

NO. _____ G

IN THE GUARDIANSHIP OF § IN THE COUNTY COURT AT LAW
 §
 § OF
 §

 § WALKER COUNTY, TEXAS

☐ MINOR ☐ INCAPACITATED PERSON

**GUARDIAN'S ☐ INITIAL ☐ ANNUAL ☐ FINAL REPORT
ON THE CONDITION AND WELL-BEING OF A WARD
FOR THE PERIOD OF _____ THROUGH _____**

(The reporting period must be a specific date in the format of MM/DD/YYYY to MM/DD/YYYY. The report should not be filed BEFORE the ending date of the prior reporting period. Reports filed without specific dates or filed before the ending date cannot be approved until corrections are made. If you are unsure of the dates, please email the civil court coordinator.)

Fill out this form **completely**, answering every question, except where directed otherwise. "Not applicable" is not a proper response and can delay approval.

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

1. **WARD:** Name _____ Age _____ DOB _____
 Address _____
 City/State/Zip _____
 County _____
2. **GUARDIAN(S):** Name(s) _____
 Address _____
 City/State/Zip _____
 Phone _____ Alternate Phone _____
 Email Address(es) _____
 Relationship to Ward _____

- A. During the past reporting year, were you convicted of a felony or misdemeanor other than a minor traffic offense? ☐ YES ☐ NO *If yes, explain:* _____
- B. If you are a private professional guardian, a guardianship program, or DADS or the representative of these, have you been the subject of an investigation conducted by the Guardianship Certification Board during the preceding year? ☐ YES ☐ NO ☐ N/A
If yes, explain: _____

3. **FINAL REPORT ONLY:** (otherwise, skip to #4) I am filing this report because (check one):

- ☐ I am resigning (complete A below) ☐ Ward has turned 18 (attach birth certificate)
☐ Ward is deceased (attached death certificate) ☐ Other (explain below)

A. If for **resignation**, has a successor guardian(s) been appointed? ☐ YES ☐ NO

Successor Guardian(s) information:

Name(s) _____

Address _____

City/State/Zip _____

Phone _____ Alternate Phone _____

Email Address(es) _____

Relationship to Ward _____

4. During the last reporting year, I have visited the Ward, in person, _____ times. Date of last visit was _____. (If Ward lives with you, answer 365 time and today's date as date of last visit, if that is correct.) *If zero visits, explain: _____

5. Ward's residence is (check one only):

- ☐ ward's own home ☐ guardian's home
☐ relative's home (give name & relationship) _____
☐ group home ☐ hospital/medical facility ☐ nursing home
☐ foster home ☐ boarding home ☐ SSLC (state school)
Provide name of facility _____

6. How long has the Ward lived at this address? _____
Any change in residence in the 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 child support is **not**.

A. Source(s) of Ward's income _____

B. **Annual** amount of Ward's income _____ (monthly x12)

8. In addition to the Guardian of the Person, is there a court-appointed Guardian of the Ward's Estate? (Being the representative payee does not necessarily mean there is a Guardianship of the Estate. If you have questions, contact your attorney or email the court coordinator.)

- ☐ YES (if yes, complete A at top of next page) ☐ NO (if no, skip to B on next page)

A. If there **IS** a Guardian of the Estate:

- (1) Are you the guardian of the estate? ☐ YES (if yes, skip to 9) ☐ NO
- (2) Does the Guardian of the Person receive an allowance from the Guardian of the Estate?
☐ YES ☐ NO If yes, annual amount received _____

B. If there is **NO** guardian of the estate, answer the following questions and attached additional information as directed:

- (1) Has a court order directed you to manage any funds of the Ward **other than social security funds**? ☐ YES ☐ NO If yes, an income and expense worksheet must be attached to this annual report.
- (2) Are you the **representative payee** of the Ward's SSI (Social Security Disability or Social Security Retirement Benefits)? ☐ YES ☐ NO If yes, a copy of your most recent payee report OR the court's representative payee report form must be attached to this annual report.
If no, name the representative payee _____

9. During the past reporting year, the Ward's **physical** health has:

- ☐ remained about the same
- ☐ improved, describe _____
- ☐ deteriorated, describe _____

10. During the past reporting year, the Ward's **mental** health has:

- ☐ remained about the same
- ☐ improved, describe _____
- ☐ deteriorated, describe _____

11. During the past reporting year, 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 for mental health or safety reasons.) If you have filed, list the number of times and dates of each detention. _____

12. During the past reporting year, the Ward has participated in the following activities: (What does the Ward do each day/week? Describe each type of activity checked, e.g., movies, bowling, Special Olympics, church, eating out, etc. Do not leave blank or only write the name of the residential facility.)

- ☐ recreational _____
- ☐ educational _____
- ☐ social _____
- ☐ occupational _____
- ☐ refuses or is unable to participate _____

13. During the past reporting year, the Ward has been treated by the following professionals:

- ☐ Physician Name: _____ Number of Visits: _____
General description of treatment(s) _____
Does the Ward see this doctor on a regular basis? ☐ YES ☐ NO
- ☐ Psychiatrist Name: _____ Number of Visits: _____
General description of treatment(s) _____
- ☐ Social/Case Worker Name: _____ Number of Visits: _____
General description of treatment(s) _____
- ☐ Dentist Name: _____ Number of Visits: _____
General description of treatment(s) _____
- ☐ Other Name: _____ Number of Visits: _____
General description of treatment(s) _____
- ☐ Other Name: _____ Number of Visits: _____
General description of treatment(s) _____

14. As Guardian, I believe the Ward's living arrangements are:

- ☐ Excellent
☐ Average
☐ Below average, describe _____

15. As Guardian, I believe that my Ward is:

- ☐ content with current living situation
☐ unhappy with current living situation, describe _____

16. As Guardian, I believe the Ward ☐ **does** ☐ **does not** have unmet needs. (*Unmet needs = problems with food, shelter, medical care, etc.*) If answer does, explain _____

17. The power authorized by this guardianship should be ☐ unchanged ☐ decreased ☐ increased
If answered decreased or increased, explain _____

18. As guardian of the person, I: (*check one*)

- ☐ have a cash bond on deposit with the court
☐ have paid a bond premium for the next reporting period (*attach paid premium receipt*)
☐ have not paid a bond premium for the next reporting period, explain _____

19. State any additional information concerning the Ward that you would like to share with the court: _____

20. Check each box immediately below to affirm that you have already taken care of the specified duty or that you will do so within the time indicated. **These 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.

21. **GUARDIAN'S DECLARATION(S) (notary not required):**

I, _____, Guardian of the Person for _____
(insert name of Guardian) *(insert name of Ward)*

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

Executed on _____, 20_____.

Signature of Guardian

I, _____, Guardian of the Person for _____
(insert name of Co-Guardian) *(insert name of Ward)*

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

Executed on _____, 20_____.

Signature of Co-Guardian

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REPRESENTATIVE PAYEE REPORT

[Do not complete this page unless required to do so by section 8.B.(2) above]

If you are the ward's representative payee, you must do **one** of the following:

1. Complete this form and attached it to your annual account, **OR**
2. Attach a copy of the most recent Representative Payee Report that you received from the Social Security Administration to your annual report.

Did you, as the representative payee, decide how the ward's funds were spent over the past year?

☐ yes ☐ no

If "no", explain: _____

- A. During the last reporting period, what was the total amount of benefits that the Social Security Administration paid you as the representative payee?.....\$ _____
- B. During that reporting period, how much of the money from question A was spent on food and housing for the ward?.....\$ _____
- C. During that reporting period, how much of the money from question A was spent on other items for the ward such as clothing, education, medical/dental expenses, recreation or personal items?.....\$ _____
- D. During that reporting period, how much of the money from question A was saved for the ward's future use?.....\$ _____
- E. Please account for any remaining funds: _____

I declare under penalty of perjury that all the information on this form and any accompanying statements are true and correct to the best of my knowledge.

Guardian

Date

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INCOME AND EXPENSES WORKSHEET

PROBATE COURT'S PAYEE REPORT

[Do not complete this page unless required to do so by section 8.B.(1) above]

Month and Year	Amount of income received (other than SSI)	Expenses for food and housing	Expenses for clothing, medical/dental, personal items, recreation, miscellaneous
January 20____			
February 20____			
March 20 ____			
April 20____			
May 20____			
June 20 ____			
July 20____			
August 20____			
September 20____			
October 20____			
November 20____			
December 20____			
Totals for Report Period	\$ _____	\$ _____	\$ _____
Show the total amount of any benefirst you saved for the Ward, including any interest earned. List sources of income: _____ _____ _____ _____ _____			\$ _____

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☐ MINOR ☐ INCAPACITATED PERSON

ORDER APPROVING ANNUAL REPORT OF THE GUARDIAN OF THE PERSON

On this day, a regular day in the term of this Court, came on to be considered the foregoing Annual Report of the Condition, Welfare and Well-Being of the above named Ward, and the Court having examined said report, it is therefore ORDERED entered of record.

SIGNED this _____ day of _____, 20_____.

JUDGE PRESIDING