

CAUSE NO. _____

IN THE GUARDIANSHIP OF § IN THE COUNTY COURT
§
§ OF
§
____ MINOR ____ INCAPACITATED PERSON § SCURRY COUNTY, TEXAS

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

REPORTING PERIOD _____ TO _____

The reporting period must be a specific date in the format of MM/DD/YYYY to MM/DD/YYYY. Do **not** file this report BEFORE the ending date of the reporting period. Example: If you are reporting from 02/23/2017 to 02/22/2018, you should file the report on 02/23/2018 or later. If you file it before, or do not put specific dates your report will not be approved until such corrections are made. If you are unsure of the dates, please call the Court at (325-573-5332) to confirm before filing the report.

Check One: _____ Guardianship of the Person Only
_____ Guardianship of the Person and Estate

**If you are unsure if you are the guardian of the person, estate or both, please call the Court at (325)-573-5332
**If you are the Guardian of the Estate you must also include an Annual Account for Guardianship of the Estate form
Unless the Court has waived the requirement.*

Please fill out this form completely, answering every question, except when directed otherwise.

1. TYPE OF REPORT ___ Initial ___ Annual ___ Final

2. WARD

Name _____ Age ___ DOB _____

_____ City State Zip
Address (no P.O. Box)

Cell _____ Other _____ Email _____

YOU MUST IMMEDIATELY INFORM THE COURT OF ANY CHANGE IN YOUR ADDRESS OR THE WARD'S

3. GUARDIAN(S)

Name(s) _____

Age(s) _____ DOB(s) _____

_____ City State Zip
Address (no P.O. Box)

_____ City State Zip
Mailing Address (if different from above)

Cell _____ Other _____ Email _____

Relationship to Ward _____

4. Persons who will ALWAYS know how to contact the **GUARDIAN(s)**

Name(s) _____

Address (no P.O. Box) _____ City _____ State _____ Zip _____

Cell _____ Other _____ Email _____

Name(s) _____

Address (no P.O. Box) _____ City _____ State _____ Zip _____

Cell _____ Other _____ Email _____

5. FINAL REPORTS ONLY (if this is NOT your final report, skip to #6)

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

I am resigning The ward has turned 18

The ward has died; date and place of death, if known _____
(Please attach a certificate/obituary/other proof of death if available)

Other (if "other," please explain):

B. If because **Ward has turned eighteen**, please attach a birth certificate.

C. If the ward has died is there a probate filed? Yes No

If yes: County _____ and Cause Number _____

D. If you are resigning, has a successor guardian been identified? Yes No

Name _____

Address (no P.O. Box) _____ City _____ State _____ Zip _____

Cell _____ Other _____

Email _____

6. Has the Court appointed a Guardian for the Ward's estate? (Financial Affairs) Yes No
If yes, and you are NOT the Guardian of the Estate please list who is

Name _____

Address (no P.O. Box) _____ City _____ State _____ Zip _____

Cell _____ Other _____

Email _____

7. During the last year, I have visited the ward in person _____ times. Date of late visit _____.
**If ward lives with you, put 365, and put today's date as "Date of last visit"*
If zero visits, please explain:

8. Ward's residence is (check only one):

Ward's home Guardian's home

Relative's home (relative's name and relationship) _____

Or in the type of facility below:

Nursing home Group home Hospital/Medical facility

State Supported Living Center (state school) Other

Please provide the NAME of the facility

9. Length of time the ward has lived at this address _____

Any change in the residence in the last year? Yes No

If YES, explain:

10. 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 ward's income _____

b. Annual amount of ward's income _____ (monthly x 12)

If zero, please explain _____

11. 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 the services.

Physician Name _____

Describe _____

Does the ward see this doctor on a regular basis? Yes No

Psychiatrist Name _____

Describe _____

Social or Case Worker Name _____

Describe _____

Dentist Name _____

Describe _____

Other (name) _____

Describe _____

Other (name) _____

Describe _____

12. Social Conditions – during the past year the ward has participated in the following activities:

Note that for each type of activity checked, you must describe the activities (e.g. movies, bowling, Special Olympics, Church, eating out, etc.) Don't leave blank or simply write the name of the facility.

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. (An example of emergency detention is a request for an emergency hospitalization of the Ward for mental health or safety reasons) If you answered HAVE FILED, please list the number of times and dates:

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:

17. As guardian, I believe my ward is:

Happy/content with living situation

Unhappy with living situation

18. As guardian, I believe my ward DOES DOES NOT have unmet needs.
(unmet needs = problems with food, shelter, medical care)

If you answered DOES, please explain:

19. The power authorized by this guardianship should be:

Unchanged

Decreased. Explain: _____

Increased. Explain: _____

20. **Guardian's bond.** Check ONE appropriate box below, adding an explanation if requested.

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 sends you, or you can call the facility to ask.

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

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

I **HAVE PAID** the bond premium for the next reporting period (Corporate Bond)

I **HAVE NOT PAID** the bond premium for the next reporting period (Corporate Bond)

Explain:

I am **not required to pay** a bond premium because:

21. If you are a professional guardian, the representative of a guardianship program or of DADS, have you been the subject of an investigation conducted by the Guardianship Certification Board during the preceding year?

Yes No Not Applicable

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

UNSWORN DECLARATION OF THE GUARDIAN
(PURSUANT TO ESTATES CODE §1163.1011)

I, _____ (insert name of the guardian), the guardian of
the person for _____ (insert name of ward) in
_____ County, Texas, declare under penalty of perjury that the
foregoing is true and correct.

Executed on _____ (today's date)

Signature of Guardian

UNSWORN DECLARATION OF THE CO-GUARDIAN
(PURSUANT TO ESTATES CODE §1163.1011)

I, _____ (insert name of the guardian), the guardian of
the person for _____ (insert name of ward) in
_____ County, Texas, declare under penalty of perjury that the
foregoing is true and correct.

Executed on _____ (today's date)

Signature of Guardian

**THIS ANNUAL REPORT OF THE GUARDIAN OF THE PERSON DOES NOT
REQUIRE THE SIGNATURE OF A NOTARY**