

CAUSE NO. _____

IN THE GUARDIANSHIP OF _____, § IN THE COUNTY COURT
§
§ OF
§ AN INCAPACITATED PERSON / A MINOR § GRIMES COUNTY, TEXAS

DATE GUARDIANSHIP WAS GRANTED: _____ (REQUIRED)
(REVISED 9/1/23)

ANNUAL REPORT OF THE GUARDIAN(S) OF THE PERSON

(All information in this report is REQUIRED. Please answer completely, except when directed otherwise.)

I, the undersigned, represent that I am the Guardian of the above-named Ward, and that my Annual Report presented to this Court as of _____, 20____, is as follows:

I. Present condition of the Ward: living, or 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's Office. If you are Guardian of both the Person and Estate, 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: _____
Co-Guardian's Name: _____ Address: _____
City: _____ State: _____ Zip Code: _____
Day phone: () _____ Evening phone: () _____
Relationship to Ward: _____

During the past reporting year, have you been convicted of a felony, or a misdemeanor other than a traffic offense? Yes No If YES, explain: _____

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

REASON FOR GUARDIANSHIP:
 Minor Intellectual Disability Alzheimer's Disease Senile Dementia Head Injury
 V.A. ___ Chronic Chemical Dependency (Alcohol/Drugs).

Other: _____

4. Where does the Ward live? State school; at own home; nursing home;
 Guardian's home; foster home; boarding/group 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. **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 facility). *(Please note that Social Security benefits are considered as income, but that child support is not.)*

A. Annual Income of the Ward **not derived from Government** benefits:
 Amount: \$ _____ (if applicable)
 (Specify source) _____

B. Annual Income of the Ward from retirement/work earnings:
 Amount: \$ _____ (if applicable)
 (Specify source) _____

C. Annual Income of the Ward **from Government benefits**:
 Amount: \$ _____ (if applicable)
 (Specify source) _____

8. Does Guardian have possession or control of the Ward's estate? Yes No
 Is there a separate Guardian for the Ward's estate? Yes No
 Does Guardian of the Person or the Guardian of the Estate receive compensation for services as a guardian? Yes No
 If YES, amount of compensation received monthly : \$ _____

9. The Guardian's bond is either a personal surety bond in the amount of \$_____, 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 _____.
 I have a **CASH BOND** on file with the Court.
 HHSC guardianship.

10. 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: _____
_____.

11. A. Is Ward under a 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 Intellectual Disability Professional: _____
Date or Type: _____

12. 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.)

13. The Ward's living arrangements are: Excellent, Average, Below-Average. If "below average," please explain: _____

14. Ward is content with living situation, or unhappy with living situation.

Please explain: _____.

15. The Ward's unmet needs **(if any; such as, food, shelter, medical care)** are: _____

16. 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

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

18. Any additional information the Guardian desires to share with the Court: _____
_____.

19. 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:

20. **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*):

21. 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:

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. If this Guardianship should be continued, then state why below. If it should not be continued, contact your attorney about closing it. _____

The above statements are true and correct to best of my knowledge and belief.

Respectfully submitted,

Guardian

Co-Guardian (if applicable)

VERIFICATION OF GUARDIAN

THE STATE OF TEXAS §
 §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this the _____ day of _____, 20____, personally appeared _____, who being first duly sworn on oath that the facts stated within the foregoing Annual Report is a true, correct, and complete statement of the present condition, welfare, and well-being of the Ward, as of this date.

GUARDIAN

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

NOTARY PUBLIC, STATE OF TEXAS

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.

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

VERIFICATION OF CO-GUARDIAN

THE STATE OF TEXAS §
 §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this the _____ day of _____, 20____, personally appeared _____, who being first duly sworn on oath that the facts stated within the foregoing Annual Report is a true, correct, and complete statement of the present condition, welfare, and well-being of the Ward, as of this date.

CO-GUARDIAN

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

NOTARY PUBLIC, STATE OF TEXAS