

CAUSE NO. _____ - GC - _____

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

REPORT OF THE CONDITION AND WELL-BEING OF A WARD

I am the Guardian of the Person of the above-named Ward this, is my annual report for the period from _____ through _____ (see your letter of guardianship for the Month and Day qualified)

- Guardian's name: _____
Guardian's current address: _____
_____ City, _____ State, _____ Zip:
Day phone: (____) _____ Evening phone: (____) _____
Relationship to Ward: _____

Email _____

Please List an Emergency Contact who does not live with you:

Name: _____

Phone: _____

E-Mail: _____

Relationship: _____

2. Ward's name: _____
Date of birth: _____ Age: _____
Address: _____
_____ City, _____ State, _____ Zip code: _____

The Ward resides in a: _____ Ward's own home _____ Guardian's home
_____ Nursing Home, Give facility name: _____
_____ Foster home
_____ Boarding home
_____ Relative's home. State relationship: _____
_____ Group home: _____
_____ Other, please describe _____

How long has the Ward lived at this location _____
If this residence is new, please explain why there was a change: _____

3. Do you believe the living arrangements are:
_____ excellent _____ average _____ below average
If below average please explain: _____

4. Do you believe the Ward is _____ content or _____ not content with their living situation
If the Ward is unhappy please
explain: _____

5. How often do you visit the Ward _____
What is the date of the last visit: _____

FINAL REPORTS ONLY:

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: _____

6. During the past year, has the Ward's mental health:
_____improved,_____deteriorated____remained unchanged

Please explain any changes:_____

During the past year, has the Ward's physical health:
_____improved____deteriorated__remained unchanged

Please explain any changes:_____

7. What is the name and address of the Ward's primary care physician:_____

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:_____

8. 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

because:_____

9. The Ward's unmet needs (if any) are: _____

10. 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.)

11. The powers authorized by this guardianship should be:
 increased decreased unaltered

Please explain if a change is needed: _____

12. Has the premium on the Guardian's bond been paid for the next reporting period?
Yes No Not required to pay a bond premium because: there is a personal surety
 paid a one-time premium
 no bond was required

13. Has the Ward been involuntarily committed to an inpatient mental health facility or been
subject to an Emergency Detention for mental health crisis.? yes no

If yes, please list the number of times and the dates: _____

14. Have you as Guardian provided and explained to the Ward the “Ward’s Bill of Rights”
____yes____no

15. Have you given the Ward the following information:

Copy of Guardianship Order____yes____no

Copy of Letter of Guardianship____yes____no

Copy of Bill of Rights____yes____no

The law now requires Guardians to inform a ward of their rights and to give a ward information for filing a complaint against the Guardian or to call for services. Please see our county website to print a copy of the Bill of Rights to give to and explain in the Ward’s native language or preferred mode of communication.

16. Have you notified the Ward’s relatives of their right to be notified of certain health and residential changes?
____yes____no

The law now requires the Guardian to contact certain relatives of events concerning the Ward. Please consult with an attorney as to whether you can be excused from complying with new law.

17. Have you registered this guardianship with the State of Texas, Office of the Judicial Branch Certification Board?
____yes____no

The law now requires all Guardians to register the guardianship online with the JBCC. If you have not already don’t so please go to : jbccguardianregistration@txcourts.gov . THIS IS FREE for family guardians. If you do not have internet, go to your public library to use a computer there. There are NO EXCEPTIONS. You MUST register by SEPTEMBER 19, 2019.

18. Who is the Representative Payee of funds for the Ward _____

What is the type of funds/benefits received by the Ward:

SSI _____ \$ _____ per month

SSDI _____ \$ _____ per month

VA _____ \$ _____ per month

Civil Service/OPM _____ \$ _____ per month

Pension _____ \$ _____ per month

Private Retirement _____ \$ _____ per month

Other: _____ \$ _____ per month

Are you appointed as Guardian of the Estate? ___yes___no

19. If you are a non-family guardian and have been certified as a Guardian or registered as a Private Professional Guardian please answer the following: Certification number _____

Complaints investigated by JBCC against you ___yes___no

Complaints investigated by APS/CPS against you ___yes___no

20. If this guardianship should not be continued, please explain why you believe this.

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

STATE OF TEXAS

COUNTY OF GUADALUPE:

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 GUADALUPE:

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 _____

