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Filed on: _____ 20__

GENERAL INSTRUCTIONS

Complete all sections of this Annual Account. The Annual Account must be signed and sworn to before a Notary Public or Commissioner of Deeds.

The Annual Account shall be filed annually in **May** of each year for the preceding year. [For example: The accounting due on May 31, 2022 is for the accounting year of 2021] The original accounting must be submitted to the Guardianship Department or e-filed through NYSCEF where applicable. A copy of the annual account must be forwarded to: (i) the court examiner; (ii) the Incapacitated Person/Person in Need of a Guardian unless directed otherwise; (iii) to the CEO of the facility in which the Incapacitated Person/Person in Need of a Guardian resides; (iv) Mental Hygiene Legal Services if the Incapacitated Person/Person in Need of a Guardian resides in a mental hygiene facility; and you should retain a copy of the accounting for your records.

Statutes regarding inventories and accounting are contained in the Mental Hygiene Law.

Failure to comply with the law with respect to filing an Annual Account constitutes cause for removal.

Any change of address of either Guardian or Incapacitated Person/Person in Need of a Guardian must be reported promptly to the Court Examiner and Clerk of the Supreme Court.