

CAUSE NO. _____ -CPR- _____

GUARDIANSHIP OF

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IN THE COUNTY COURT AT LAW

_____,

NO. _____ (_____)

MINOR ADULT

FORT BEND COUNTY, TEXAS

**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 reporting period. Example: If you are reporting from 02/23/2014 to 02/23/2015, the report should be filed on 02/24/2015 or later. 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 call or email the Court Probate Auditor.)

*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.*

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 _____ Phone _____

2. **GUARDIAN(S):** Name(s) _____
Address _____ Apt. _____
City/State/Zip _____
Phone _____ Alternate Phone _____
Email address(es) _____
Relationship to Ward _____

A. During the past reporting year, have you been 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 Not Applicable

If Yes, explain _____

3. **FINAL REPORTS ONLY** (Otherwise, skip to #4)

I am filing a Final Report because (check one):

- I am resigning. (Complete A. below) Ward has turned 18. (Attach Birth Certificate)
 Ward has died. (Attach Death Certificate) Other. (Please explain below)

A. If because of your **resignation**, has a successor guardian(s) been appointed? **YES** **NO**

Successor Guardian(s) information:

Name(s) _____

Address _____ Apt. _____

City/State/Zip _____

Phone _____ Alternate Phone _____

Email address(es) _____

Relationship to Ward _____

4. During the last year, I have visited the Ward in person _____ times. Date of last visit _____
(If Ward lives with you, may answer 365 times and put today's date as date of last visit, if these are correct.)
*If zero visits, explain _____

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

- Ward's own home**
 Guardian's home
 Relative's home (give name & relationship) _____

Or, the type of facility checked below:

- Group home** **Hospital/Medical facility** **Nursing home**
 Foster home **Boarding home**
 State Supported Living Center (State School) **Other (explain below)**
Please provide NAME of facility or "other" _____

6. How long has the Ward lived at this address? _____
Any change in residence in the last year? _____ If yes, explain _____

*****Questions 7 & 8 only need to be completed for guardianships in County Courts at Law 1 & 2*****

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 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?
(Note: Being the Rep Payee does not necessarily mean there is a Guardianship of the Estate. If you have questions, contact your attorney, or call or email the Court Probate Auditor.)

- YES** (If yes, complete A. below.) **NO** (If no, skip to B.)

A. If there ***IS*** a Guardian for the Ward's Estate, please answer the following questions:

(1) Are you the Guardian of the Ward's Estate? Yes (If yes, skip to 9.) No

(2) Does Guardian of the Person receive an allowance from the Guardian of the Estate?

Yes No

→ If YES, annual amount received _____

B. If there is ***NOT*** a Guardian of the Ward's Estate, please answer the following questions and attach 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 Expenses Worksheet*** ***must*** be attached to this Annual Report. The worksheet can be found on the Fort Bend County website.

(2) Are you the **Representative Payee** of the Ward's SSI (Social Security Disability or Social Security Retirement Benefits)? Yes No (Name of Rep Payee: _____)

→ If YES, a copy of your most recent ***Representative Payee Report*** ***OR*** the Court's ***Representative Payee Report Form*** ***must*** be attached to this Annual Report. The Court's Representative Payee Report Form can be found on the Fort Bend County website.

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

Remained about the same.

Improved. Describe _____

Deteriorated. Describe _____

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

Remained about the same.

Improved. Describe _____

Deteriorated. Describe _____

11. 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 health or safety reasons.) If you answered HAVE FILED, please list the number of times and date(s) of each detention. _____

12. Social Conditions: During the past 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 _____

None available

Refuses or is unable to participate _____

13. During the past year, Ward has been treated or evaluated by the following professionals: *(It is the guardian's responsibility to know and provide the information, even if the Ward's residential facility arranges services.)*

- Physician Name: _____ Number of visits this year: _____
General Description of Treatment(s): _____
Does the Ward see this doctor on a regular basis? No Yes
- Psychiatrist Name: _____ Number of visits this year: _____
General Description of Treatment(s): _____
- Social / Case Worker Name: _____ Number of visits this year: _____
General Description of Treatment(s): _____
- Dentist Name: _____ Number of visits this year: _____
General Description of Treatment(s): _____
- Other: Name: _____ Number of visits this year: _____
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 my Ward **DOES** **DOES NOT** have unmet needs.

(Unmet needs = problems with food, shelter, medical care, etc.)

If answered **DOES**, explain reasons. _____

17. The power authorized by this guardianship should be:

- Unchanged Decreased Increased.

If answered **Decreased OR Increased**, explain reasons. _____

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 the paid premium receipt)*; OR
- HAVE NOT PAID a bond premium for the next reporting period.

If answered **HAVE NOT PAID**, please explain. _____

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

20. 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. **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 (notary not required):**

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

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

Executed on _____, 20_____
Signature of Guardian

Co-Guardian's Declaration (notary not required):

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

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

Executed on _____, 20_____
Signature of Co-Guardian

ORDER ACCEPTING ANNUAL REPORT OF THE GUARDIAN OF THE PERSON

On this _____ day of _____, 20_____, came on to be considered the Report of the Condition, Welfare, and Well-Being of _____, Ward, and the Court having examined said report, it is therefore ORDERED entered of record.

Signed this _____ day of _____, 20_____.

JUDGE, FORT BEND COUNTY, TEXAS