

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NASSAU

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IN THE MATTER OF THE ANNUAL
REPORT OF

_____, AS

PERSONAL NEEDS GUARDIAN FOR

_____, AN

INCAPACITATED PERSON

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**ANNUAL REPORT OF
PERSONAL NEEDS GUARDIAN**

Index No. _____ - I - _____

ANNUAL REPORT FOR YEAR 20____

I/We, _____ and _____,

as Personal Needs Guardian(s) for the above named Incapacitated Person do hereby make, render and file the following annual account.

I/we was/were duly appointed Personal Needs Guardian(s) of the above named person, by Order of the Supreme Court of Nassau County dated the _____ day of _____, _____ and have continued to act as such fiduciary since that date.

List here the following information:

1. State the present residence address and telephone number of all Guardians.

2. List the name and present address of the spouse, children and siblings of the Incapacitated Person.

Spouse:

Children:

Siblings:

3. State the age, date of birth and marital status of the Incapacitated Person.

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

5. State whether there have been any changes in the physical or mental condition of the Incapacitated Person, and any substantial change in medication.

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

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

8. State whether the current residential setting is suitable to the current needs of the Incapacitated Person and why.

9. Attach a list of any professional medical treatment given to the Incapacitated Person during the previous year.

GENERAL INSTRUCTIONS

Complete all sections of this Annual Report, and attach additional pages and documents as necessary.

The affidavit should be sworn to before a Notary Public or Commissioner of Deeds.

By May of each year file your Annual Report for the preceding year as follows:

- file the original with the Guardianship Part - Room 152, Supreme Court Building, 100 Supreme Court Drive, Mineola, NY 11501
- File a copy with the Court Examiner, the Director of the residential care facility (if the Incapacitated Person is residing in one) and the Department of Social Services (if the Incapacitated Person receiving government benefits such as Medicaid).

Immediately notify the Court Examiner and the Clerk of the Guardianship Part of the death of the Incapacitated Person. Also send each a Death Certificate.

Failure to comply with Article 81 of the Mental Hygiene Law with respect to filing an Annual Report may constitute cause for removal.

Any change of address of either Guardian or Incapacitated Person must be reported promptly to the Guardianship Part - Room 152, Supreme Court Building, 100 Supreme Court Drive, Mineola, NY 11501