

No. _____

In the Guardianship of _____

§ ELLIS COUNTY
§ COURT AT LAW NO. 1
§ ELLIS COUNTY, TEXAS

_____, An Incapacitated Person

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

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

*Please fill out this form completely, answering every question, except when directed otherwise.
"Not applicable" is not a proper response.*

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. WARD: Name _____ Age ____ /DOB _____
Address (no P.O. Box) _____ City/State/Zip _____
Phone _____

2. GUARDIAN: Name _____ Age ____ /DOB _____
Address (no P.O. Box) _____ City/State/Zip _____
Phone _____
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 this is your final report, answer the questions in box below. **If this is not your final report, skip to #4.**

<p>3. FINAL REPORTS ONLY</p> <p>I am filing a Final Report because (check one)</p> <p><input type="checkbox"/> I am resigning <input type="checkbox"/> the Ward has turned 18</p> <p><input type="checkbox"/> the Ward has died <input type="checkbox"/> other; if "other," please explain:</p> <p>A. If you are resigning, has a successor guardian been identified?</p> <p>YES NO</p> <p>Name _____ Age ____ DOB _____</p> <p>Address _____</p> <p>City/State/Zip _____</p> <p>Phone _____</p> <p>B. If because Ward has turned eighteen, attach birth certificate.</p> <p>C. If because the Ward has died, attach death certificate.</p>

4. 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:

5. 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: _____

6. Length of time the Ward has resided in present home: _____
 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. Annual amount of Ward's income: _____
 If zero, explain: _____

8. Has the Court appointed a Guardian for the Ward's estate? 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 _____

9. **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.**

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

11. 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: _____

12. 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.

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. (Needs = food, shelter, medical)

If answered DOES, please explain:

19. The power authorized by this guardianship should be:

Unaltered

Decreased (explain: _____)

Increased (explain: _____)

20. Check each box immediately below to affirm that you have already 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 have already 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.

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

I am **not required to pay** a bond premium because _____

22. **Please** attach a current photograph of the Ward.

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

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

I, _____, the guardian of the person for _____,

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

Signed on _____, 20_____

Guardian's signature

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

I, _____ the co-guardian of the person for _____, in Ellis County Texas, declare under penalty of perjury that the foregoing is true and correct.

Signed on _____, 20_____

Co-Guardian's signature

Mail to:

Ellis County Clerk's Office, Probate Division
P.O. Box 250
Waxahachie, TX 75168