

Article 81 Training for Lay Guardians

Court-Approved Training for Non-lawyers

Conducted by the Guardian Assistance Network

***Space is limited and open only to individuals in the process of obtaining guardianship.
Pre-registration is required and open to non-professional guardians only.***

2012 Training Schedule

(Please note that schedule is subject to change)

Wednesday, January 28

Wednesday, April 25

Wednesday, July 25

Wednesday, October 24

**All sessions are held from 1 – 4 pm
Kings County Supreme Court**

This training will include:

- How to get the official guardianship commission
- Responsibilities of a guardian for personal needs & property management
- How to set up a guardianship bank account
- Writing and filing initial, annual, and final reports
- Resource information

Participants who attend the entire three-hour training will receive:

- A manual specifically written for lay guardians.
- A certificate of attendance that satisfies the Article 81 training requirement

If interested in lay guardian training, please complete the attached registration form or contact:

Guardian Assistance Network (GAN)
360 Adams Street, Room 723
Brooklyn, NY 11201
Telephone: 347-296-1948
Fax: 718-643-7806
E-mail: GAN@courts.state.ny.us

Directions: The court facilities are located in downtown Brooklyn. From Brooklyn, Queens or Staten Island, take BQE to Atlantic Ave. Exit. From the Bronx or Manhattan, take the Brooklyn Bridge which leads directly into Adams St.

Transportation: Subway: M, N, R to Court St.; 2, 3, 4, 5 to Borough Hall; A, C, F to Jay St. /Boro Hall;
Bus: Numerous buses stop in the vicinity of the courts. For the number of the bus and the location of the bus stop nearest the building you wish to reach, call the MTA at (718) 330-123

Please keep this information flyer
Return attached registration form.

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2012 REGISTRATION FORM

TO REGISTER:

- **Return this registration form to:**
GAN
360 Adams Street, Room 723
Brooklyn, NY 11201
- **Fax: 718-643-7806**
- **Email: GAN@courts.state.ny.us**
- **Registration within a week of training date will be accepted only if space is available.**

Please indicate the session that you are requesting:

_____ Wednesday, January 28, 1- 4 p.m.

_____ Wednesday, April 25, 1 - 4 p.m.

_____ Wednesday, July 25, 1- 4 p.m.

_____ Wednesday, October 24, 1- 4 p.m.

NAME: _____ **DAY PHONE:**

ADDRESS: _____ **Apt#** _____ **ALTERNATE PHONE:**

CITY: _____ **STATE:** _____ **ZIP:** _____

E-MAIL: _____

(Please print legibly)

HOW DID YOU HEAR ABOUT THIS TRAINING SESSION? _____

COUNTY OF GUARDIANSHIP _____

GUARDIAN OF PERSON ___ PROPERTY ___ BOTH ___

IS THE (IP) IN A NURSING HOME? Yes _____ No _____

HOW OLD IS THE PERSON FOR WHOM YOU ARE THE GUARDIAN? _____

WOULD YOU LIKE YOUR TRAINING MANUAL IN SPANISH? Yes _____ No _____

**For additional information about this program, please contact
Guardian Assistance Network at (347) 296-1948 or E-mail to:**

GAN@courts.state.ny.us