

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

In the Guardianship of \_\_\_\_\_, § In Probate Court  
of §  
 An Incapacitated Person  A Minor § JEFFERSON County, Texas

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

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

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

The period covered by this Report is from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
(The one-year period from your qualification date or the anniversary of your qualification date)

On this day, the Guardian in this matter stated the following under penalty of perjury, declaring that each statement is true and correct.

1. WARD: Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Is this a new address?  Yes  No

2. GUARDIAN(S): Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_  
Date(s) of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Is this a new address?  Yes  No  
Relationship to Ward: \_\_\_\_\_

If co-guardians, both must be listed.

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 you are a private professional guardian, a guardianship program, or the Department of Aging and Disability Services, have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past reporting year?  YES  NO

## 2 a. Ward's basis for Incapacity:

\_\_\_ Intellectual Disability: \_\_\_ Mild \_\_\_ Moderate \_\_\_ Profound/Severe

\_\_\_ Chronic Mental Illness: \_\_\_ Stroke \_\_\_ Head Injury \_\_\_ Alzheimer's Dementia

\_\_\_ Minor \_\_\_ Other Medical Condition (explain): \_\_\_\_\_

**Emergency Contact for Guardian (other than guardian)**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City, state Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

**FINAL REPORT ONLY**

I am filing a Final Report because (check one):

I am resigning as Guardian

the Ward has reached 18 years of age

the Ward died on \_\_\_\_\_  Other (explain) \_\_\_\_\_

A. If you are resigning as guardian, has a successor guardian been identified?

YES  NO

Name of Proposed Successor Guardian: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

B. If because the Ward has reached 18 years of age, attach birth certificate.

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

4. Do you reside with the Ward?  YES  NO If NO, please state how many times during the last year that you visited the Ward in person: \_\_\_\_\_ times. Date of last visit: \_\_\_\_\_

\* If zero visits, please explain: \_\_\_\_\_

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

Ward's own home  Foster home

Guardian's home  Boarding 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 the NAME of the facility: \_\_\_\_\_

6. How long has the Ward lived at this address? \_\_\_\_\_

Any change in residence in the past 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: \_\_\_\_\_ (monthly x 12)
- If zero, explain: \_\_\_\_\_
8. In addition to the Guardian of the Person, is there a **Court-appointed** Guardian of the Ward's **estate**?
- YES  NO *Note: Just because you are the Rep Payee does not mean that there is a guardianship of the estate.*

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

If you answered "NO" to question 8



**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 (200 W. 8<sup>th</sup> St., First Floor).

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

If NO, provide name of representative payee: \_\_\_\_\_

**OR**

If you answered "YES" to question 8



**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. During the past year, the Ward has been treated or evaluated by the following professionals:

*As a Guardian, it is 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: \_\_\_\_\_

**Does the Ward see this doctor on a regular basis?**  YES  NO

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

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

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

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

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

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

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

Describe treatment/services: \_\_\_\_\_

11. 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: \_\_\_\_\_

\_\_\_\_\_

12. **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*): \_\_\_\_\_

\_\_\_\_\_

13. As Guardian, it is my opinion that the ward **DOES HAVE** capacity or sufficient capacity with supports and services for (*check one*):

1. complete restoration of the Ward's capacity

YES  NO

**OR**

2. modification of the guardianship under Estates Code, Chapter 1202.  YES  NO

If "NO," explain (state the reasons why the Ward **DOES NOT** have the capacity or sufficient capacity with supports and services for complete restoration of the Ward's capacity or modification of the guardianship under Chapter 1202): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. Social conditions: During the past year the Ward has participated in the following activities:

*What does the Ward do all day? Note that for each type of activity checked, you must describe the activities (e.g., movies, bowling, Special Olympics, church, eating out, etc.). Do not leave blank or simply write the name of the residential facility.*

- Recreational (describe): \_\_\_\_\_
- Educational (describe): \_\_\_\_\_
- Social (describe): \_\_\_\_\_
- Occupational (describe): \_\_\_\_\_
- None available.
- Refuses or is unable to participate.

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

- Remained about the same
- Improved (describe): \_\_\_\_\_
- Deteriorated (describe): \_\_\_\_\_

16. 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

- Remained about the same
- Improved (describe): \_\_\_\_\_
- Deteriorated (describe): \_\_\_\_\_

18. As Guardian, I believe the Ward's living arrangements are:

- Excellent  Average  Below Average.

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

19. As Guardian, I believe that the Ward is:

- Happy/Content with living situation  
 Unhappy with living situation

20. As Guardian, I believe that the Ward (*check one*)  DOES  DOES NOT have unmet needs.  
 (*Note: Unmet needs = problems with food, shelter, medical care*). If you have indicated that the  
 Ward DOES have unmet needs, please explain: \_\_\_\_\_  
 \_\_\_\_\_

21. The power authorized by this guardianship should be:

- Unchanged  
 Decreased (*explain*): \_\_\_\_\_  
 Increased (*explain*): \_\_\_\_\_

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>.**

(*Check only if applicable*) **I affirm that I have completed the annual training on Alzheimer's disease, dementia, and related disorders and have filed the certificate of completion.**

23. **Guardian's Bond:** *Check the appropriate box below, adding an explanation if required.*

*Note: Even if the Ward's residential facility pays your bond premium for you, it is your responsibility to verify that the bond premium is current and then mark "HAVE PAID." If you are not sure, you can look for a statement that the premium was paid on one of the accountings the facility sends you, or you can call the facility and ask.*

- I HAVE PAID** the bond premium for the next reporting period.  
 **I HAVE NOT PAID** the bond premium for the next reporting period (*explain*): \_\_\_\_\_  
 \_\_\_\_\_

- I have a **CASH BOND** on file with the Court.  
 **HHSC** guardianship.

24. Please provide any additional information concerning the Ward that you would like to share with the Court: \_\_\_\_\_

25. Remember to order fresh "Letters of Guardianship."

A. Fill out the request form attached to this Report. Letters are not sent automatically; you must complete and submit the following form for the clerk's office to issue Letters.

B. Please note two additional things:

(1) There may be fees required by the clerk. Please contact the county clerk's office to verify.

(2) If there is also a guardianship of the estate, new Letters cannot be issued until the Annual Account is filed and approved by the Court. Note that an Annual Account cannot be approved by the Court until your attorney has submitted **everything** to the Court, including required back-up documents.

**Print this page to fill out by hand.**

I, \_\_\_\_\_, the Guardian of the Person for  
(Write Name of Guardian of the Person)

\_\_\_\_\_, in \_\_\_\_\_  
(Write Name of Ward) (Write Name of County)

County, Texas, declare under penalty of perjury that the foregoing Annual Report is true and correct.

Executed on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Guardian

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

I, \_\_\_\_\_, the Guardian of the Person for  
(Write Name of Guardian of the Person)

\_\_\_\_\_, in \_\_\_\_\_  
(Write Name of Ward)  
(Write Name of County)

County, Texas, declare under penalty of perjury that the foregoing Annual Report is true and correct.

Executed on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Guardian

<p><b>Mail to:</b>  Jefferson County Clerk's Office  P.O. Box 1151  Beaumont, TX 77704-1151</p> <p><b>Deliver to:</b>  Jefferson County Clerk's Office  1085 Pearl Street, First Floor (pass security)  Beaumont, TX 77701</p> <p>Or <b>electronically file</b> with the Clerk's</p>
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CAUSE NO. \_\_\_\_\_

IN THE GUARDIANSHIP OF

§

COUNTY COURT

§

OF

§

\_\_\_\_\_  
AN INCAPACITATED PERSON

§

JEFFERSON COUNTY, TEXAS

§

§

**ORDER APPROVING THE ANNUAL REPORT  
OF THE GUARDIAN OF THE PERSON**

On this day came to be considered the Annual Report of the Guardian of the Person of

\_\_\_\_\_, Ward.

The Court, having examined said report, finds that the Annual Report of the Person meets the requirements of Texas Estates Code § 1163.101, and that there is a need for the guardianship of the person to continue.

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED** that the Annual Report is approved and entered on record.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
JUDGE PRESIDING