

CAUSE NO. _____

IN RE: GUARDIANSHIP OF

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IN THE COUNTY COURT

OF

MINOR / INCAPACITATED PERSON

TAYLOR COUNTY, TEXAS

DATE GUARDIANSHIP WAS GRANTED: _____ (REQUIRED)

(REVISED 11/2010)

ANNUAL REPORT OF THE GUARDIAN OF THE PERSON

All information in this report is REQUIRED. Do not leave any blanks.

I, the undersigned, represent that I am the Guardian of the above-named ward, and that my Annual Report to the Court is as follows:

1. Present condition of the Ward: _____ living _____ 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. If you are guardian of both the estate and person, 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: _____
City: _____ State: _____ Zip Code: _____
Day phone: () _____ Evening phone: () _____
Relationship to Ward: _____

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

REASON FOR GUARDIANSHIP:

____ Minor ____ Mental Retardation ____ Alzheimer's Disease ____ Senile Dementia
____ Head Injury ____ V.A. ____ Chronic Chemical Dependency.

Other: _____

4. Where does the Ward live? ____ State School; ____ at own home; ____ nursing home;
____ Guardian's home; ____ foster home; ____ boarding 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. Annual Income of the Ward: _____ SSI _____ Gov't Benefits _____
Work Earnings _____
Does Guardian have possession or control of the Ward's estate? _____
Is there a separate Guardian for the Ward's estate? _____ Yes _____ No
Does Guardian of the Person or Guardian of the Estate receive compensation for services as Guardian? Yes _____ No _____
If yes, what is the amount received _____.
8. The Guardian's bond is either _____ a personal surety bond in the amount of _____; or _____ a 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 _____.
9. 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: _____
_____.
10. A. Is Ward under 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 Mental Retardation Professional: _____

Date or Type: _____

11. 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)

12. The Ward's living arrangements are: _____ Excellent _____ Average _____ Below-Average. If below average, please explain: _____
13. Ward is _____ content with living situation _____ unhappy with living situation.
Please explain: _____
14. The Ward's unmet needs (if any) are: _____
15. 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
16. The powers authorized by this guardianship should be: _____ increased _____ decreased
_____ unaltered. Please explain if a change is recommended: _____
17. Any additional information the Guardian desires to share with the Court: _____
18. If this Guardianship should be continued, then state why below: if it should not be continued, contact your attorney about closing it.

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

OATH OF GUARDIAN

THE STATE OF TEXAS §
COUNTY OF TAYLOR §

Before me, the undersigned authority, on this the _____ day of _____, 20____, personally appeared _____ who being first duly sworn on oath that the within and foregoing Report is a true, correct and complete statement of the present condition, welfare, and well-being of _____, a minor/incapacitated person as of this date:

SIGNED: _____
GUARDIAN

SWORN TO AND SUBSCRIBED BEFORE ME, on this _____ day of _____, 20____.

NOTARY PUBLIC
IN AND FOR THE STATE OF TEXAS