

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

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IN THE MATTER OF THE ANNUAL
REPORT OF

**ANNUAL REPORT OF
PERSONAL NEEDS GUARDIAN**

AS PERSONAL NEEDS GUARDIAN FOR

Index No. _____

AN INCAPACITATED PERSON

ANNUAL REPORT FOR YEAR 20____

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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 Bronx County dated the _____ day of _____, 20____
and have continued to act as such fiduciary since that date.

List here the following information:

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

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

Spouse:

Children:

Siblings:

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

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.

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

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

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.

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

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

State the plan for medical, dental and mental health treatment and related services for the coming year

State any other information concerning the social condition of the Incapacitated Person, including the social and personal services currently utilized by the Incapacitated Person, the social skills of the Incapacitated Person and the social needs of the Incapacitated Person. List the number of times that you have visited the Incapacitated Person during the past year.

Attach a list of any other pertinent facts relative to the care and maintenance of the Incapacitated Person, including the frequency of your visits; whether the Incapacitated Person has made a Will or executed a Power of Attorney; and any other information necessary for the proper administration of this matter.

STATE OF _____)
) ss:
 COUNTY OF _____)

I/We, _____ and _____, being duly sworn say:
 I am/We are the Guardian(s) for the above-named Incapacitated Person. The foregoing report is to the best of my knowledge a true and complete statement of the information presented therein. I/We do not know of any error or omission in this Report to the prejudice of said Incapacitated Person.

 Guardian

Sworn to before me this
 ____ day of _____, 20__.

 Guardian

Sworn to before me this
 ____ day of _____, 20__.

 Notary Public

 Notary Public