

CAUSE NO. _____

IN THE GUARDIANSHIP OF

§

IN THE COUNTY COURT

§

§

AT LAW 2

§

An Incapacitated Person A Minor

§

KAUFMAN COUNTY, TEXAS

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

*Please fill out this form completely, answering every question, except when directed otherwise.
"Not applicable" is not a proper response and can delay processing and approval.*

Check one: Guardianship of Person Only Guardianship of Person and Estate

The period covered by this Report is from ____/____/____ to ____/____/____.
(The one-year period from your qualification date or the anniversary of your qualification date)

On this day, the Guardian in this matter stated the following under penalty of perjury, declaring that each statement is true and correct.

1. WARD: Name: _____ Age: _____
Date of Birth: _____ Phone: _____
Address (no P.O. Box) _____
City/State/Zip: _____
Is this a new address? Yes No

2. GUARDIAN(S):
Name(s): _____ Age(s): _____
Date(s) of Birth: _____ Phone: _____
Email address: _____
Address (no P.O. Box) _____
City/State/Zip: _____
Is this a new address? Yes No
Relationship to Ward: _____

If co-guardians, both must be listed.

During the past reporting year, have you been convicted of a felony or a misdemeanor other than a minor traffic offense? YES NO
If YES, 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 Judicial Branch Certification Commission during the past reporting year? YES NO

3. If this is your final report, answer the questions in the box below. **If this is not your final report, skip to #4.**

FINAL REPORT ONLY

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

I am resigning as Guardian the Ward has reached 18 years of age

the Ward died on _____ Other (explain) _____

A. If you are resigning as guardian, has a successor guardian been identified?

YES NO

Name of Proposed Successor Guardian: _____

Age: _____ Date of Birth: _____ Phone: _____

Address: _____

City/State/Zip: _____

B. If because the Ward has reached 18 years of age, attach birth certificate.

C. If because the Ward has died, attach death certificate.

4. Do you reside with the Ward? YES NO If NO, please state how many times during the last year that you visited the Ward in person: _____ times. Date of last visit: _____
- * If zero visits, please explain: _____


5. The Ward's residence is (check one):
- Ward's own home Foster home
- Guardian's home Boarding home
- Relative's home (give relative's name) _____
- or in the type of facility checked below:
- Nursing Home Group Home Hospital/Medical Facility
- State Supported Living Center (State School) Other
- Please provide the NAME of the facility: _____

6. How long has the Ward lived at this address? _____
- Any change in residence in the past year? YES NO If YES, explain: _____

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). 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, explain: _____

8. In addition to the Guardian of the Person, is there a Court-appointed Guardian of the Ward's estate?
 YES NO *Note: Just because you are the Rep Payee does not mean that there is a guardianship of the estate.*

Depending on your answer, please answer the questions in only one of the boxes below:


If you answered "NO" to question 8


A. If there is NOT a Guardian for the Ward's estate, please answer the following questions and attach additional information as directed:

(1) Has a Court Order directed you to manage any funds of the Ward **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 NO, provide name of representative payee: _____

OR

If you answered "YES" to question 8


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

(1) Are you the Guardian for the Ward's estate? YES NO
 (2) Do you as Guardian of the Person receive an allowance from the Guardian of the Estate?
 YES NO
 If YES, annual amount of allowance received: \$ _____

9. **Has the Court approved a formal "Case Management Agreement" for case management services to the Ward?** A Case Management Agreement is a signed contract with a professional case manager *that has been formally approved by the Court.* (This is not the same as a "Care Plan" from a medical provider.) YES NO
→ If YES, you MUST attach an updated copy of the case manager's care plan for the Ward for the Court's approval.

10. 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 treatment: _____

Social worker or other case worker. Name: _____
 Describe services: _____

Dentist. Name: _____
 Describe treatment: _____

Other. Name: _____

Describe treatment/services: _____

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

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*):

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

Describe: _____

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: _____

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

12. **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*): _____

13. As Guardian, it is my opinion that the ward **DOES HAVE** capacity or sufficient capacity with supports and services for (*check one*):

1. complete restoration of the Ward's capacity YES NO

OR

2. modification of the guardianship under Estates Code, Chapter 1202. YES NO

If "NO," explain (*state the reasons why the Ward **DOES NOT** have the capacity or sufficient capacity with supports and services for complete restoration of the Ward's capacity or modification of the guardianship under Chapter 1202*): _____

14. Social conditions: During the past year the Ward has participated in the following activities:

What does the Ward do all day? Note that for each type of activity checked, you must describe the activities (e.g., movies, bowling, Special Olympics, church, eating out, etc.). Do not leave blank or simply write the name of the residential facility.

- Recreational (describe): _____
- Educational (describe): _____
- Social (describe): _____
- Occupational (describe): _____
- None available.
- Refuses or is unable to participate.

15. During the past year, the Ward's mental health has:

- Remained about the same
- Improved (describe): _____
- Deteriorated (describe): _____

16. 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: _____

17. During the past year, the Ward's physical health has:

- Remained about the same
- Improved (describe): _____
- Deteriorated (describe): _____

18. As Guardian, I believe the Ward's living arrangements are:

- Excellent Average Below Average.

If below average, explain: _____

19. As Guardian, I believe that the Ward is:

- Happy/Content with living situation
- Unhappy with living situation

20. As Guardian, I believe that the Ward (check one) DOES DOES NOT have unmet needs. (Note: Unmet needs = problems with food, shelter, medical care). If you have indicated that the Ward DOES have unmet needs, please explain: _____

21. The power authorized by this guardianship should be:

- Unchanged
- Decreased (*explain*): _____
- Increased (*explain*): _____

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. **Guardian's Bond:** *Check the appropriate box below, adding an explanation if required.*

Note: Even if the Ward's residential facility pays your bond premium for you, it is your responsibility to verify that the bond premium 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 and ask.

I HAVE PAID the bond premium for the next reporting period.

I HAVE NOT PAID the bond premium for the next reporting period (*explain*):

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

HHSC guardianship.

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

Guardian's Declaration

(notary not required)

I, _____, Guardian of the Person for _____
(insert name of Guardian of the Person) *(insert name of the Ward)*

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

Executed on _____, 20 _____ 

Signature of Guardian

Co-Guardian's Declaration

(notary not required)

I, _____, Co-Guardian of the Person for _____
(insert name of Co-Guardian of the Person) *(insert name of the Ward)*

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

Executed on _____, 20 _____ 

Signature of Co-Guardian

Remember to order fresh "Letters of Guardianship."

A. Letters are NOT sent automatically; you must contact the Kaufman County Clerk's office to issue Letters. Letter are \$2 each.

B. Please note two additional things:

(1) There is a \$12 filing fee for the Annual Reports.

(2) If there is also a guardianship of the estate, new Letters cannot be issued until the Annual Account is approved by the Court. (Note that an annual account cannot be approved until your attorney has submitted *everything* necessary to the Court.)

Cause No. _____

GUARDIANSHIP OF _____ § IN THE COUNTY COURT
_____ § AT LAW 2
INCAPACITATED PERSON/MINOR § OF KAUFMAN COUNTY, TEXAS

PROBATE COURT'S REPRESENTATIVE PAYEE REPORT

If you are the ward's representative payee, you must do **one** of the following:

- (1) Complete this form and attach it to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate), **OR**
- (2) Attach a copy of the most recent Representative Payee Report that you received from the Social Security Administration to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate).

Did you, as the representative payee, decide how the ward's funds were spent over the past year?
 Yes No

If "No," explain: _____

A. During the last reporting period, what was the total amount of benefits that the Social Security Administration paid you as the representative payee?..... \$ _____

B. During that reporting period, how much of the money from question A was spent on food and housing for the ward? \$ _____

C. During that reporting period, how much of the money from question A was spent on other items for the ward such as clothing, education, medical/dental expenses, recreation, or personal items?..... \$ _____

D. During that reporting period, how much of the money from question A was saved for the ward's future use?..... \$ _____

E. Please account for any remaining funds: _____

I declare under penalty of perjury that all the information on this form and any accompanying statements are true and correct to the best of my knowledge.

Guardian / Representative Payee

Date

CAUSE NO. _____

IN THE GUARDIANSHIP

OF

§
§
§
§
§

IN THE COUNTY COURT

AT LAW NO. 2 OF

KAUFMAN COUNTY, TEXAS

**ORDER APPROVING GUARDIAN'S REPORT ON THE LOCATION,
CONDITION AND WELL-BEING OF WARD PURSUANT TO
§§1163.101 & 1201.052, TEXAS ESTATES CODE**

On this day, came to be considered the Guardian's Annual Report, and the Court, having reviewed the same, finds as follows:

- 1. the Report complies with §1163.101 of the Texas Estates Code;
- 2. the Report contains nothing extraordinary which warrants an unscheduled visit by an officer of the Court;
- 3. the Report contains no information which would require modification or termination of the guardianship;
- 4. the Report complies with §1201.052, Texas Estates Code for purposes of the required annual review and determination of the status of the guardianship;
- 5. there is **NO** Guardianship of the Estate;
 there **IS** a Guardianship of the Estate;
- 6. the Report should be approved pursuant to §1163.104, Texas Estates Code.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Guardian's Annual Report be, and the same is hereby APPROVED. The Clerk may renew Letters of Guardianship according to the prior orders entered herein, which relate back to the date on which Original Letters of Guardianship were issued. These Letters shall remain in force and effect for one (1) year and four (4) months, unless otherwise ordered by the Court.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that this Guardianship should CONTINUE.

Signed this _____ day of _____, 20_____.

Judge Bobby Rich
Kaufman, Texas