

Insert Court Examiner's Name

ANNUAL OR FINAL REPORT OF GUARDIAN

_____ COURT OF STATE OF NEW YORK

COUNTY OF _____

Index No. _____

In the Matter of the Annual Report of

As Guardian for _____

An Incapacitated Person.

Accounting Period:

1/01/___ to 12/31/_____

General Instructions

1. All guardians must complete **Sections I and II**
2. All guardians must attach a copy of the Order of appointment, unless you provided a copy with your Initial Report.
3. If you have been appointed guardian for the personal needs of the incapacitated person, complete **Section III**.
4. If you have been appointed guardian for the property management of the incapacitated person, complete **Section IV, the summary and the attached schedules**.
 - (a) When listing property on a schedule specify the details. For instance, with bank accounts, list name and address of bank, number of account and balance; with stocks, list number of shares, name of stock, type and value. Do not list any monies held in a Supplemental Needs Trust fund on this report, a separate report is required.
 - (b) Gains or losses should be listed in Schedule B or C, whichever applies. If a schedule does not supply enough space, attach additional sheets with reference to the schedule to which the information applies.
 - (c) In any schedule, if there is nothing to list, state "NONE".

5. All guardians must file an original completed annual report in the county clerk's office no later than May 31st of each year unless the Order of appointment designates a different deadline.
6. All guardians must send a copy of the annual report to the incapacitated person by mail, unless the Court has ordered otherwise.
7. All guardians must send a time-stamped copy of the completed and filed annual report to the Court Examiner assigned to this matter. If you are not aware of the name and address of the Court Examiner, the information may be obtained from the New York State Supreme Court, Appellate Division, Fourth Department at (585)530-3225.
8. All guardians must send a copy of the completed and filed annual report to any person noted in the Court Order. Also, if the incapacitated person resides in a facility, send a duplicate of your annual report to the chief executive officer of that facility; if the incapacitated person resides in a mental hygiene facility, send a duplicate of your annual report to Mental Hygiene Legal Service at M. Dolores Denman Courthouse 50 East Avenue - Suite 402 Rochester, New York 14604. If you have questions about to whom you need to send a copy of your report, ask the Court Examiner assigned to review your report.

**SECTION I INFORMATION PERTAINING TO THE GUARDIAN
(all guardians must complete this section).**

1. **GUARDIAN(S):** (List all guardians who have submitted this report)

Name(s): _____

Address(es) (include mailing address, if different):

Telephone no.: _____

2. **APPOINTMENT:**

Date of Order: _____

Court: _____

Name of Judge/Justice: _____

Date Designation was signed and filed: _____

Date Commission was issued: _____

3. **BOND:** (Complete if bond was required by Court Order)

Bonding company name: _____

Bonding company address: _____

Value of bond (If the bonding requirement was waived, so state): _____

***** If you did not previously provide a copy of the Designation, Commission and Bond to the Court Examiner, attach a copy to this report.*****

4. **REPORT:**

Date of initial report: _____

Date of last annual report: _____

Date of this report: _____

Period covered by this report: January 1, 20__ through December 31, 20__.
(INSTRUCTIONS: except for the first and last year of guardianship, the accounting covers the period from January 1 through December 31 of the year preceding the report, unless the period differs upon Court Order).

5. **VISITS:** (guardians are required to visit the incapacitated person at least four [4] times a year or more frequently as specified by Court Order).

Have you visited the incapacitated person? Note information below and if more space is needed, added a separate sheet of paper with a heading of: "Visits".

Yes ___ No ___

If yes, provide the date and place of such visits:

	<u>Date</u>	<u>Location</u>
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____

If you did not visit the incapacitated person at least 4 times a year, explain:

6. **WILL:**

To your knowledge, has the incapacitated person executed a will?

Yes ____ No ____

If yes, provide location of the will:

7. **POWER OF ATTORNEY:**

To your knowledge, has the incapacitated person executed a Power of Attorney?

Yes ____ No ____

If yes, provide the name and address of the person with the Power of Attorney:

8. **SUPPLEMENTAL NEEDS TRUST:**

Are any of the incapacitated person's assets held in a Supplemental Needs Trust?

Yes ____ No ____

If yes, when was the Supplemental Needs Trust established?

Are you required by Court Order to provide an annual report as Trustee of the Supplemental Needs Trust?

Yes ____ No ____

If yes, provide a copy of the Order establishing the Supplemental Needs Trust to the Court Examiner with this report if you have not already done so.

9. **ADDITIONAL INFORMATION:**

Provide any additional information which is required by your Order of appointment as guardian (In addition to information provided in Sections I, II, III, and IV of this report):

10. **TYPE OF GUARDIANSHIP:**

Have you been granted powers over the personal needs of the incapacitated person?

Yes ___ No _____

If yes, complete **Sections II and III**

Have you been granted powers regarding property management of the incapacitated person?

Yes ___ No _____

If yes, complete **Sections II and IV**

11. **CHANGE IN POWERS:**

Is there any reason for any alteration of your powers as guardian?

Yes ___ No ___

If yes, specify change requested:

If you want to change your authorized powers, you must make an application within TEN (10) days of filing this annual report and provide notice to the Court Examiner and any other person specified in your Order of appointment as entitled to such notice. If you fail to comply with this provision, any person entitled to commence a proceeding under this article may petition the Court for a change in the powers on notice to you and the persons entitled to such notice as specified in the Order of appointment.

SECTION II INFORMATION PERTAINING TO THE INCAPACITATED PERSON
(all guardians must complete this section)

1. INCAPACITATED PERSON:

Name: _____

Address (If residential facility, include name of the Director or person responsible for care):

Telephone number: _____

Date of Birth _____

Last 4 digits of Social Security Number _____

Has there been any substantial change in the incapacitated person's mental or physical condition?

Yes _____ No _____

If yes, explain:

Has there been any substantial change in the incapacitated person's medication?

Yes ____ No ____

If yes, explain:

2. EXAMINATION:

State the date(s) and place(s) the incapacitated person was last examined or otherwise seen by a physician and the purpose of such visit:

<u>Date</u>	<u>Physician</u>	<u>Purpose</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Attach a statement by a physician, psychologist, nurse clinician or social worker, or other person who has evaluated or examined the incapacitated person within three (3) months prior to the filing of this report, regarding an evaluation of the incapacitated person's condition and current functional level. If more space is required, attach additional paper with the heading: "Examination".

SECTION III PERSONAL NEEDS

If you have been granted powers with respect to the personal needs of the incapacitated person, provide the following information:

1. RESIDENTIAL SETTING:

Is the current residential setting suitable to the needs of the incapacitated person?

Yes ___ No ___

If no, explain:

2. **TREATMENT:**

What professional medical treatment, if any, has been given to the incapacitated person during the preceding year?

<u>Date</u>	<u>Treatment</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

3. **TREATMENT PLAN:**

Describe the treatment plan for the coming year for the incapacitated person regarding:

(a) Medical treatment

(b) Dental treatment

(c) Mental health treatment

(d) Additional related services

4. **SOCIAL SKILLS:**

Provide information concerning the social condition of the incapacitated person, such as the incapacitated person's social skills and needs and the social and personal services used by the incapacitated person.

SECTION IV PROPERTY MANAGEMENT

If you have been granted powers regarding the property management of the incapacitated person, provide the following information, consistent with your Order of appointment, pertaining to your fulfillment of your responsibilities to the incapacitated person to provide for property management:

1. Have you identified, traced and collected assets of the incapacitated person since your appointment?

Yes ___ No ___

If no, explain:

2. Have you identified any additional real property in which the incapacitated person owns an interest and was discovered subsequent to the filing of your Initial Report?

Yes ___ No ___

If yes, give the address, description and approximate value of any real property. Additionally, provide the date of filing of statement identifying real property with the County Clerk as required by Mental Hygiene Law § 81.20(a)(6)(vi). (Attach to this report a copy of the statement identifying real property.)

3. Have all of the incapacitated person's past and current income tax returns and payments been brought up to date and paid in full?

Yes ___ No ___

If no, explain:

4. Are all taxes currently paid in full on real property in which the incapacitated person owns an interest?

Yes _____ No _____

If no, explain:

5. Are there any substantial changes, either positive or negative, in the incapacitated person's assets?

Yes _____ No _____

If yes, explain:

Schedules follow

Complete the following schedules and summary. If you have nothing to list on a schedule, state "NONE".

SCHEDULE A
Assets on Hand at the Beginning of the Accounting Period

List all assets of the incapacitated person over which you had sole control as guardian as of the beginning of the accounting period. Do not include in this schedule trust principal in which the incapacitated person has an income interest, property under joint control of any court or real property not transferred to the guardian.

- BANK ACCOUNTS AND CASH** - list the name and address of institutions, account numbers and balance deposited in banks or other financial institutions. Additionally, list any cash on hand not in bank accounts. You must send a copy of corresponding bank statements with this report which reflect the beginning and ending balanced for each period. These amounts should be the same as the ending balances listed in Schedule F (see below) of your previous year's annual report.

<u>Bank/Financial Institution</u>	<u>Address</u>	<u>Account #</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- CORPORATE AND GOVERNMENT SECURITIES (e.g., CORPORATE STOCKS AND BONDS; FEDERAL, STATE OR MUNICIPAL BONDS AND NOTES)**

3. **PRESENT OR FUTURE INTERESTS (e.g., INTERESTS IN PARTNERSHIPS, TRUSTS, LITIGATION SETTLEMENT FUNDS OR PENSIONS)** - list the estimated values of all present and future interests the incapacitated person has in property that has not been transferred to your control. **Do not list any Supplemental Needs Trust fund monies here. If reporting for the Supplemental Needs Trust fund is required by Court Order, report separately pursuant to the terms of such Court Order.**

4. **OTHER PERSONAL PROPERTY - (e.g., FURNITURE, JEWELRY, ARTWORK)** - list and describe other personal property and indicate estimated value.

5. **REAL PROPERTY** - describe location and type of real property, type of interest and market value. Additionally, provide the date of filing of a statement identifying the real property with the County Clerk as required by Mental Hygiene Law § 81.20(a)(6)(vi). Indicate if the incapacitated person is residing in any of the listed real property.

SCHEDULE B

Assets Received During Accounting Period

List all principal assets received during the period of this report (show date received, source and amount or value).

<u>Date Received</u>	<u>Source</u>	<u>Amount/Value</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHEDULE C

Income Received During Accounting Period

List all income received during the period from property interests listed in Schedules A and B (show date received, source and amount).

<u>Date Received</u>	<u>Source</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHEDULE D
Losses Incurred During Accounting Period

List all realized losses incurred on principal assets, whether due to sale or liquidation, indicating the asset involved, the date and amount of loss.

<u>Date</u>	<u>Asset</u>	<u>Amount of Loss</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHEDULE E
Monies Paid Out During Accounting Period

List all disbursements, excluding investments, during the period, including date of payment, payee and amount.

<u>Date</u>	<u>Payee</u>	<u>Amount</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

SCHEDULE F
Assets On Hand At End Of The Accounting Period

List assets of the type listed in Schedule A on hand at the end of the period and value thereof (see Schedule A for further instructions)

1. **BANK ACCOUNTS AND CASH.**

2. **CORPORATION AND GOVERNMENT SECURITIES.**

3. **PRESENT OR FUTURE INTERESTS.**

4. **OTHER PERSONAL PROPERTY.**

5. REAL PROPERTY.

SUMMARY

PART I. (Assets, income, increase in value, etc.)

Total beginning balance, as shown on **Schedule A**
include all assets listed on Schedule A #s 1-5), \$

Total additional assets, as shown on **Schedule B,** \$

Total income received during accounting period,
as shown on **Schedule C** \$

TOTAL PART I: \$

PART II. (Disbursements, expenditures, losses, decrease in value)

Total losses during accounting period,
as shown on Schedule D \$

Total monies paid out during accounting period,
as shown on Schedule E \$

TOTAL PART II: \$

BALANCE ON HAND AT END OF ACCOUNTING PERIOD
(Total Part I minus Total Part II) \$
(This amount should be the same as Schedule F)

VERIFICATION

STATE OF

SS:

COUNTY OF

, being duly sworn, states that I am the Guardian of the within named incapacitated person and that the attached annual report and schedule(s) are, to the best of my knowledge and belief, a complete and true statement of my activities as such Guardian; receipts and payments on behalf of such incapacitated person; money and other property which has come into my possession or has been received by others pursuant to my order or authority since the date of my appointment or last report; and the value of such property. I do not know of any error or omission in the report or schedule(s) to the prejudice of such incapacitated person.

Guardian

(Your name, address and telephone number)

Sworn to before me this _____ day

of _____, 20_____ .

Notary Public