

Cause No. _____

In the Guardianship of _____ § In the County Court at Law _____ of _____ §
 An Incapacitated Person A Minor § Guadalupe County, Texas

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

Please fill out this form completely, answering every question, except when directed otherwise. "Not applicable" is not a proper response and can delay the processing and approval.

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

The period covered by this Report is from _____ to _____.
(The one-year period from your qualification date or the anniversary of your qualification date)

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: _____
Date of Birth: _____ Phone: _____
Address (no P.O. Box) _____
City/State/Zip: _____
Is this a new address? Yes No

2. GUARDIAN(S): (If co-guardians, list one in each column. If there is only one guardian, leave the second column blank.)

Name: _____ Age: _____ Date of Birth: _____ Phone: _____ Email: _____ Address (no P.O. Box): _____ City/State/Zip: _____ Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain: _____ If you are a private professional guardian, a guardianship program, or the Health and Human Services Commission , have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name: _____ Age: _____ Date of Birth: _____ Phone: _____ Email: _____ Address (no P.O. Box): _____ City/State/Zip: _____ Is this a new address? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain: _____ If you are a private professional guardian, a guardianship program, or the Health and Human Services Commission , have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No
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3. If this is your **FINAL REPORT**, answer the questions in the box below. **If this is not your final report, skip to #4.**

FINAL REPORTS ONLY
I am filing a Final Report because (check one):
<input type="checkbox"/> I am resigning
<input type="checkbox"/> the ward has turned 18. Birth certificate has been submitted to Court for in-camera inspection on: _____
<input type="checkbox"/> the ward has died. Death certificate has been submitted to Court for in-camera inspection on: _____
<input type="checkbox"/> other. If "other," please explain: _____
If you are resigning, has a successor guardian been identified? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name: _____ Age _____ DOB _____
Address: _____
City/State/Zip: _____
Phone: (_____) _____ Email: _____

4. Do you reside with the Ward? YES NO
If NO, please state how many times during the last year that you visited the person the Ward in person:
_____ times. Date of last visit: _____
If zero visits, please explain:

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

Ward's own home Foster home
 Guardian's home Boarding home
 Relative's home (Name & relation to ward: _____)

or in the type of facility below (check one):

Nursing home Group home Hospital/Medical Facility
 State Supported Living Center (State School) Other

Name of the facility: _____


6. How long has the Ward lived at this address: _____
Any change in residence in the past 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 Wards income: _____
- b. Annual amount of Ward’s income: _____ (monthly x 12)
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: A representative payee does not mean that there is a guardianship of the estate.*

Depending on your answer to #7, please answer the questions in only one of the boxes below:


If you answered “NO” to question 7


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 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 expense worksheet to your 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, attach a copy of the **Representative Payee Report** or the **Court’s Representative Payee Report** form to this report.
If NO, provide the name of the representative payee: _____

OR

If you answered “YES” to question 7


B. If there IS a Guardian for the Ward’s estate, please answer the following two questions:

- (1) Are you the Guardian of the Ward’s estate? YES NO
- (2) Do you as the 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. During the past year, the Ward has been treated or evaluated by the following professionals:

As a Guardian, it is your duty to know this information and to provide the information to the Court even if the Ward's residential facility arranges these services:

Physician. Name: _____

Describe treatment: _____

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

Psychiatrist/Psychologist. Name: _____

Describe treatment: _____

Social worker or other case worker. Name: _____

Describe services: _____

Dentist. Name: _____

Describe treatment: _____

Other. Name: _____

Describe treatment/services: _____

11. The Ward has received or is receiving the following supports and services (check and complete each that apply):

Actions you as the Guardian have taken or are taking to encourage the development of the Ward's maximum self-reliance and independence. Describe (*include name of provider and location where services are provided*):

Local mental health authority or local intellectual and development disability authority. (*include name of provider and location where services are provided*):

Supports and services received under Federal and/or State agencies, including under a Medicaid home and community-based services waiver program authorized under Section 1915(c) of the federal Social Security Act (42 U.S.C. Section 1396n) (*include name of provider and location where services are provided*):

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

12. The following supports and services were previously offered or provided to the Ward but were not received or have been discontinued (provide reason the support or service listed was not received or was discontinued):

13. Check the one that applies:

- As Guardian, it is in my opinion that the ward **DOES HAVE** capacity or sufficient capacity with supports and services for complete restoration of the Ward's capacity
- As Guardian, it is in my opinion that the ward **DOES NOT HAVE** capacity or sufficient capacity with supports and services for complete restoration of the Ward's capacity.

Explain the reasons why the Ward **DOES** or **DOES NOT** have the capacity or sufficient capacity with supports and services for complete restoration of the Ward's capacity under Chapter 1202:

14. Check the one that applies:

- As Guardian, it is in my opinion that the ward **DOES HAVE** capacity or sufficient capacity with supports and services for modification of the guardianship.
- As Guardian, it is in my opinion that the ward **DOES NOT HAVE** capacity or sufficient capacity with supports and services for modification of the guardianship.

Explain the reasons why the Ward **DOES** or **DOES NOT** have the capacity or sufficient capacity with supports and services for modification of the guardianship under Chapter 1202:

15. Social conditions: During the past year the Ward has participated in the following activities:

*What does the 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.). Do not leave blank or simply write the name of the residential facility.*

- Recreational (describe): _____
- Educational (describe): _____
- Social (describe): _____
- Occupational (describe): _____
- None available.
- Refuses or is unable to participate.

16. During the past year, the Ward's mental health has:

- Remained about the same
- Improved (describe): _____
- Deteriorated (describe): _____

17. As Guardian of the person, I HAVE FILED HAVE NOT FILED for **Emergency Detention of the Ward** pursuant to Texas Health & Safety Code. (*Example: A request for emergency hospitalization of the Ward for mental health or safety reasons.*) If you HAVE FILED for Emergency Detention, please list the number of times and dates:

18. During the past year, the Ward's physical health has:

Remained about the same

Improved (describe): _____

Deteriorated (describe): _____

19. As Guardian, I believe the Ward's living arrangements are:

Excellent

Average

Below Average

If below average, explain:

20. As Guardian, I believe the Ward is:

Happy/Content with living situation

Unhappy with living situation

21. As Guardian, I believe the Ward DOES DOES NOT have unmet needs. (*Note: Unmet needs are problems with food, shelter, medical care.*)

If you have indicated that the Ward **DOES** have unmet needs, please explain:

22. The power authorized by this guardianship should be:

Unchanged

Decreased (*explain*):

Increased (*explain*):

23. Check each box 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 the Annual Report within 30 days of the date I sign this report.

24. **Guardian's Bond:** Check the appropriate box below, adding an explanation if required.

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 send you, or you can call the facility and ask.

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.

I have a **PERSONAL SURETY BOND** on file with the Court.

I have a **CASH BOND** on file with the Court.

HHSC guardianship.

25. Please provide any additional information concerning the Ward that you would like to share with the Court (*you may attach additional pages as needed*):

Remember to order new "Letters of Guardianship."

A. There may be fees required by the clerk. You can call or email the Clerk's office to verify: 830-303-8861 or cccourts@guadalupetx.gov.

B. If there is a guardianship of the estate, new Letters cannot be issued until the annual account is approved.

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

Executed on _____ 20 _____
Guardian's signature

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

I, _____, the guardian of the person for _____,
(insert name of guardian of the person) (insert name of ward),

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

Executed on _____ 20 _____
Guardian's signature

Mail or hand deliver to:

Guadalupe County Clerk's Office
211 W. Court St., 3rd Floor
Seguin, Texas 78155

Or electronically file with the Clerk's office.