

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF BRONX

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In the Matter of the Annual Inventory and Account of

Guardian of the Person and Property of

**ANNUAL REPORT OF
GUARDIAN**

Index No.:

An Incapacitated Person.

Annual Report for year of 20____

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_____, residing at _____, telephone no:
_____ as Guardian of the person and property of the above-named
incapacitated person, who resides at _____, telephone no:
_____, do hereby make, render and file the following report

1. On _____, 20____, by Order of this Court, I was appointed Guardian for the
person, property or person & property) of _____, an Incapacitated Person. I
filed my Consent and Designation with the County Clerk. I obtained a bond in the amount of
\$_____ with _____ as Surety thereon, Bond No: _____. I received
my Commission and it is dated _____. I have continued to act as such
Guardian since that date.

2. The following is a true and full account of all said Guardian's receipts and disbursements
for the year 20____

SUMMARY

Schedule A	Principal on hand at date of last accounting:	\$ _____
Schedule B	Additional Principal:	\$ _____
Schedule C	Changes to Principal:	\$ _____
Schedule D	Income Received:	\$ _____
Schedule E	Disbursements Paid:	\$ _____
	(Add Schedules A, B, C & D then deduct E):	\$ _____
Schedule F1	Balance of cash & securities remaining:	\$ _____
Schedule F2	Real Estate	\$ _____
Schedule F3	All other personal property:	\$ _____
	TOTAL ESTATE:	\$ _____

Schedule D - Income Received

(List income received from all sources, including but not limited to, social security, pensions, veterans benefits. PLEASE ALSO INCLUDE INTEREST AS REFLECTED ON BANK STATEMENTS)

Source of Income	Amount Received Periodically	Amount Received this Accounting Period
Sample: Social Security	\$500.00 per month	\$6,000.00

SCHEDULE E – Paid Disbursements

Note: Please provide copies of cancelled checks, bills paid and/or receipts to support the amount listed. Please detail your disbursements. PLEASE GROUP PAYMENTS BY PAYEE NOT BY DATE OR CHECK NUMBER (i.e., Electric, Medical Insurance, Home Insurance, Home Aids, etc) PLEASE ALSO INCLUDE BANK FEES AS REFLECTED ON BANK STATEMENTS.

Date	Bank Account	Account #	Payee/Description	Amount

SCHEDULE FI - Balance of Cash/Securities Remaining

Bank/Brokerage Accounts & Securities	# of shares	Inventory Value	Market Value

SCHEDULE F2 – Real Property

Address	Market Value	Mortgage Amount	Rental Income	If held jointl, with another, list names and relationship to IP

SCHEDULE F3 – Personal Property

Description	Value

ANNUAL REPORT ON THE INCAPACITATED PERSON'S PERSONAL NEEDS:

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

Age:

Date of Birth:

Marital Status:

2. List and name and present address of the spouse, children and siblings living of the Incapacitated Person.
3. State the present residence address and telephone number of the Guardian.
4. State the present residence address and telephone number of the Incapacitated Person. If he or she resides in a facility, provide that information along with the name of the chief executive officer of the facility or the person otherwise responsible for the care of the Incapacitated Person.
5. State whether there have been any changes in the physical or mental condition of the Incapacitated Person and any substantial changes in medication.

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

7. 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 3 months prior to the filing of this report, regarding the evaluation of the Incapacitated Person's condition and the current function level of the Incapacitated Person.

8. Provide a statement of whether the current residential setting is suitable to the current needs of the Incapacitated Person.

9. Provide a resume of any professional or medical treatment given to the Incapacitated Person during the preceding year.

10. Describe the plan for medical, dental and mental health treatment and related services for the coming year.

11. Provide a resume of other information concerning the social condition of the Incapacitated Person, including the social and personal services currently used by the Incapacitated Person, the social skills of the Incapacitated Person and the social needs of the Incapacitated Person.

STATE OF NEW YORK)

ss.:

COUNTY OF)

_____, being duly sworn, states:

That I am the appointed Guardian of _____ Incapacitated Person.

The foregoing ANNUAL REPORT OF THE GUARDIAN contains, to the best of my knowledge and belief, a full and true statement of all my receipts and disbursements on account of said Incapacitated Person and of all money and other personal property of said person that have come to my hands or have been received by any other person(s) by my order or authority or for my use since my appointment or since the filing of my last annual report, and of the value of all such property, together with a full and true statement and account of the manner in which I have disposed of same and of all property remaining in my hands at the time of the filing of this report; also a full and complete description of the amount and nature of each investment made by me since my appointment or since the filing of my last report. I do not know of any error or omission in the account and inventory to the prejudice of _____, the Incapacitated Person.

(Signature of Guardian)

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

Notary Public