SUPREME COURT, STATE OF NEW YORK
COUNTY OF KINGS

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In the matter of

INDEX#_____/_____

_____,

Annual Report for year 20_____

an incapacitated person / P.I.N.G.

Examiner:_____

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GUARDIAN OF THE *PERSON* ANNUAL REPORT

The following information is being requested pursuant to Mental Hygiene Law §81.31(b), and

the Court's Order of appointment dated _____.

PLEASE ANSWER THE FOLLOWING QUESTIONS TO THE BEST OF YOUR ABILITY. IF YOU NEED MORE SPACE, PLEASE ATTACH ADDITIONAL PAGES.

GUARDIAN INFORMATION:

1) What is your present address and telephone number? (**Remember to let the Court 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 (I.P.) INFORMATION:

RESIDENCE:

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

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

MEDICAL:

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

2) On what date was the I.P. 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?

Please attach a statement by a physician, psychologist, nurse clinician, social worker, or other person who has evaluated or examined the I.P. within the last three months prior to filing this report. The statement must include an evaluation of the I. P.'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 I.P.? Do the services received meet the I.P.'s social needs?

2) Is the I.P. 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.

STATE OF NEW YORK)
) ss:
COUNTY OF)

I, _____, being duly sworn, say I am the Guardian of the Person for the above named person. The foregoing account is a full statement of the I.P.'s personal needs to the best of my knowledge and belief since my appointment or since the filing of my last report. I do not know of any error or omission in the report to the prejudice of said person.

_____
Guardian of the Person

Sworn to before me this _____day of

_____, 20_____.

_____
NOTARY PUBLIC

Once you have completed this report, as per M.H.L. §81.31 (c) & (d), **please file the original report with the Kings County Clerk - Guardianship Record Room 122A, 360 Adams Street, Brooklyn, New York 11201.** You must also serve a copy by mail upon the I.P. unless directed otherwise by the court. As is necessary and / or applicable, you may also be required to serve copies of the report upon the C.E.O. of the facility in which the I.P. resides and to the Mental Hygiene Legal Service (1 Metrotech Center North, 3rd Floor, Brooklyn, NY 11201).