SUPREME COURT OF THE STATE OF NEW COUNTY OF NEW YORK			
IN THE MATTER OF THE ANNUAL REPORT OF	-X	ANNUAL REPORT OF PERSONAL NEEDS GUARDIAN	
AS PERSONAL NEEDS GUARDIAN FOR			
		Index No	I
AN INCAPACITATED PERSON	-X	ANNUAL REPO	ORT FOR YEAR 20
I/We,	and _		
as Personal Needs Guardian(s) for the above name the following annual account.	ed Incapacita	nted Person do here	by make, render and file
I/we was/were duly appointed Personal Ne			-
of the Supreme Court of New York County dated a 20 and have continued to act as such fiduciary			,
List here the following information:			
State the present residence address and telephone	number of a	ll Guardians.	
List the name and present address of the spouse, cl	hildren and	siblings of the Inca	pacitated 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, der	ntal and mental health	treatment and related services for the	coming year
social and personal service	ces currently utilized the social needs of the	ondition of the Incapacitated Person, in by the Incapacitated Person, the social he Incapacitated Person. List the numb ang the past year.	skills of the
including the frequency of	of your visits; whether any other informatio	the care and maintenance of the Incapare the Incapacitated Person has made a necessary for the proper administration	Will or executed
I/We,	and	, being	duly sworn say:
I am/We are the Guardian(s) f	or the above-named I	ncapacitated Person. The foregoing re	port is to the
		nt of the information presented therein prejudice of said Incapacitated Person	
Guardian		Guardian	
Sworn to before me this day of	, 20	Sworn to before me this day of	, 20
Notary Public		Notary Public	