

CAUSE NO. \_\_\_\_\_

IN THE GUARDIANSHIP OF

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§

IN THE COUNTY COURT

\_\_\_\_\_,

AT LAW \_\_\_\_\_

AN INCAPACITATED PERSON / A MINOR

OF TAYLOR COUNTY, TEXAS

DATE GUARDIANSHIP WAS GRANTED: \_\_\_\_\_ (REQUIRED)  
(REVISED 9/1/23)

**ANNUAL REPORT OF THE GUARDIAN(S) OF THE PERSON**

*(All information in this report is REQUIRED. Please answer completely, except when directed otherwise.)*

I, the undersigned, represent that I am the Guardian of the above-named Ward, and that my Annual Report presented to this Court as of \_\_\_\_\_, 20\_\_\_\_, is as follows:

I. Present condition of the Ward:  living, or  deceased.

*If Ward is deceased, you will need to close the guardianship as follows: Give date of death: \_\_\_\_\_; place of death: \_\_\_\_\_. (If you are Guardian of the Person only, sign and send this form to the County Clerk's Office. If you are Guardian of both the Person and Estate, sign this form, and file it with the County Clerk along with the Final Account and Order to Close Guardianship. Your attorney can assist you in filing a Final Accounting.)*

2. Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
Co-Guardian's Name: \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Day phone: ( ) \_\_\_\_\_ Evening phone: ( ) \_\_\_\_\_  
Relationship to Ward: \_\_\_\_\_

During the past reporting year, have you been convicted of a felony, or a misdemeanor other than a traffic offense?  Yes  No If YES, explain: \_\_\_\_\_

3. Ward's present address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone No: ( ) \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

REASON FOR GUARDIANSHIP:

- Minor  Intellectual Disability  Alzheimer's Disease  Senile Dementia  Head Injury
- V.A. \_\_\_ Chronic Chemical Dependency (Alcohol/Drugs).

Other: \_\_\_\_\_

4. Where does the Ward live?  State school;  at own home;  nursing home;  
 Guardian's home;  foster home;  boarding/group home;  hospital/medical facility;  
 relative's home (relationship to Ward) \_\_\_\_\_ .

If Ward is in a State school, nursing home, or hospital/medical facility, give name of facility:

\_\_\_\_\_.

5. How long has Ward lived at above? \_\_\_\_\_. If there has been a change in \_\_\_\_\_ the past year, give reason for the change: \_\_\_\_\_.

\_\_\_\_\_.

6. Date Guardian last saw Ward: \_\_\_\_\_ How many times has the Guardian seen the Ward in the past year? \_\_\_\_\_

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 facility). *(Please note that Social Security benefits are considered as income, but that child support is not.)*

- A. Annual Income of the Ward **not derived from Government** benefits:

Amount: \$ \_\_\_\_\_ (if applicable)

(Specify source) \_\_\_\_\_

- B. Annual Income of the Ward from retirement/work earnings:

Amount: \$ \_\_\_\_\_ (if applicable)

(Specify source) \_\_\_\_\_

- C. Annual Income of the Ward **from Government benefits**:

Amount: \$ \_\_\_\_\_ (if applicable)

(Specify source) \_\_\_\_\_

8. Does Guardian have possession or control of the Ward's estate?  Yes  No

Is there a separate Guardian for the Ward's estate?  Yes  No

Does Guardian of the Person or the Guardian of the Estate receive compensation for services as a guardian? Yes  No

If YES, amount of compensation received monthly : \$ \_\_\_\_\_

9. The Guardian's bond is either a  personal surety bond in the amount of \$\_\_\_\_\_,  corporate surety bond in the amount of \$\_\_\_\_\_ AND is on file in this cause's court file. If the bond is a corporate surety bond, it was renewed on \_\_\_\_\_ and expires on \_\_\_\_\_.

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

**HHSC** guardianship.

10. A. During the past year, the Ward's **mental** health has:  improved,  deteriorated,  remains unchanged. If there has been a change, please explain: \_\_\_\_\_.

\_\_\_\_\_.

B. During the past year, the Ward's **physical** health has:  improved,  deteriorated,  remains unchanged. If there has been a change, please explain: \_\_\_\_\_  
\_\_\_\_\_.

11. A. Is Ward under a regular physician's care?  Yes  No

B. During the past year, the Ward has been treated or evaluated by the following professionals with date or type of service reflected:

Physician: \_\_\_\_\_  
Date or Type: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_  
Date or Type: \_\_\_\_\_

Psychologist: \_\_\_\_\_  
Date or Type: \_\_\_\_\_

Dentist: \_\_\_\_\_  
Date or Type: \_\_\_\_\_

Social Worker: \_\_\_\_\_  
Date or Type: \_\_\_\_\_

Qualified Intellectual Disability Professional: \_\_\_\_\_  
Date or Type: \_\_\_\_\_

12. During the past year, the Ward has participated in the following activities: (Describe)

Recreational \_\_\_\_\_

Social: \_\_\_\_\_

Occupational \_\_\_\_\_

Or:  No activities available,  Refuses to participate,  Unable to participate

**(You may continue writing on the back at any time.)**

13. The Ward's living arrangements are:  Excellent,  Average,  Below-Average. If "below average," please explain: \_\_\_\_\_

14. Ward is  content with living situation, or  unhappy with living situation.

Please explain: \_\_\_\_\_.

15. The Ward's unmet needs **(if any; such as, food, shelter, medical care)** are: \_\_\_\_\_  
\_\_\_\_\_

16. If the Ward is a Minor, is the Ward presently attending school?  Yes  No

If YES, please give the name of the school, school's phone number for possible verification.  
\_\_\_\_\_

Describe the Ward's progress in school:  Fair,  Good,  Excellent,  No visible progress

17. The powers authorized by this guardianship should be:  increased,  decreased, or  unaltered.  
Please explain if a change is recommended: \_\_\_\_\_  
\_\_\_\_\_

18. Any additional information the Guardian desires to share with the Court: \_\_\_\_\_  
\_\_\_\_\_.

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

**A. 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*):

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

**C. Supports and services received under Medicaid, 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*).

Describe: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

20. **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*):

\_\_\_\_\_

21. 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 the dates:

\_\_\_\_\_

22. Check each box directly 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 this Annual Report within 30 days of the date I sign this Report.**

**I affirm that I have registered this guardianship with the Judicial Branch Certification Commission at <https://www.txcourts.gov/jbcc/register-a-guardianship>.**

23. If this Guardianship should be continued, then state why below. If it should not be continued, contact your attorney about closing it. \_\_\_\_\_

**The above statements are true and correct to best of my knowledge and belief.**

**Respectfully submitted,**

\_\_\_\_\_  
**Guardian**

\_\_\_\_\_  
**Co-Guardian (if applicable)**

**VERIFICATION OF GUARDIAN**

THE STATE OF TEXAS           §  
  §  
COUNTY OF \_\_\_\_\_ §

BEFORE ME, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who being first duly sworn on oath that the facts stated within the foregoing Annual Report is a true, correct, and complete statement of the present condition, welfare, and well-being of the Ward, as of this date.

\_\_\_\_\_  
GUARDIAN

SWORN TO AND SUBSCRIBED BEFORE ME, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS

**NOTE TO GUARDIAN: Your next annual Report of the Guardian is past due on the 60<sup>th</sup> day after the one-year anniversary of the guardianship. See your Letter of Guardianship for the exact due date.**

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

**VERIFICATION OF CO-GUARDIAN**

THE STATE OF TEXAS           §  
  §  
COUNTY OF \_\_\_\_\_ §

BEFORE ME, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who being first duly sworn on oath that the facts stated within the foregoing Annual Report is a true, correct, and complete statement of the present condition, welfare, and well-being of the Ward, as of this date.

\_\_\_\_\_  
CO-GUARDIAN

SWORN TO AND SUBSCRIBED BEFORE ME, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY PUBLIC, STATE OF TEXAS