

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF NEW YORK

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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. \_\_\_\_\_ - I - \_\_\_\_\_

\_\_\_\_\_  
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 New York 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.

