COUN	EME COURT, STATE OF NEW YORK ITY OF KINGS					
In the	matter of	INDEX#//				
		Annual Report for year 20				
	apacitated person / P.I.N.G. X	Examiner:				
	GUARDIAN OF THE <u>PERSON</u> A	ANNUAL REPORT				
The fo	llowing information is being requested pursuant to	Mental Hygiene Law §81.31(b), and				
the Co	ourt's Order of appointment dated					
YOU	ASE ANSWER THE FOLLOWING QU R ABILITY. IF YOU NEED MORE ITIONAL PAGES.					
<u>GUA</u>	RDIAN 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 Person.	your visits with the Incapacitated				
3)	State any activities that you performed on behalf o	of the Incapacitated Person.				

4)	Are you able to continue serving as Guardian of the Person? (If not, the Court will schedule a conference).				
<u>INC</u>	CAPACITATED 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?				

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?
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:
What social and personal services are currently utilized by the I.P.? Do the services received meet the I.P.'s social needs?
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 ot	Please use this space to provide any other information you consider important.				
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STATE OF NEW YORK)					
COUNTY OF) ss:					
COUNTY OF)					
I,			haina duly avyama		
I,say I am the Guardian of the Person for the ab	nove named ner	son. The fore	, being dury sworn		
statement of the I.P.'s personal needs to the be	st of my knowle	dge and belief	since my appointment		
or since the filing of my last report. I do not					
prejudice of said person.	•		•		
	_	Guardiar	n of the Person		
Sworn to before me this day of		o dai diai	r or uno r organ		
, 20					
NOTARY PUBLIC					
		_ /			
Once you have completed this report, as per N	ДЦІ 8Q1 21 <i>(</i> .	a) & (d) nlead	so file the eniginal		
once you have completed this report, as per it	1.11.D. 201.21 (c, & (u), pieas	e me me angman		

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).