

No. \_\_\_\_\_ - CPR- \_\_\_\_\_

IN THE GUARDIANSHIP OF \_\_\_\_\_ § IN COUNTY COURT AT LAW  
§ NO. \_\_\_\_\_ OF  
AN INCAPACITATED PERSON § FORT BEND COUNTY, TEXAS

**REPRESENTATIVE PAYEE REPORT**

**FOR THE PERIOD OF \_\_\_\_\_ THROUGH \_\_\_\_\_**

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

- (1) Complete this form and attach it to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate), **OR**
- (2) Attach a copy of the most recent Representative Payee Report that you received from the Social Security Administration to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate).

Did you, as the representative payee, decide how the ward’s funds were spent over the past year?  
D Yes                      D 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 / Representative Payee Signature

\_\_\_\_\_  
Date

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