

SUPREME COURT OF THE STATE OF NEW YORK  
COUNTY OF SUFFOLK

I.A. Part \_\_\_\_\_

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IN THE MATTER OF ANNUAL REPORT  
OF

Index No.: \_\_\_\_\_

\_\_\_\_\_ ,

AS GUARDIAN OF THE PERSON AND  
PROPERTY OF

**ANNUAL REPORT  
FOR 20 \_\_\_\_\_**

\_\_\_\_\_ ,  
an Alleged Incapacitated Person.

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I, \_\_\_\_\_, residing at \_\_\_\_\_, as Guardian for \_\_\_\_\_, who was heretofore determined by this court to be an incapacitated person ("IP"), do hereby make, render and file the following Annual Report.

On the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, I was duly appointed Guardian of the above-named person by Order of the Supreme Court of Suffolk County and have continued to act as such fiduciary since that date, giving a bond in the original sum of \$\_\_\_\_\_, [now in the sum of \$\_\_\_\_\_, pursuant to subsequent orders,] which is still in force and effect with \_\_\_\_\_, as Surety. There has been no change in the Surety thereon, and the Surety is in as good financial standing as when the bond was given. [There has been no change in the Surety thereon, other than as explained in Schedule F.]

The following is a true and full account of all receipts and disbursements for the year 20\_\_\_\_\_ .

**SUMMARY**

Schedule A - Principal on hand as of Date of Appointment or Last Annual Report	\$ _____
Schedule B - Changes to Principal	\$ _____
Schedule C - Income Received	\$ _____
Sub-Total	\$ _____
Schedule D - Paid Disbursements	\$ _____

Schedule E-1 - Balance of Cash and Securities to be Charged to Next Year's Account	\$ _____
Schedule E-2 - Real Estate	\$ _____
Schedule E-3 - All Other Personal Property	\$ _____
 Total Estate	 \$ _____

















**SCHEDULE F - NAME AND ADDRESS OF SURETY**

*Attach a copy of the latest bond. Also, state and explain any changes in the bond, of the Surety thereon, or in the financial standing of the Surety.)*

<u>NAME AND ADDRESS OF SURETY</u>	<u>AMOUNT OF BOND</u>	<u>BOND NUMBER</u>

**AS TO THE INCAPACITATED PERSON:**

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

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2. If any are living, list the name and present address of the spouse, children and siblings of the Incapacitated Person.

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3. State the present residence address and telephone number of the Guardian.

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4. State the present residence address and telephone number of the Incapacitated Person. If the IP does not currently reside at her/his personal home, set forth the name, address and telephone number of the facility or place at which he/she resides, and the name of the chief executive officer of the facility or the person otherwise responsible for the care of the IP.

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7. Attach a statement by a physician, psychologist, nurse clinician or social worker, or other qualified person who has evaluated or examined the Incapacitated Person within the three months prior to the filing of this report, setting forth an evaluation of the Incapacitated Person's condition and the current functional level of the Incapacitated Person.

8. If the Guardian has been charged with providing for the personal needs of the Incapacitated Person:

(a) Attach a statement indicating whether the current residential setting is suitable to the current needs of the Incapacitated Person.

(b) Attach a resume of any professional medical treatment given to the Incapacitated Person during the preceding year.

(c) Attach the plan for medical, dental and mental health treatment and related services for the coming year.

(d) Attach a resume of any other information concerning the social condition of the Incapacitated Person, including the social and personal services currently utilized by the Incapacitated Person and the social skills and needs of the Incapacitated Person.

9. State whether the Guardian has used or employed the services of the Incapacitated Person, or whether moneys have been earned by or received on behalf of such Incapacitated Person. Provide details in Schedule C.

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10. Attach a resume of any other pertinent facts about 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.

