



CAUSE NO. _____

IN THE GUARDIANSHIP OF

IN THE COUNTY COURT AT LAW

SITTING IN MATTERS PROBATE

A MINOR / AN INCAPACITATED PERSON

COMAL COUNTY, TEXAS

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

I, the undersigned, represent that I am the Guardian of the Person of the above named Ward, and that my annual report for the period from _____ through _____ is as follows:

1. Guardian's name: _____
Guardian's current address: _____
City, State, Zip _____
Day phone: (____) _____ Evening phone: (____) _____
Relationship to Ward: _____

2. Ward's current address: _____
City, State, Zip _____
Phone number: (____) _____
Age: _____ Date of Birth: _____
Reason for Guardianship:
 Minor Mental Retardation Alzheimer's Disease Head Injury
 V.A. Senile Dementia Chronic alcohol / drug use Other _____

3. **FINAL REPORTS ONLY** (Otherwise, go to # 4)
I am filing a Final Report because I am resigning the ward has turned 18
 the ward has died other, please explain

A. If because of your **resignation**, has a successor guardian been identified? **yes** **no**
If yes, give Name _____ Address _____
Phone (____) _____ City, State, Zip _____

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

C. If because **Ward has died**, attach death certificate and answer the following:
Has a personal representative been appointed? **yes** **no**
If yes, give Name _____ Address _____
Phone (____) _____ City, State, Zip _____

4. Ward's residence is: Ward's home Guardian's home Nursing home
 Foster home Boarding home Hospital/medical facility
 Relative's home; relationship to Ward _____
 Other _____

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

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

6. Date Guardian last saw Ward: _____
How frequently has Guardian seen Ward in the past year? _____

7. Annual Income of Ward: _____

8. Is there a Guardian for the Ward's estate? **yes** **no**

A. If **yes**, please answer the following 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 received _____

B. If **no**, please answer the following questions:

(1.) Are you managing any funds of the Ward pursuant to Court order *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 Securing Disability (SSI) or Social Security Retirement Benefits? **yes** **no**

If yes, you **MUST** attach a copy of your most recent Representative Payee Report to this Annual Report.

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

improved deteriorated remained unchanged

If there has been a change, please explain: _____

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

improved deteriorated remained unchanged

If there has been a change, please explain: _____

10. Is Ward, under regular physician's care? **yes** **no**

If so, give name of doctor: _____

If the Ward has been treated or evaluated by any of the following persons in the last year, briefly describe the condition and treatment, and give the name of the person.

Physician. Name: _____
Describe: _____

Psychiatrist, psychologist, or other mental health care provider. Name: _____
Describe: _____

Dentist. Name: _____
Describe: _____

Social or other caseworker. Name: _____
Describe: _____

Other. Name: _____
Describe: _____

11. During the past year the Ward has participated in the following activities: (describe)
 Recreational: _____
 Educational: _____
 Social: _____
 Occupational: _____
 No activities available.
 Ward is unable or has refused to participate.
12. The Ward's living arrangements are: Excellent Average Below average
If below average, please explain: _____

13. Ward is:
 content with living arrangements
 unhappy with living arrangements
If unhappy, 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, give name of the school. _____
Describe the Ward's progress in school (grades, learning, participation, etc.) _____

16. The powers authorized by this guardianship should be:
 increased decreased unaltered
Please explain if a change is recommended: _____

17. Has the premium on the guardian's bond been paid for the next reporting period?
 yes **no** **not required to pay a bond premium**
18. As Guardian of the Person, I have filed have not filed for Emergency Detention of the
Ward pursuant to the Texas Health & Safety Code, Subchapter A, Chapter 573.
If you have filed for Emergency Detention, please list the number of times and the dates: _____

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

20. If this guardianship should be continued, then state why below; if it should **not** be continued, contact
your attorney about closing it. _____

21. If possible, please attach a current photograph of the Ward.

STATE OF: _____
COUNTY OF: _____

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, Guardian of the Person described in the foregoing Annual Report, who being first duly sworn, did on his or her oath, depose and state as follows: "I hereby swear, under penalty of perjury, that the information contained in this report is true and correct to the best of my knowledge."

SIGNED _____
Guardian

SUBSCRIBED AND SWORN TO BEFORE ME on _____, 20____, to certify which witness my hand and seal of office.

Notary Public in and for the State of _____
Printed Name _____
Commission Expires _____

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

STATE OF: _____
COUNTY OF: _____

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, Co-Guardian of the Person described in the foregoing Annual Report, who being first duly sworn, did on his or her oath, depose and state as follows: "I hereby swear, under penalty of perjury, that the information contained in this report is true and correct to the best of my knowledge."

SIGNED _____
Co-Guardian

SUBSCRIBED AND SWORN TO BEFORE ME on _____, 20____, to certify which witness my hand and seal of office.

Notary Public in and for the State of _____
Printed Name: _____
Commission Expires: _____

Current photograph

Mail to:

County Court at Law, Probate Department
199 Main Plaza
New Braunfels, TX 78130
Include filing fee of \$12.00