

IN THE GUARDIANSHIP OF \_\_\_\_\_ § IN THE COUNTY COURT AT LAW  
§  
§ SITTING IN MATTERS PROBATE  
§  
 A MINOR /  AN INCAPACITATED PERSON § GUADALUPE COUNTY, TEXAS

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

I, the undersigned, represent that I am the Guardian of the Person of the above-named Ward, and that my annual report for the period from \_\_\_\_\_ through \_\_\_\_\_ is as follows:

1. Guardian's name: \_\_\_\_\_  
Guardian's current address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Day phone: (\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_) \_\_\_\_\_  
Relationship to Ward: \_\_\_\_\_

2. Ward's current address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Phone number: (\_\_\_\_) \_\_\_\_\_  
Age: \_\_\_\_\_

Reason for Guardianship:  
 Minor  Mental Retardation  Alzheimer's Disease  Head injury  
 V.A.  Senile Dementia  Chronic alcohol / drug use  Other: \_\_\_\_\_

3. **FINAL REPORTS ONLY** (Otherwise, go to #4)  
I am filing a Final Report because  I am resigning  the ward has turned 18  
 the ward has died  other, please explain: \_\_\_\_\_  
\_\_\_\_\_

A. If because of your **resignation**, has a successor guardian been appointed?  Yes  No  
If yes, give Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

B. If because **Ward has turned 18**, attach birth certificate.

C. If because **Ward has died**, attach death certificate and answer the following:  
Has a personal representative been appointed?  Yes  No  
If yes, give Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

4. Ward's residence is:  Ward's home  Guardian's home  Nursing home  
 Foster home  Boarding home  Hospital/medical facility  
 Relative's home; Relationship to Ward: \_\_\_\_\_  
 Other: \_\_\_\_\_

If Ward is in a nursing home or hospital/medical facility, give name of facility:  
\_\_\_\_\_

5. How long has Ward lived at the above facility? \_\_\_\_\_  
If there has been a change of residence in the past year, give reason for change:  
\_\_\_\_\_

6. Date Guardian last saw Ward: \_\_\_\_\_  
How frequently has Guardian seen Ward in the past year? \_\_\_\_\_

7. Annual Income of Ward: \$ \_\_\_\_\_

8. Is there a Guardian for the Ward's estate? Yes No

A. If yes, please answer the following 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 received: \$ \_\_\_\_\_

B. If no, please answer the following questions:

1) Are you managing any funds of the Ward pursuant to Court order *other than Social Security funds*?  
Yes No  
If yes, you **MUST** report on your management of those funds by attaching an annual income and expenses worksheet to this Annual Report.

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 a copy of your most recent Representative Payee Report to this Annual Report, if one is required by the Social Security Administration, and comply with Texas Estates Code Section 1163.101(b)(1-3) which requires information "that shows each receipt and disbursement for support and maintenance of the ward." (Attach an exhibit)

9. During the past year, the Ward's mental health has:  
Improved Deteriorated Remained unchanged  
If there has been a change, please explain: \_\_\_\_\_  
\_\_\_\_\_

During the past year, the Ward's physical health has:  
Improved Deteriorated Remained unchanged  
If there has been a change, please explain: \_\_\_\_\_  
\_\_\_\_\_

10. Is Ward under regular physician's care? Yes No  
If so, give name of doctor: \_\_\_\_\_

If the Ward has been treated or evaluated by any of the following persons in the last year, briefly describe the condition and treatment and give the name of the person.

Physician – Name: \_\_\_\_\_  
Describe: \_\_\_\_\_

Psychiatrist, psychologist, or other mental health care provider – Name: \_\_\_\_\_  
Describe: \_\_\_\_\_

Dentist – Name: \_\_\_\_\_  
Describe: \_\_\_\_\_

Social or other caseworker – Name: \_\_\_\_\_  
Describe: \_\_\_\_\_

Other – Name: \_\_\_\_\_  
Describe: \_\_\_\_\_

11. During the past year the Ward has participated in the following activities:

- Recreational: \_\_\_\_\_
- Educational: \_\_\_\_\_
- Social: \_\_\_\_\_
- Occupational: \_\_\_\_\_
- No activities available
- Ward is unable or has refused to participate.

12. The Ward's living arrangements are: Excellent Average

If below average, please explain: \_\_\_\_\_  
\_\_\_\_\_

13. Ward is:

- content with living arrangements
- unhappy with living arrangements

If unhappy, please explain: \_\_\_\_\_  
\_\_\_\_\_

14. The Ward's unmet needs (if any) are: \_\_\_\_\_

15. If the Ward is a Minor, is the Ward presently attending school? Yes No

If yes, give name of the school: \_\_\_\_\_

Describe the Ward's progress in school (grades, learning, participation, etc.) \_\_\_\_\_  
\_\_\_\_\_

16. The powers authorized by this guardianship should be:

- increased  decreased  unaltered

Please explain if a change is recommended: \_\_\_\_\_  
\_\_\_\_\_

17. Has the premium on the Guardian's bond been paid for the next reporting period?

- Yes No Not required to pay a bond premium

18. As Guardian of the Person, I have filed  have not filed for Emergency Detention of the Ward pursuant to the Texas Health & Safety Code, Subchapter A, Chapter 573.

If you have filed for Emergency Detention, please list the number of times and the dates:

\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

20. If this guardianship should be continued, then state why below; if it should not be continued, contact your attorney about closing it. \_\_\_\_\_  
\_\_\_\_\_

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

STATE OF TEXAS  
COUNTY OF: \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, Guardian of the Person described in the foregoing Annual Report, who being first duly sworn, did on his or her oath, depose and state as follows: "I hereby swear, under penalty of perjury, that the information contained in this report is true and correct to the best of my knowledge."

SIGNED \_\_\_\_\_  
Guardian

SUBSCRIBED AND SWORN TO BEFORE ME on \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Commission Expires \_\_\_\_\_

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

STATE OF TEXAS  
COUNTY OF: \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, Co-Guardian of the Person described in the foregoing Annual Report, who being first duly sworn, did on his or her oath, depose and state as follows: "I hereby swear, under penalty of perjury, that the information contained in this report is true and correct to the best of my knowledge."

SIGNED \_\_\_\_\_  
Co-Guardian

SUBSCRIBED AND SWORN TO BEFORE ME on \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand and seal of office.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_  
Printed Name: \_\_\_\_\_  
Commission Expires \_\_\_\_\_

Current photograph of Ward