

☐ Estate      ☐ No Estate

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

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