



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

**GUARDIANSHIP OF  
AN INCAPACITATED PERSON**

**IN THE COUNTY COURT-AT-LAW #2  
OF  
COMAL COUNTY, TEXAS**

**REPORT OF GUARDIAN AD LITEM**

TO THE HONORABLE JUDGE OF SAID COURT:

COMES NOW \_\_\_\_\_, a practicing attorney in Comal County, Texas, having been appointed by this Court as Guardian Ad Litem for \_\_\_\_\_, the Proposed Ward, by order dated \_\_\_\_\_ and makes this report to the Court as follows:

- 1. **I concur with the position of Applicant that the Proposed Ward cannot manage his/her financial affairs nor meet his/her personal needs and is in need of a Guardian of the Person/Estate.**  
(or)
- 1. **I disagree with the position of Applicant and believe that the Proposed Ward can manage his/her financial affairs and meet his/her personal needs and is NOT in need of a Guardian of the Person/Estate.**
- 2. After being appointed to investigate the need for establishing a regular, permanent guardianship on the Proposed Ward, I reviewed copies of the documents on file furnished by the Court and met with the Proposed Ward.
- 3. On or about \_\_\_\_\_, I contacted Counsel(s) for the Applicant/Proposed Guardian/Contestant, requesting further information concerning the Proposed Ward's personal history, family background and estate.
- 4. On or about \_\_\_\_\_, I filed an Application/Answer with this Court on behalf of the Proposed Ward.
- 5. I have contacted the following persons to obtain information on the advisability of the guardianship being taken out and the identify of the person, if any, who was the person best qualified and most suitable to serve as Guardian in their opinion.
- 6. On or about \_\_\_\_\_, I spoke with Dr. \_\_\_\_\_, the Proposed Ward's treating physician as well as the Proposed Ward's caregiver, \_\_\_\_\_, regarding the mental and physical condition of the Proposed Ward.
- 7. Additionally, \_\_\_\_\_ (Give a detailed, written synopsis of your investigation, your findings and recommendations. Include any information regarding sources of income, pensions, annuities, government benefits, representative payees, etc.)

Date: \_\_\_\_\_

Respectfully submitted,

\_\_\_\_\_  
Guardian Ad Litem

**Certificate of Service**

I hereby certify that a true and correct copy of the foregoing instrument was served upon the following counsel by certified mail and/or by facsimile transmission on this \_\_\_\_\_.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CMRRR # \_\_\_\_\_  
\_\_\_\_\_  
Attorney Name