

Cause # _____

In the Guardianship of _____
An Incapacitated Person/Minor

§ Probate Court
§
§ Fayette County, Texas

**GUARDIAN'S INITIAL ANNUAL FINAL
REPORT ON THE CONDITION AND WELL-BEING OF A WARD**

Check one: Guardianship of Person Only Guardianship of Person and Estate

Reporting period of _____ to _____

Please fill out this form completely, answering every question, except when directed otherwise. "Not applicable" is not a proper response and can delay processing and approval. Also attach a current photograph of the Ward.

On this day, the Guardian in this matter stated the following under penalty of perjury, declaring that each statement is true and correct:

1. WARD: Name _____ Age _____ DOB _____
Address (no P.O. Box) _____
City/State/Zip _____
Phone _____ New Address? YES NO

2. GUARDIAN(s): Name _____ Age _____ DOB _____
Address (no P.O. Box) _____
City/State/Zip _____
Phone _____ New Address? YES NO

During the past reporting year, have you been convicted of a felony or a misdemeanor other than a minor traffic offense? YES NO If YES, explain _____

If you are a private professional guardian, a guardianship program, or the Department of Aging and Disability Services, have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past reporting year? Yes NO

If this is your final report, answer the questions in box below. **If this is not your final report, skip to #4.**

3. FINAL REPORTS ONLY

I am filing a Final Report because (check one)

- I am resigning the ward has turned 18 the ward has died
 other; if "other," please explain _____

A. If you are **resigning**, has a successor guardian been identified? YES NO

Name _____ Age _____ DOB _____
Address _____
City/State/Zip _____
Phone _____

B. If because **Ward has turned eighteen**, attach birth certificate.

C. If because the **Ward has died**, attach death certificate.

4. During the last year, I have visited the Ward in person _____ times. Date of last visit: _____
* If ward lives with you, put 365, and put today's date as "Date of last visit"
* If zero visits, please explain: _____

5. Ward's residence is (check **only one**):
 Ward's home
 Guardian's home
 Relative's home (give relative's name) _____
Or in the type of facility checked below:
 Nursing Home Group home Hospital/Medical facility
 State Supported Living Center (State School) Other
Please provide NAME of facility: _____

6. How long has the Ward lived at this address? _____
Any change in residence in last year? YES NO If YES, explain: _____

7. **All guardians must** report on the amount and source of the Ward's income, regardless of whether the income comes to someone other than the guardian (such as the Ward's residence). Note that Social Security benefits **are** considered income, but that child support is **not**.
a. Source of Ward's income: _____
b. Annual amount of Ward's income: _____ (monthly x 12)
If zero, explain: _____

8. In addition to the Guardian of the Person, is there a **Court-appointed** Guardian of the Ward's **estate**?
 YES NO Note: just because you are the rep payee does not necessarily mean there is a guardianship of the estate.

Depending on your answer, please answer the questions in only one of the boxes below:

If you answered "NO" to question 8
→

A. **If there is NOT a Guardian for the Ward's estate**, please answer the following questions and attach additional information as directed:
(1) Has the Court Order directed you to manage any funds of the Ward **other than Social Security funds**? YES NO
→ **If YES, you MUST report on your management of those funds by attaching an income and expenses worksheet to this Annual Report.** Forms are available at the Judge's Office.
(2) Are you the **representative payee** of the Ward's Social Security Disability (SSI) or Social Security Retirement Benefits? YES NO
→ **If YES, you MUST attach** to this Annual Report either
1. A copy of your most recent Representative Payee report provided by Social Security
OR
2. The Court's Representative Payee Report Form. If you do not receive the form from Social Security, you can get the Court's form from the County Judge's Office.

OR

If you answered "YES" to question 8



B. If there IS a Guardian for the Ward's estate, please answer the following two questions:

(1) Are you the Guardian for the Ward's estate? YES NO

(2) Do you as Guardian of the Person receive an allowance from the Guardian of the Estate?

YES NO

If YES, annual amount of allowance received _____

9. **Has the Court approved a formal "Case Management Agreement" for case management services to the Ward?** A Case Management Agreement is a signed contract with a professional case manager *that has been formally approved by the Court.* (This is not the same as a "Care Plan" from a medical provider.)

YES NO

→ If YES, you **MUST** attach an updated copy of the case manager's care plan for the Ward the Court's approval.

10. During the past year has the ward been treated or evaluated by the following professionals.

As a guardian, it's your duty to know this information and to provide the information to the Court even if the Ward's residential facility arranges the services.

Physician. Name: _____

Describe: _____

Does the Ward see this doctor on a regular basis? YES NO

Psychiatrist. Name: _____

Describe: _____

Social Worker or other case worker. Name: _____

Describe: _____

Dentist. Name: _____

Describe: _____

Other. Name: _____

Describe: _____

11. Social Conditions: During the past year the ward has participated in the following activities.

What does your ward do all day? Note that for each type of activity checked, you must describe the activities (e.g., movies, bowling, Special Olympics, church, eating out, etc.). Don't leave blank or simply write the name of the residential facility.

Recreational: _____

Educational: _____

Social: _____

Occupational: _____

None available

Refuses or is unable to participate.

12. During the past year the ward's mental health has:

Remained about the same

Improved. Describe: _____

Deteriorated. Describe: _____

13. As Guardian of the Person, I **HAVE FILED** **HAVE NOT FILED** for **Emergency Detention of the Ward** pursuant to the Texas Health & Safety Code. (An example of emergency detention is a request for an emergency hospitalization of the Ward for mental or safety reasons.) If you answered **HAVE FILED**, please list the number of times and the dates:

14. During the past year the ward's physical health has:

Remained about the same

Improved. Describe: _____

Deteriorated. Describe: _____

15. As guardian, I believe the Ward's living arrangements are **Excellent** **Average** **below average**

If below average, explain: _____

16. As guardian, I believe that my ward is

Happy/Content with living situation

Unhappy with living situation

17. As guardian I believe my ward **DOES** **DOES NOT** have unmet needs.

(Unmet needs = problems with foods, shelter, medical care)

If you answered **DOES**, please explain: _____

18. The power authorized by this guardianship should be:

Unchanged

Decreased (explain: _____)

Increased (explain: _____)

19. Check each box immediately below to affirm that you already have taken care of the specified duty or that you will do so within the time indicated. **The duties are required by Texas law.**

I affirm that I already have done the following or will do so within one week of the date I sign this Report: I have communicated or will communicate to the ward that (1) I am seeking to continue, modify, or terminate the guardianship and (2) the ward has the opportunity to appear before the court to express the ward's preferences and concerns regarding whether the guardianship should be continued, modified, or terminated.

I affirm that I will give the ward a copy of this annual report within 30 days of the date I sign the Report.

20. **Guardian's Bond:** Check the appropriate box below, adding an explanation if requested.

Note: *Even if Ward's residential facility pays your bond premium for you, it is **your** responsibility to verify that the bond payment is current and then mark "have paid." If you are not sure, you can look for a statement that the premium was paid on one of the accountings the facility sends you, or you can call the facility and ask.*

- I HAVE PAID** the bond premium for the next reporting period.
- I HAVE NOT PAID** the bond premium for the next reporting period (explain: _____)
- I have a **CASH BOND** on file with the Court.
- DADS** guardianship.

21. If possible, please attach a current photograph of the ward.

22. Please state any additional information concerning the ward that you would like to share with the Court.

23. Remember to order fresh "Letters of Guardianship."

- a. **Fill out the request form on the next page.** Letters are **not** sent automatically; you must complete and submit the following form for the clerk's office to issue Letters. Please include a clear legible copy of your Driver's License.
- b. **Please note two additional things:**
 - i. There may be fees required by the clerk. You can call the clerk's office to verify: (979) 968-3251.
 - ii. If there is also a guardianship of the estate, new Letters cannot be issued until the annual account is approved. (Note that an annual account cannot be approved until your attorney has submitted *everything* necessary to the Court, including required back-up.)

Complete the following. The signature below does not require a notary.

I, _____, the guardian of the person for _____,
(insert name of guardian of the person) (insert name of ward),

in Fayette County Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ 20 _____
Guardian's signature

If this report is for Co-Guardians, also complete the following:

I, _____, the guardian of the person for _____,
(insert name of co-guardian of the person) (insert name of ward),

in Fayette County Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ 20 _____
Co-Guardian's signature

GUARDIANSHIP LETTER REQUEST FORM

Customer Name (s): _____

Guardianship of : _____

Cause Number : _____

Customer Request:

_____ Guardianship Letters at \$2.00 per letter

_____ Copies of Order Approving Annual Report of the Guardian

_____ Plain copies at \$1.00 per page

_____ Other: _____

_____ Other: _____

*** Please include a clear legible copy of your Driver's License.**

FOR COURT USE ONLY:

ORDER: _____

OATH: _____

BOND: _____

EXPIRE: _____