

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

IN RE: GUARDIANSHIP OF

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IN THE COUNTY COURT AT LAW \_\_\_\_\_

\_\_\_\_\_  
MINOR / INCAPACITATED PERSON

OF

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 monthly 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.  
\_\_\_\_\_

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**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.**

**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