



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

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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)* *(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

**Mail to: Williamson County Clerk  
Civil/Probate Division  
405 M.L.K. Street, Box 14  
Georgetown, TX 78626**

No. \_\_\_\_\_

Estate     No Estate

IN THE MATTER OF  
THE GUARDIANSHIP OF

IN COUNTY COURT AT LAW

NO. 4 OF

\_\_\_\_\_,  
AN INCAPACITATED PERSON

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