

☐ Estate ☐ No Estate

AN INCAPACITATED PERSON

IN COUNTY COURT AT LAW

NO. 4 OF

WILLIAMSON COUNTY, TEXAS

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

FOR THE PERIOD OF _____ THROUGH _____

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 _____ (include zip code)
Phone _____

2. GUARDIAN(S): Name(s) _____
 Age(s) /DOB (s) ____/____ ____/____
 Address _____ Apt. _____
 City/State/Zip _____
 Email address _____
 Phone _____ New Address? ☐ YES ☐ NO
 Relationship to Ward: _____

During the past reporting year, have you been convicted of a felony or misdemeanor other than a minor traffic offense? ☐ YES ☐ NO *If YES, please explain:* _____

If you are a private professional guardian, a guardianship program, or the Department of Aging and Disability Services, have you been the subject of an investigation conducted by the Guardianship Certification Board during the past reporting year? ☐ YES ☐ NO

3. FINAL REPORTS ONLY (Otherwise, skip to #4)

I am filing a Final Report because (check one):

- ☐ **I am resigning** (complete A. below)
- ☐ **Ward has turned 18** (complete B. below)
- ☐ **Ward has died** (complete C. below)
- ☐ **Other** (if “other,” please explain):

A. If because of your **resignation**, has a successor guardian been appointed? ☐ YES ☐ NO

Successor Name(s) _____
 Date of Appointment ____/____/____ Age(s) _____ DOB ____/____/____
 Address _____ (include zip code)
 Phone _____

B. If because **Ward has turned eighteen**, you **MUST** attach a copy of the ward's birth certificate.

C. If because of **Ward's death**: (1) attach a death certificate and (2) answer the following questions:

- a. Date and place of death: _____
- b. Has a personal representative been appointed for the estate? If "yes", complete the following:
Name _____ Age _____
Address _____ (include zip code)
Phone _____ Court _____

4. During the last year, I have visited the Ward in person _____ times.

The date of my last personal visit with the Ward was _____.

5. Ward's residence is: ☐ Ward's home ☐ Guardian's home ☐ Relative's home (*name of relative below*):

OR in this type of facility ☐ Nursing home ☐ Group home ☐ Hospital/Medical facility

☐ State Supported Living Center ☐ 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. Annual Income of Ward (*please include SSI*): _____

8. In addition to the Guardian of the Person, is there a court-appointed Guardian for the Ward's estate?

☐ YES (*if yes, complete A. below*) ☐ NO (*if no, skip to B*)

A. If there IS a Guardian for the Ward's estate, please answer the following additional questions:

(1) Are you the Guardian of the Ward's Estate? ☐ Yes ☐ No

(2) Does Guardian of the Person receive an allowance from the Guardian of the Estate? ☐ Yes ☐ No

→ *If YES, annual amount received* _____

B. If there is NOT a Guardian of the Ward's estate, please answer the following additional questions:

(1) Are you managing any funds of the Ward pursuant to Court order *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 a copy of your most recent Representative Payee Report to this Annual Report. (Guardians of the estate will attach this report to the Annual Account).*

9. Has the Court approved a Case Management Agreement for case management services to the Ward?

☐ YES ☐ NO

→ *If YES, you MUST attach an updated copy of the ward's care plan for the Court's approval.*

10. Ward ☐ **IS** ☐ **IS NOT** under regular physician's care. Doctor name: _____

11. During the past year ward has been treated or evaluated by the following:

☐ Physician. Name: _____

Describe: _____

☐ Psychiatrist. Name: _____

Describe: _____

☐ Social 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: (describe)

☐ 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.

If answered **HAVE FILED**, please list the number of times and date(s) of each detention: _____

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 reasons: _____

17. As guardian, I believe that my ward is ☐ **Content** with current living situation
☐ **Unhappy** with current living situation

If answered **unhappy**, explain reasons: _____

18. As Guardian, I believe my ward ☐ **DOES** ☐ **DOES NOT** have unmet needs.

If answered **DOES**, explain reasons: _____

19. The power authorized by this guardianship should be: ☐ Decreased
☐ Unaltered
☐ Increased (*explain reasons below*):

20. 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 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 his/her 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. As Guardian of the Person, I ☐ HAVE PAID a bond premium for the next reporting period;
☐ HAVE NOT PAID a bond premium for the next reporting period;
☐ AM NOT REQUIRED TO PAY as the bond was waived; **OR**
☐ I HAVE A CASH BOND ON DEPOSIT WITH THE COURT.

If answered **HAVE NOT PAID**, please explain: _____

22. Please state any additional information concerning the ward which you would like to share with the Court:

23. If possible, please attach a current photograph of the ward.

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

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

in Williamson 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 Co-Guardian) (insert name of Ward)

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

Executed on _____, 20____
Co-Guardian's signature

<p>Mail to: Williamson County Clerk Civil/Probate Division 405 M.L.K. Street, Box 14 Georgetown, TX 78626</p>
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No. _____

☐ Estate ☐ No Estate

IN THE MATTER OF
THE GUARDIANSHIP OF

_____,
AN INCAPACITATED PERSON

IN COUNTY COURT AT LAW

NO. 4 OF

WILLIAMSON COUNTY, TEXAS

ORDER APPROVING ANNUAL REPORT OF THE GUARDIAN OF THE PERSON

FOR THE PERIOD OF _____ THROUGH _____

On this day, came to be considered the Annual Report of the Guardian of the Person of _____, Ward, and the Court having examined said Report, THEREFORE ORDERS it entered of record. The Court finds that the guardianship should be (continued) (terminated) (modified as follows) _____.

Signed this the _____ day of _____, 20____.

John B. McMaster, Judge Presiding
County Court at Law No. 4
Williamson County, Texas