

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

In the Guardianship of

§ In County Court No. \_\_\_\_  
§  
§ Fort Bend County, Texas

\_\_\_\_\_, an Incapacitated Person

**GUARDIAN'S REPORT ON THE CONDITION AND WELL-BEING OF A WARD**

Check One -  INITIAL     ANNUAL     FINAL

Check one:  Guardianship of Person Only     Guardianship of Person and Estate

REPORTING PERIOD \_\_\_\_/\_\_\_\_/\_\_\_\_ 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 end 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 end date can NOT be approved until corrections are made. If you are unsure of the dates, please call or email the Court Probate Auditor.)*

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

1. WARD: Name \_\_\_\_\_ Age \_\_\_\_ / DOB \_\_\_\_\_  
Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ New Address?  YES  NO

2. GUARDIAN(s): Name(s) \_\_\_\_\_  
Age(s) \_\_\_\_\_ / DOB(s) \_\_\_\_\_  
Email \_\_\_\_\_

If co-guardians,  
both must be listed.

Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ New Address?  YES  NO  
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 you are a private professional guardian, a guardianship program, or Texas Health and Human Services Commission (HHSC), have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past reporting year?  YES  NO

3. If this is your final report, answer the questions in box below. **If this is not your final report, skip to #4.**

FINAL REPORTS ONLY

I am filing a Final Report because (check one)

- I am resigning                       the Ward has turned 18 (attach copy of birth certificate)
- the Ward has died (attach copy of death certificate)
- other; if "other," please explain: \_\_\_\_\_

If you are **resigning**, has a successor guardian been identified?  YES  NO

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

4. Do you reside with the Ward?  YES  NO

If NO, please state how many times during the last year that you visited the Ward in person: \_\_\_\_\_ times.

Date of last visit: \_\_\_\_\_

\*If zero, please explain: \_\_\_\_\_

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

Ward's home  Foster home

Guardian's home  Boarding home

Relative's home (give relative's name and relationship) \_\_\_\_\_

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: \_\_\_\_\_

6. How long has the Ward lived at this address? \_\_\_\_\_

Any change in residence in 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 that child support is not.

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

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

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

8. 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 Rep Payee does not necessarily mean there is a guardianship of the estate.

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

If you answered "NO" to question 8  
➔

**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 funds up to \$20,000 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 on the Court's website or at the Court (1422 Eugene Heimann Circle, First Floor).

(2) Are you the **representative payee** of the Ward's Social Security Disability (SSI) or Social Security Retirement Benefits?  Yes  No

**OR**

If you answered "YES" to question 8  
➔

**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 \_\_\_\_\_

9. 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.*

Physician. Name: \_\_\_\_\_

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

**Does the Ward see this doctor on a regular basis?**  Yes  NO

Psychiatrist. Name: \_\_\_\_\_

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

Social Worker or other case worker. Name: \_\_\_\_\_

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

Dentist. Name: \_\_\_\_\_

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

Other. Name: \_\_\_\_\_

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

10. Social Conditions: During the past year the Ward has participated in the following activities.

*What does your Ward do all day? 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.

11. Supports and Services : During the past year the Ward received the following supports and services:

Representative Payee for Social Security benefits

Services from a local mental health/intellectual and developmental disability authority (include name of provider and location where services are provided): \_\_\_\_\_

Services from a Medicaid program, including a Medicaid waiver program (include name of provider and location where services are provided): \_\_\_\_\_

Informal supports and services (include name of provider and location where services are provided): \_\_\_\_\_

Other (include name of provider and location where services are provided): \_\_\_\_\_

12. During the past year the Ward stopped receiving or attempted to receive the following supports and services  
(provide reason the support or service listed was not received or was discontinued): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

330 During the past year the Ward's mental health has:  
 Remained about the same  
 Improved. Describe: \_\_\_\_\_  
 Deteriorated. Describe: \_\_\_\_\_

340 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: \_\_\_\_\_

350 During the past year the Ward's physical health has:  
 Remained about the same  
 Improved. Describe: \_\_\_\_\_  
 Deteriorated. Describe: \_\_\_\_\_

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

370 As guardian, I believe that my Ward is:  
 Happy/Content with living situation  Unhappy with living situation

380 As guardian I believe my Ward  DOES  DOES NOT have unmet needs.  
(Unmet needs = problems with food, shelter, medical care)  
If you answered DOES, please explain: \_\_\_\_\_  
\_\_\_\_\_

190 The power authorized by this guardianship should be:  
 Unchanged  
 Decreased (explain: \_\_\_\_\_)  
 Increased (explain: \_\_\_\_\_)

400 As guardian, it is my opinion that the Ward **DOES HAVE** capacity or sufficient capacity with supports and  
services for (check one):  
1. complete restoration of the Ward's capacity  Yes  NO  
or  
2. modification of the guardianship  Yes  NO

If no, state the reason(s) why the Ward does not have capacity or sufficient capacity with supports and services for  
a complete restoration of their capacity or modification of the guardianship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. As guardian, I am taking the following actions to encourage the development of the ward's maximum self-reliance and independence: \_\_\_\_\_

22. 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.**

23. **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 a **CASH BOND** on file with the Court.

I have a corporate surety bond with a yearly premium and **HAVE PAID** the bond premium for the next reporting period.

I have a corporate surety bond with a yearly premium and **HAVE NOT PAID** the bond premium for the next reporting period (explain: \_\_\_\_\_)

I have a corporate surety "forever" bond and I have paid the one-time bond premium.

**HHSC** guardianship.

24. Please state any additional information concerning the Ward that you would like to share with the Court. (You may continue on another page.)

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25. Remember to order current "Letters of Guardianship."

- A. **Fill out the request form on the next page.** Letters are **not** sent automatically; you must complete and submit the following form for the clerk's office to issue Letters.
- B. **Please note two additional things:**
  - (1) There may be fees required by the clerk. You can call the clerk's call center to verify: (281) 341-8665.
  - (2) If there is also a guardianship of the estate, new Letters cannot be issued until the annual account is approved. (Note that an annual account cannot be approved until your attorney has submitted *everything* necessary to the Court, including required back-up.)

**Complete the following. The signature below does not require a notary.**

I, \_\_\_\_\_, the guardian of the person for \_\_\_\_\_,  
(insert name of guardian of the person) (insert name of Ward),

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

Executed on \_\_\_\_\_ 20\_\_\_\_\_  
Guardian's signature

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

I, \_\_\_\_\_, the guardian of the person for \_\_\_\_\_,  
(insert name of co-guardian of the person) (insert name of Ward),

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

Executed on \_\_\_\_\_ 20\_\_\_\_\_  
Co-Guardian's signature (if any)

<p><b>Mail to:</b> Fort Bend County Clerk's Office ATTN: Probate Department 301 Jackson St Richmond, TX 77469-3108</p> <p><b>Or deliver to:</b> Fort Bend County Clerk's Office 1422 Eugene Heimann Circle, First Floor Richmond, TX 77469</p> <p><b>Or electronically file</b> with <a href="http://www.efiletexas.gov/">http://www.efiletexas.gov/</a></p>
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# FORT BEND COUNTY CLERK'S OFFICE PROBATE COPY REQUEST

Complete the Copy Request form. Complete the payment for copy request. Instructions for processing credit card payments, please review **Credit Card Payment** page. Send the completed copy request form along with payment information to *cclerk@fortbendcountytexas.gov* for processing.

DATE: \_\_\_\_\_ CAUSE NO. \_\_\_\_\_

ESTATE/GUARDIANSHIP OF \_\_\_\_\_

NAME OF PERSON/COMPANY REQUESTING: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ EMAIL: \_\_\_\_\_

\_\_\_\_\_ CALL FOR PICKUP                      CALLED CUSTOMER FOR PICKUP ON \_\_\_\_\_

\_\_\_\_\_ HOLD FOR PICKUP

\_\_\_\_\_ MAIL WHEN READY

\_\_\_\_\_ EMAIL WHEN READY

PLEASE CHECK ONE:

\_\_\_\_\_ NON-CERTIFIED COPY (Plain) \$1.00 per page

\_\_\_\_\_ CERTIFIED COPY – PAPER (Seal) \$1.00 per page PLUS \$5.00 per certification

\_\_\_\_\_ E-CERTIFIED COPY (Seal) \$1.00 per page PLUS \$5.00 per certification

LIST OF COPIES NEEDED:

NO. OF PAGES COPY OF:

\_\_\_\_\_ APPLICATION

\_\_\_\_\_ WILL

\_\_\_\_\_ ORDER

\_\_\_\_\_ INVENTORY

\_\_\_\_\_ LETTER/S \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ESCROW USERS, PLEASE CHECK ONE: \_\_\_\_\_ CHARGE ESCROW ACCOUNT # \_\_\_\_\_

\_\_\_\_\_ DO NOT CHARGE MY ACCOUNT

**\*\*\*If you pay by check the following is required: Printed name, address and phone number on the check  
Date of birth and driver's license number of signer.**

**ALL REQUESTS MUST BE SIGNED.**

Confidential information may be redacted from the documents requested.

\_\_\_\_\_  
**Signature of Person Requesting**

Amount Due: \$ \_\_\_\_\_ Date: \_\_\_\_\_ Payment Taken By: \_\_\_\_\_

CASH \_\_\_\_\_ CHECK # \_\_\_\_\_ RECEIPT # \_\_\_\_\_

Date Copies Mailed: \_\_\_\_\_ Or Emailed: \_\_\_\_\_ Copies Made By: \_\_\_\_\_