

TO THE SUPREME COURT  
COUNTY OF NASSAU

INDEX # \_\_\_\_\_ - I - \_\_\_\_\_

ANNUAL REPORT FOR YEAR \_\_\_\_\_

-----X  
**In the Matter of the Annual Report of**

\_\_\_\_\_, **Guardian for  
Property Management and Personal Needs of**

**ANNUAL REPORT  
OF GUARDIAN**

\_\_\_\_\_, **an Incapacitated Person**

-----X

I, \_\_\_\_\_, residing at \_\_\_\_\_

\_\_\_\_\_, Phone No.(\_\_\_\_\_) \_\_\_\_\_

Guardian for the above-named Incapacitated Person who resides at \_\_\_\_\_

\_\_\_\_\_  
(residence)  
Phone No. (\_\_\_\_\_) \_\_\_\_\_, or at \_\_\_\_\_

Facility Address \_\_\_\_\_

Phone No. (\_\_\_\_\_) \_\_\_\_\_, the facility or place where the Incapacitated Person  
resides and the Chief Executive Officer or person otherwise responsible for the Incapacitated  
Person's care is \_\_\_\_\_ do

hereby make, render and file the following report.

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ , I was appointed Guardian for the  
Incapacitated Person by Order of the Supreme Court of Nassau County and have continued to  
act as such Guardian since that date, giving a bond in the sum of \$\_\_\_\_\_ which is still  
in force and effect with \_\_\_\_\_ as Surety thereon. There has  
been no change in the bond or Surety thereon and the Surety is in as good financial standing as  
when the bond was given.

The following is a true and full account of all said Guardian receipts and disbursements for the year \_\_\_\_\_.

SUMMARY

Schedule <b>A</b> - Principal received on appointment if a new matter or BALANCE ON HAND of last account:		\$ _____
Schedule <b>B-1</b> - Additional Principal:		\$ _____
Schedule <b>B-2</b> - Change of Principal (Securities):		\$ _____
Schedule <b>B-3</b> - Change of Principal (Real Estate/Personal Property):		\$ _____
Schedule <b>C</b> - Income Received:		\$ _____
<b>SUBTOTAL OF ABOVE:</b>		<b>\$ _____</b>
Schedule <b>D</b> - Disbursements:		\$ [ _____ ]
<b>BALANCE ON HAND (SUBTOTAL MINUS DISBURSEMENTS):*</b>		<b>\$ _____</b>
Schedule <b>E</b> - Securities (use Inventory Value):		\$ _____
Schedule <b>E-1</b> - Real Estate:		\$ _____
Schedule <b>E-2</b> - Personal Property:		\$ _____

\* The above cash balance is on deposit in the following banks:

Bank	Address	Account No.	Balance
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

NOTE: If there is not sufficient space in the Schedules below, use separate sheets and attach.

**SCHEDULE A - PRINCIPAL ON HAND**

As of date of appointment (if this is a first account) or as of last annual accounting.

Identify each item in detail, including name and address of each bank or other financial institution, number of shares of each security, etc.

<u>SOURCE</u>	<u>AMOUNT</u>
(for Securities use Inventory Value)	

**SCHEDULE B-1 - ADDITIONAL PRINCIPAL**

If there have been receipts of principal during the year, so indicate.

<u>DATE</u>	<u>SOURCE</u>	<u>AMOUNT</u>
-------------	---------------	---------------

**SCHEDULE B-2 - CHANGE OF PRINCIPAL (SECURITIES)**

If property listed in Schedule E of the last accounting has been converted to cash, list the gain or loss when compared to the Inventory Value - loss should be shown in brackets.

<u>DATE</u>	<u>SOURCE</u>	<u>SALE PRICE</u>	<u>AMOUNT of GAIN or [LOSS]</u>
-------------	---------------	-------------------	-------------------------------------

**SCHEDULE B-3 - CHANGE OF PRINCIPAL (REAL ESTATE / PERSONAL PROPERTY)**

If property listed in Schedules E-1 or E-2 of the last accounting has been converted to cash, list the amount received from the sale - this will always be shown as a positive number.

<u>DATE</u>	<u>SOURCE</u>	<u>AMOUNT</u>
-------------	---------------	---------------

**SCHEDULE C - INCOME RECEIVED**

(List all income received during the year, including, but not limited to, Social Security and pension benefits, annuity payments, interest and dividends itemized for each account or security owned.)

SCHEDULE D - PAID DISBURSEMENTS

(NOTE: If disbursement was directed by court order, include date of that order \*).

<u>DATE</u>	<u>PAID TO</u>	<u>AMOUNT</u>	<u>* DATE OF COURT ORDERED DISBURSEMENT</u>
-------------	----------------	---------------	---

SCHEDULE E - SECURITIES

(NOTE: List here all securities with their inventory and current market value.)

<u>DESCRIPTION</u>	<u>INVENTORY VALUE</u>	<u>CURRENT MARKET VALUE</u>
--------------------	------------------------	-----------------------------

**SCHEDULE E-1 - REAL ESTATE**

(NOTE: List all real estate, stating its location, assessed value, amount of mortgage, if any, weekly or monthly rental, and the approximate current market value; also, if the property is owned jointly with others, give names of joint owners and their relationship to the Incapacitated Person.)

**SCHEDULE E-2 - PERSONAL PROPERTY**

(NOTE: List all personal property, i.e., jewelry, automobiles, including purchase price or appraised value.)

**SCHEDULE F - NAME AND ADDRESS OF BOND BROKER (IF ANY) AND THE SURETY COMPANY (Attach copy of the latest bond.)**

AMOUNT OF BOND BOND NUMBER  
\$

**SCHEDULE G** - State the age, date of birth and marital status of the Incapacitated Person. List the name and present address of the spouse, children and siblings of the Incapacitated Person.



**SCHEDULE H** - Present physical and mental condition of the Incapacitated Person. Any major changes in physical or mental condition or substantial change in medication since the Initial Report or the last Annual Report was filed.

**SCHEDULE I** - Last date the Incapacitated Person was seen by a physician: \_\_\_\_\_.  
Attach a statement by a physician, psychologist, nurse clinician, social worker or other person who has evaluated or examined the Incapacitated Person within three months of the filing of this report.

**SCHEDULE J** - Statement of whether the current residential setting is best suited to the current needs of the Incapacitated Person; a resume of any professional medical treatment given to the ward during the year of report; the plan for medical, dental and mental health treatment, and related services in the coming year.

**SCHEDULE K** - Information concerning the social condition of the Incapacitated Person; including the social and personal services utilized by the Incapacitated Person; the social skills of the Incapacitated Person; and the social needs of the Incapacitated Person during the year of this report.

**SCHEDULE L** - State whether the Guardian has used or employed the services of the Incapacitated Person, or whether moneys have been earned by or received on behalf of such Incapacitated Person, and provide the details thereof in Schedule C.

SCHEDULE M - Resume of Guardian's activities performed on behalf of the Incapacitated Person during the year of this report.

SCHEDULE N - Any facts indicating the need to terminate the guardianship or for any alteration in the powers of the Guardian.

