

Mandy White-Rogers
Presiding Judge
County Court at Law
Orange County Courthouse
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Annual Report of Guardian of the Person

Pursuant to Texas Probate Code § 1163.101, a person appointed as *Guardian of the Person* of an Incapacitated person is required to file an Annual Report on the wellbeing of that Incapacitated person. The following forms can be used to comply with this requirement. **However, please note that if you use the following forms, you MUST complete every blank, and check all appropriate boxes as instructed, otherwise, the Court will not sign the order. Alternatively, if you choose to use your own form and fail to provide the information required by Texas Probate Code § 1163.101, the Court will not sign the order.**

Instructions:

- Form must be filled out **completely** and to the best of your knowledge.
- If you are unsure of your *Cause Number, Reporting time period, or Bond type*, please call the County Clerk at 409-882-7055 for assistance.
- Reporting time period should always cover the *previous* year. Please make sure your reporting time period is correct. Your reporting time period began the day you were appointed guardian and continues annually for the same period each year thereafter. For example, if you were appointed guardian on February 5, 2006, your first reporting period would be February 5, 2006 through February 4, 2007 and your first report would be due on, or shortly after, February 4, 2007. Your next reporting period would be February 5, 2007 through February 4, 2008, and so on and so on.
- All guardians appointed *Guardian of the Person* need to be included in the report.
- All guardians must sign the report in front of a Notary Public.
- Attach a current picture of the ward.
- Reports may be filed in person or by mail along with any applicable fee.
- Unless there is an *Affidavit of Indigence* or *Affidavit of Inability to Pay* on file, the fee to file the Report is \$12.00 and the fee for renewed Letters of Guardianship is \$2.00.
- Failure to file the required Annual Report in a timely manner could result in the setting of a hearing before the court and/or the abatement of the guardian's authority.

*****NOTE: DO NOT FILE THIS PAGE WITH YOUR ANNUAL REPORT. THIS PAGE CONTAINS INSTRUCTIONS ONLY!*****

CAUSE NO. _____

IN THE GUARDIANSHIP OF _____, (Name of Ward)
AN INCAPACITATED PERSON § IN THE COUNTY COURT AT LAW
§ OF
§ ORANGE COUNTY, TEXAS

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

← Check appropriate box

Check one: Guardian of the Person Only Guardian of the Person and Estate

Please fill out this form completely, answering every question, except when directed otherwise. "Not applicable" is not a proper response and will delay processing and approval. Further, failure to fill out form completely will also delay processing and approval.

On this day, the undersigned, known to me to be the Guardian in this matter, personally appeared before me, and after being duly sworn, stated the following:

1. This report covers the time period of _____ to _____

2. Ward: Name _____
Age _____ Date of Birth: _____ SSN: XXX-XX-_____ (last 4 digits only)
Address (no P.O. Box) _____
City/State/Zip _____
Phone _____
How long at this address? _____

3. Guardian(s): Name(s) _____
Age(s) _____ Date of Birth(s) _____
Address (no P.O. Box) _____
City/State/Zip _____
Phone _____
Cell number _____
Email: _____
Relationship to Ward: _____
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 co-guardians,
Both must be listed

If this is your final report, answer the questions in the box below. **If this is not your final report, skip to #5.**

4. 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: home _____ cell _____

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

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

5. During the last year, I have visited the Ward in person _____ times.

Date of last visit: _____

*If the Ward lives with you, put 365, and put today's date as "Date of last visit"

*If zero visits, please explain: _____

6. Ward's residence is (check one):

- Ward's home
 Guardian's home
 Relative's home

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) _____

7. Length of time the Ward has lived at this address: _____

Any change in Ward's residence within the past year? Yes No If yes, please explain reason for the change: _____

8. All guardians **must** report on the amount and source of the Ward's income, regardless of whether the income comes/goes to someone other than the guardian (such as a facility where the Ward's resides). Note that Social Security benefits **are** considered income, but that child support is **not** considered income. Please state the following:

A. Source of Ward's income: _____

B. **Annual** amount of Ward's income: _____ (monthly x 12)

If zero, explain: _____

- 9. 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 Representative Payee of social security funds for the Ward does not necessarily mean there is a guardianship of the Ward's estate.

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

If you answered "NO" to question 9
→

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 a 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 County Clerk's Office (801 W. Division, Orange, Texas).**

(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 Court Clerk's Office (801 W. Division, Orange, Texas).**

OR

If you answered "YES" to question 9
→

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 estate? Yes No

(2) Do you, as Guardian of the Person, receive an allowance from the Guardian of the Estate?
 Yes No

→ **If YES, what is the annual amount of allowance received?** _____

- 10. During the past year, has the Ward had regular medical care? Yes No

Note: The ward should have, at least, an annual checkup with a doctor. If the ward has not had an annual checkup, please list the reasons why: _____

- 11. During the past year, has the Ward had regular dental care? Yes No

Note: The ward should have, at least, an annual checkup with a dentist. If the ward has not had an annual dental checkup, please list the reasons why: _____

12. During the past year, the Ward has 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.

A. The Ward's present physician/doctor is:

Name: _____

Address: _____

Phone Number: _____

Treatment Involved: _____

B. The Ward's present dentist is:

Name: _____

Address: _____

Phone Number: _____

Date of the Ward's last annual checkup: _____

If the Ward has seen this dentist for something other than an annual checkup, please detail

Treatment Involved: _____

C. Has the Ward received treatment or evaluation by a psychiatrist, psychologist, or other mental health provider? **Yes** **No**

If yes, please provide the following:

Name: _____

Address: _____

Phone Number: _____

Treatment Involved: _____

D. Has the Ward seen another individual who provided treatment? **Yes** **No**

If yes, please provide the following:

Name: _____

Address: _____

Phone Number: _____

Treatment Involved: _____

Name: _____

Address: _____

Phone Number: _____

Treatment Involved: _____

Name: _____

Address: _____

Phone Number: _____

Treatment Involved: _____

E. Has the Ward seen a Social Worker or other case worker? **Yes** **No**

If yes, please provide the following:

Name: _____

Address: _____

Phone Number: _____

Describe: _____

13. Social Conditions: During the past year, the Ward has participated in the following activities (check all that apply):

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.

14. During the past year, the Ward's **physical** health has (check one box):

Improved Deteriorated Remained Unchanged

If the ward's physical condition has changed, please describe all changes.

15. During the past year, the Ward's **mental** health has (check one box)):

Improved Deteriorated Remained Unchanged

If the ward's mental condition has changed, please describe all changes.

16. 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 HAVE FILED, please list the number of times and the dates: _____

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

- Excellent Average Below Average

If below average, please explain: _____

18. As Guardian, I believe the Ward is:

- Happy/Content with the living situation
 Unhappy with the living arrangements

19. Are there any unmet needs of the ward? Yes No

If yes, please explain: _____

Unmet needs = problems with food, shelter, medical care

20. The power authorized by this guardianship should be:

- Unchanged
 Decreased (explain: _____)
 Increased (explain: _____)

21. **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 **PERSONAL SURETY BOND** on file with the Court in the amount of _____

- I have a **CASH BOND** on file with the Court in the amount of _____
- I am **not required to pay** a bond premium (explain): _____

22. If the Bond in this guardianship is a personal surety bond, has there been a change in the status of the sureties on the bond? (ex: address, death, financial)
 Yes ___ No ___ N/A ___ If so, please explain. _____

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

23. If there is any additional information you wish to share with the Court please state or attach to this report. _____

OATH OF GUARDIAN

STATE OF TEXAS §
COUNTY OF _____ §

Before me, the undersigned authority, on this date personally appeared _____, Guardian(s), who being first duly sworn, states on oath that the foregoing report is a true, correct, and complete statement of the present condition, welfare, and well-being of _____, an Incapacitated Person, as of the date stated herein.

 Guardian's Signature

Sworn to and subscribed before me on this ____ day of _____, 20_____.

 Notary Public in and for the State of Texas

CAUSE NO. P _____

IN THE ESTATE OF

AN INCAPACITATED PERSON

§ IN THE COUNTY COURT AT LAW

§

§ OF

§

§ ORANGE COUNTY, TEXAS

ORDER APPROVING GUARDIAN'S ANNUAL REPORT
ON THE CONDITION AND WELL-BEING OF A WARD

On this day, came on to be considered the Guardian's Annual Report on the Condition and Well-Being of the Ward, and the Court, having examined said Report, finds that said Report is hereby APPROVED and, IT IS ORDERED, ADJUDGED and DECREED that said Report shall be entered of record and Letters of Guardianship shall be reissued.

The Court further finds that Annual Accounts were/were not waived, pursuant to §1163.006 of the Texas Estates Code on (date) _____.

SIGNED this the _____ day of _____, 20_____.

JUDGE PRESIDING