

Cause Number: \_\_\_\_\_

In the Guardianship of \_\_\_\_\_,

§ In Probate Court of  
§  
§ Jefferson County, Texas

\_\_\_\_ INCAPACITATED PERSON

**GUARDIAN'S  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 and can delay processing and approval.*

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 \_\_\_\_/DOB \_\_\_\_\_  
Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ New Address?  YES  NO

2. GUARDIAN(s): Name(s) \_\_\_\_\_  
Age(s) \_\_\_\_\_ / DOB(s) \_\_\_\_\_  
Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ New Address?  YES  NO

If co-guardians,  
both must be listed here.

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"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 \_\_\_\_\_

Guardian is (mark with "X") : \_\_\_\_\_ Family Member \_\_\_ Private Professional \_\_\_ Guardianship Program \_\_\_ TH&HS Commission  
The Guardian or an individual certified under Subchapter C, Chapter 155: \_\_\_\_\_ YES \_\_\_\_\_ NO

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

If this is your FINAL report, answer the questions below. If this is NOT your final report, skip to #4

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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**, you **MUST** attach birth certificate.

C. If because the **Ward has died**, you **MUST** 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, and put today's date as "Date of last visit"

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

5. Ward's residence is (check **only 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. How long has the Ward lived at this address? \_\_\_\_\_

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: \_\_\_\_\_ (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 necessarily mean 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.

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

**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 \_\_\_\_\_

8a. Emergency Contact for Guardian

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

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

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

9. 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 residential facility that arranges the services.*

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

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

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

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

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

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

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

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

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

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

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

10. Ward's Activities: During the past year, the Ward has participated in the following activities.

*What does your 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.). Don't leave blank or simply write the name of the residential facility.*

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

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

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

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

None available. (explain) \_\_\_\_\_

Refuses or is unable to participate. (explain) \_\_\_\_\_

11. During the past year the ward's MENTAL health has:

Remained about the same

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

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

12. 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: \_\_\_\_\_

12a. Has the Ward been injured or hospitalized during the past? if yes explain \_\_\_\_\_.

13. Wards Basis for Incapacity: \_\_\_ Intellectual Disability: \_\_\_ Mild \_\_\_ Moderate \_\_\_ Profound/Severe  
\_\_\_ Chronic Mental Illness: \_\_\_ Stroke \_\_\_ Head Injury \_\_\_ Alzheimer's Dementia  
\_\_\_ Minor \_\_\_ Other Medical Condition (explain): \_\_\_\_\_

14. During the past year the ward's PHYSICAL health has:  
 Remained about the same  
 Improved. Describe: \_\_\_\_\_  
 Deteriorated. Describe: \_\_\_\_\_

15. As guardian, I believe the Ward's living arrangements are  Excellent  Average  Below average  
If below average, explain: \_\_\_\_\_  
\_\_\_\_\_

16. As guardian, I believe that my ward is  
 Happy/Content with living situation  
 Unhappy with living situation

17. As guardian I believe my ward  DOES  DOES NOT have unmet needs.  
(Unmet needs = problems with food, shelter, medical care)  
If you answered DOES, please explain: \_\_\_\_\_  
\_\_\_\_\_

18. The power authorized by this guardianship should be:  
 Unchanged  
 Decreased (explain: \_\_\_\_\_)  
 Increased (explain: \_\_\_\_\_)

19. Check each box immediately 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 the Report.**

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

*Note: Even if Ward's residential facility pays your bond premium for you, it is your responsibility to verify that the bond payment 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 **PERSONAL BOND / CASH BOND** on file with the Court.
- J J UE**'guardianship.

21. Please state any additional information concerning the ward that you would like to share with the Court. (You may continue on another page.)

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**Please note:**

(1) There may be fees required by the clerk. **(\$12.00)** You can call the clerk’s office to verify: 409-835-8475 opt. 4.

(2) ***IF AVAILABLE, Please attach a current photo of the Ward***

***Complete the following. The signature below does require a Potary or Deputy County Clerk before it will be accepted for filing.***

State of \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, the guardian of the person for \_\_\_\_\_,  
(insert name of guardian of the person) (insert name of ward),  
personally appeared. known to be the Guardian of the Person 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 declare that the foregoing is true and correct to the best of my knowledge.

Executed on \_\_\_\_\_ 20 \_\_\_\_\_  
Guardian’s signature

SUBSCRIBED AND SWORN BEFORE ME on \_\_\_\_\_

Notary Public: \_\_\_\_\_ Seal: \_\_\_\_\_

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

I, \_\_\_\_\_, the guardian of the person for \_\_\_\_\_,  
(insert name of co-guardian of the person) (insert name of ward),  
personally appeared the co-Guardian of the Person 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 declare that the foregoing is true and correct to the best of my knowledge.

Executed on \_\_\_\_\_ 20 \_\_\_\_\_  
Co-Guardian’s signature (if any)

SUBSCRIBED AND SWORN BEFORE ME on \_\_\_\_\_  
Notary Public: \_\_\_\_\_  
Seal: \_\_\_\_\_

**MAIL TO:**  
Jefferson County Clerk's Office  
Probate Department, PO BOX 1151  
Beaumont, Texas 77704-1151  
**HAND DELIVERY:**  
Jefferson County Clerk's Office  
1085 Pearl St., First Floor (pas security)  
Beaumont, Texas 77701  
OR electronically file through E-file

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