Cause No. ___ - CPR - _____

In the Guardianship of § **In County Court No. __**

§

_____, an Incapacitated Person § **Fort Bend County, Texas**

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 lat 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)*:_____

_____

_____

13. During the past year the Ward's mental health has:
    Remained about the same
    Improved. Describe: _____
    Deteriorated. Describe: _____

14. 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: _____

15. During the past year the Ward's physical health has:
    Remained about the same
    Improved. Describe: _____
    Deteriorated. Describe: _____

16. As guardian, I believe the Ward's living arrangements are ❒ Excellent ❒ Average ❒ Below average
    If below average, explain: _____

    _____

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

18. 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: _____

    _____

19. The power authorized by this guardianship should be:
    Unchanged
    Decreased (explain: _____)
    Increased (explain: _____)

20. 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.)

_____

_____

_____

_____

_____

_____

_____

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 <u>not</u> 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

<u>If this report is for Co-Guardians</u>, 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)

Mail to:

Fort Bend County Clerk's Office
ATTN: Probate Department
301 Jackson St
Richmond, TX 77469-3108

Or deliver to:

Fort Bend County Clerk's Office
1422 Eugene Heimann Circle, First Floor Richmond, TX 77469

Or electronically file with http://www.efiletexas.gov/