

No. _____

Guardianship of

County Court

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of

_____ An Incapacitated Person

Jefferson County, Texas

**Annual Report of the Guardian of the Person on
the Condition and Well-Being of the Ward
Tex. Est. Code § 1163.101**

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

1. Guardian/ Name(s) _____
Co-Guardian Address _____
of the Person: City, State, Zip _____
Daytime Phone: _____ Cell: _____
Email address _____ Relation to Ward: _____

Has any of the Guardian's information changed in past 12 months? Yes No

2. Ward: Name _____
Address _____
City, State, Zip _____ Phone _____
Date of Birth _____ Age: _____

A. Ward resides at: Ward's own home Nursing Home
 Guardian's home Foster/ Boarding/ Group home
 Relative's home (explain below) Hospital/ Medical Facility
 Relative's relationship to the ward _____
Facility Name _____

B. How long at this address: _____ If the address of the Ward has changed in the past year, give the reason: _____

C. Date the Guardian of the Person most recently saw the Ward: _____
How frequently has the Guardian seen the Ward in the past year? _____

D. Basis for Incapacity: Intellectual Disability: Mild Moderate Profound/ Severe
 Chronic Mental Illness Stroke Head Injury Alzheimer's Dementia
 Minor Other Medical Conditions: _____

3. The Ward's Health

A. The Ward's mental health for the past year: Improved* Deteriorated* Remained unchanged
*Describe: _____

B. The Ward's physical health for the past year: Improved* Deteriorated* Remained unchanged
*Describe: _____

C. Does the Ward receive regular medical care? Yes No

D. Was the Ward treated or evaluated by any of the following persons during the past year?

i. Physician
Name _____ Date _____

Description of the Treatment or Services _____

ii. Physician, Psychologist, Other Mental Health Care Provider
Name _____ Date _____

Description of the Treatment or Services _____

- iii. Dentist
Name _____ Date _____
Description of the Treatment or Service _____
- iv Social/ Other Caseworker
Name _____ Date _____
Description of the Treatment or Service _____
- v. Other
Name _____ Date _____
Description of the Treatment or Service _____

E. If the Ward is a minor, is the Ward presently attending school? Yes No
If so, give name of the school and school phone number for possible verification:

Describe the Ward's progress in school (grades, learning, participation, etc.):

4. Ward's Activities

During the past year, the Ward engaged in the following activities: (describe)

- Recreational activities _____
- Educational activities _____
- Social activities _____
- Occupational activities _____
- None available (explain) _____
- The Ward refuses or is unable to participate (explain) _____

5. Ward's Living Arrangements

- A. I evaluate the Ward's living arrangements as: Excellent Average Below average*
*If "below average," explain _____
- B. I believe the Ward is content with the living arrangements Yes No*
*If "No," what action is planned? _____

6. Ward's Unmet Needs

- A. I believe the Ward has unmet basic needs: Yes* No
*If "Yes," what action is planned _____
- B. I believe the Ward has unmet medical needs: Yes* No
*If "Yes," what action is planned _____
- C. I believe the Ward has unmet social needs: Yes* No
*If "Yes," what action is planned _____

7. Modification

- A. Has the Ward regained sufficient capacity to make decisions in any of the areas over which you have been given the power to make decisions? Yes* No
*If "Yes," please describe _____
- B. My authorized powers as Guardian of the Person should:
 - Remain the same
 - Be decreased as follows: _____
 - Be increased as follows: _____

8. Financial Matters

- A. Does the Guardian of the Person receive funds on behalf of the Ward or have possession or control of the Ward's estate? Yes No
If "No," proceed to #9.
- B. Is the Guardian of the Person also Guardian of the Estate? Yes No
If "Yes," give the date of the last annual account filed _____
If "No," please provide the following regarding the Guardian of the Estate or Management Trustee:
Name _____
Address _____
City, State, Zip _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email address _____ Relation to Ward _____

9. Bond

I have a personal surety bond Yes No
If "No," has the bond premium for the next reporting period been paid? Yes No

10. Additional Information

The Court should be aware of the following additional information concerning the Ward:

A. I have filed for emergency detention of the Ward under Subchapter A, Chapter 573, Texas Health & Safety Code during the past year: Yes No

Incidents: _____ Dates: _____

B. Has the Ward been injured or hospitalized during the past year? Yes No

If "Yes," briefly describe what happened: _____

C. Guardian is A Private Professional Guardian
 a guardianship program,
 the Department of Aging and Disability Services

The Guardian or an individual certified under Subchapter C, Chapter 155 [111], Government Code, who is providing guardianship services to the ward and who is filing the affidavit on the guardian's behalf, is or has been the subject of an investigation conducted by the Guardianship Certification Board during the preceding year. Yes No

D. Other information I believe the Court should be aware of concerning the Ward:

11. Emergency Contact for Guardian of the Person:

Name _____ Relationship _____

Address _____

City, State, Zip _____ Phone _____

12. If available, please attach a current photograph of the Ward.

13. IF THIS GUARDIANSHIP SHOULD NOT BE CONTINUED, CONTACT YOUR ATTORNEY ABOUT CLOSING IT.

This Annual Report of the Guardian of the Person MUST be sworn to before A Notary Public or Deputy County Clerk before it will be accepted for filing.

STATE OF TEXAS }
COUNTY OF _____ }

BEFORE ME, the undersigned Notary Public, this day personally appeared the undersigned, known to me to be the Guardian of the Person described in the foregoing Report, and whose name is subscribed to the foregoing Report, who after being by me duly sworn, did on his/her oath, depose and state:

"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 on _____

Signature of Guardian/Co-Guardian of the Person

SUBSCRIBED AND SWORN BEFORE ME on _____

Notary Public

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