



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

4. INTITAL REPORTS ONLY:

Have you provided a copy of the "Ward's Bill of Rights" to the Ward and explained the rights in the Ward's native language or preferred method of communication?

Yes  No, if not why: \_\_\_\_\_

If this is your final report, answer the questions in box below. **If this is not your final report, skip to #6.**

5. 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:

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

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

6. During the last year, I have visited the Ward in person \_\_\_\_\_ times. Date of last visit: \_\_\_\_\_

\* If ward lives with you, put 365.

\* If zero visits, please explain:

YOU MUST IMMEDIATELY INFORM THE COURT OF ANY CHANGE IN YOUR ADDRESS OR THE WARD'S.

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

Ward's home

Guardian's home

Relative's home (give relative's name):

*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:* \_\_\_\_\_

8. Length of time the Ward has resided in present home:

Any change in residence in last year?  Yes  No. If YES, explain: \_\_\_\_\_

9. **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 that child support is not.

A. Source of Ward's income: \_\_\_\_\_

B. Annual amount of Ward's income: \$ \_\_\_\_\_

If zero, explain: \_\_\_\_\_

10. Has the Court appointed a Guardian for the Ward's estate? (Financial Affairs)  Yes  No

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

**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.**

(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 a copy of your most recent Representative Payee Report provided by Social Security.**

**OR**

**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'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 of allowance received: \$\_\_\_\_\_

11. Has the Court approved a formal "Case Management Agreement" for case management services to the Ward? A Case Management Agreement is a signed contract with a professional case manager *that has been formally approved by the Court.* (This is not the same as a "Care Plan" from a medical provider.)

Yes  No

**If YES, you MUST attach an updated copy of the case manager's care plan for the Ward for the Court's approval.**

12. Ward  IS  IS NOT under regular physician's care.

13. During the past year 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.*

Physician.

Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Psychiatrist.

Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Social Worker or other case worker.

Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Dentist.

Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Other.

Name: \_\_\_\_\_

Describe: \_\_\_\_\_

14. Social Conditions: During the past year the ward has participated in the following activities.

*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.

15. During the past year the ward's mental health has:

Remained about the same

Improved. Describe: \_\_\_\_\_

Deteriorated. Describe: \_\_\_\_\_

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 answered HAVE FILED, please list the number of times and the dates: \_\_\_\_\_

17. During the past year the ward's physical health has:

Remained about the same

Improved. Describe: \_\_\_\_\_

Deteriorated. Describe: \_\_\_\_\_

18. As guardian, I believe the Ward's living arrangements are  Excellent  Average  Below average  
If below average, explain: \_\_\_\_\_

19. As guardian, I believe that my ward is

Happy/Content with living situation

Unhappy with living situation

20. As guardian I believe my ward  DOES  DOES NOT have unmet needs. (Needs = food, shelter, medical) If answered DOES, please explain: \_\_\_\_\_

21. The power authorized by this guardianship should be:

- Unaltered
- Decreased (explain: \_\_\_\_\_ )
- Increased (explain: \_\_\_\_\_ )

22. **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 **CASH BOND** on file with the Court.
- I am **not required to pay** a bond premium because \_\_\_\_\_

23. If possible, **please** attach a current photograph of the ward.

24. Please state any additional information concerning the ward that you would like to share with the Court:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(Print this page to be filled out by hand.)*

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, known to me to be the Guardian of the Person described in the foregoing Annual Report, and whose name is subscribed in the foregoing Annual Report who, being by me 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 accurate to the best of my knowledge."

SIGNED on \_\_\_\_\_ 20\_\_\_\_ Guardian \_\_\_\_\_

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

\_\_\_\_\_

Notary Public, State of \_\_\_\_\_

Printed Name \_\_\_\_\_

Commission Expires \_\_\_\_\_

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

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, known to me to be the Co-Guardian of the Person described in the foregoing Annual Report, and whose name is subscribed in the foregoing Annual Report who, being by me 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 accurate to the best of my knowledge."

SIGNED on \_\_\_\_\_ 20\_\_\_\_  
\_\_\_\_\_ Co-Guardian

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

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Commission Expires \_\_\_\_\_

**Mail to:**  
Hill County Clerk's Office, Probate  
P.O. Box 398  
Hillsboro, TX 76645

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**ORDER APPROVING INITIAL REPORT OF GUARDIAN OF THE PERSON**

On this day, came on to be considered the Initial Report of the Guardian of the Person, and the Court, having considered the same, finds the Report complies with the requisites and policies of the Court and should be approved; It is therefore **ORDERED, ADJUDGED AND DECREED** that the Initial Report of the Guardian of the Person be and it is hereby **APPROVED**;

SIGNED \_\_\_\_\_

\_\_\_\_\_  
Judge Presiding