

No. \_\_\_\_\_

In the Guardianship of \_\_\_\_\_, an Incapacitated Person § In Probate Court §  
 § Bowie County

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

Check one:  Guardianship of Person Only  Guardianship of Person and Estate

*Please fill out this form completely, answering every question, except when directed otherwise.  
 "Not applicable" is not a proper response.*

On this day, the undersigned, known to me to be the Guardian in this matter, personally appeared before me, and after being duly sworn, stated the following:

1. WARD: Name \_\_\_\_\_ Age \_\_\_\_/DOB \_\_\_\_\_  
 Address (no P.O. Box) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

2. GUARDIAN: Name \_\_\_\_\_ Age \_\_\_\_/DOB \_\_\_\_\_  
 Address (no P.O. Box) \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Relationship to Ward: \_\_\_\_\_  
 During the past reporting year, have you been convicted of a felony or a misdemeanor other than a minor traffic offense?  YES  NO If YES, explain \_\_\_\_\_

If this is your final report, answer the questions in box below. **If this is not your final report, skip to #4.**

3. FINAL REPORTS ONLY  
 I am filing a Final Report because (check one)  
 I am resigning  the ward has turned 18  
 the ward has died  other; if "other," please explain:  
 \_\_\_\_\_

A. If you are **resigning**, has a successor guardian been identified?  
 YES  NO  
 Name \_\_\_\_\_ Age \_\_\_\_ DOB \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_

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

C. If because the **Ward has died**, attach death certificate.

4. During the last year, I have visited the Ward in person \_\_\_\_\_ times. Date of last visit: \_\_\_\_\_  
 \* If ward lives with you, put 365.  
 \* If zero visits, please explain: \_\_\_\_\_

5. Ward's residence is (check one):

- Ward's home
- Guardian's home
- Relative's home (give relative's name) \_\_\_\_\_

Or in the type of facility checked below:

- Nursing Home    Group home    Hospital/Medical facility
- State Supported Living Center (State School)    Other

Please provide NAME of facility: \_\_\_\_\_

6. Length of time the Ward has resided in present home: \_\_\_\_\_

Any change in residence in last year?  Yes    No   If YES, explain: \_\_\_\_\_

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). Note that Social Security benefits are considered income, but that child support is not.

A. Source of Ward's income: \_\_\_\_\_

B. Annual amount of Ward's income: \_\_\_\_\_

If zero, explain: \_\_\_\_\_

8. Has the Court appointed a Guardian for the Ward's estate?    Yes    No

*Depending on your answer, please answer the questions in only one of the boxes below:*

**A. If there is NOT a Guardian for the Ward's estate, please answer the following questions and attach additional information as directed:**

(1) Has a Court Order directed you to manage any funds of the Ward **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.** Forms are available on the Court's website or at the Court (1000 Guadalupe Street, Room #217).

(2) Are you the **representative payee** of the Ward's Social Security Disability (SSI) or Social Security Retirement Benefits?    Yes    No

→ **If YES, you MUST attach to this Annual Report either**

1. a copy of your most recent Representative Payee Report provided by Social Security  
**OR**

2. the Court's Representative Payee Report Form. If you do not receive the form from Social Security, you can get the Court's form on the Court's website or from the Court.

**OR**

**B. If there IS a Guardian for the Ward's estate, please answer the following two 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 of allowance received \_\_\_\_\_

9. **Has the Court approved a formal "Case Management Agreement" for case management services to the Ward?** A Case Management Agreement is a signed contract with a professional case manager *that has been formally approved by the Court.* (This is not the same as a "Care Plan" from a medical provider.)

Yes    No

→ **If YES, you MUST attach an updated copy of the case manager's care plan for the Ward for the Court's approval.**

10. Ward  IS  IS NOT under regular physician's care.

11. During the past year ward has been treated or evaluated by the following professionals.

*As a guardian, it's your duty to know this information and to provide the information to the Court even if the Ward's residential facility arranges the services.*

Physician. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Psychiatrist. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Social Worker or other case worker. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Dentist. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Other. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

12. Social Conditions: During the past year the ward has participated in the following activities.

*Note that for each type of activity checked, you must describe the activities (e.g., movies, bowling, Special Olympics, church, eating out, etc.). Don't leave blank or simply write the name of the residential facility.*

Recreational: \_\_\_\_\_

Educational: \_\_\_\_\_

Social: \_\_\_\_\_

Occupational: \_\_\_\_\_

None available.

Refuses or is unable to participate.

13. During the past year the ward's mental health has:

Remained about the same

Improved. Describe: \_\_\_\_\_

Deteriorated. Describe: \_\_\_\_\_

14. As Guardian of the Person, I  HAVE FILED  HAVE NOT FILED for **Emergency Detention of the Ward** pursuant to the Texas Health & Safety Code. (An example of emergency detention is a request for an emergency hospitalization of the Ward for mental health or safety reasons.) If you answered HAVE FILED, please list the number of times and the dates: \_\_\_\_\_

15. During the past year the ward's physical health has:

Remained about the same

Improved. Describe: \_\_\_\_\_

Deteriorated. Describe: \_\_\_\_\_

16. As guardian, I believe the Ward's living arrangements are  Excellent  Average  Below average

If below average, explain: \_\_\_\_\_



THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, known to me to be the Guardian of the Person described in the foregoing Annual Report, and whose name is subscribed in the foregoing Annual Report who, being by me 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 accurate to the best of my knowledge."

SIGNED on \_\_\_\_\_ 20 \_\_\_\_\_  
Guardian

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

Notary Public, State of \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Commission Expires \_\_\_\_\_

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

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, known to me to be the Co-Guardian of the Person described in the foregoing Annual Report, and whose name is subscribed in the foregoing Annual Report who, being by me 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 accurate to the best of my knowledge."

SIGNED on \_\_\_\_\_ 20 \_\_\_\_\_  
Co-Guardian

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

Notary Public, State of \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Commission Expires \_\_\_\_\_

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

IN THE GUARDIANSHIP

)

IN THE COUNTY COURT

OF

)

OF

\_\_\_\_\_

)

BOWIE COUNTY, TEXAS

**ORDER APPROVING ANNUAL REPORT**

On this the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, came on to be considered the Annual Report in the above styled and numbered cause, and the Court having examined said Report and being satisfied that it is full and fair, it is therefore, APPROVED.

It is accordingly ORDERED, ADJUDGED AND DECREED that the Annual Report be and is hereby in all respects approved.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
JUDGE, COUNTY COURT  
BOWIE COUNTY, TEXAS