

CAUSE NO. GN

IN THE MATTER OF THE
GUARDIANSHIP OF

AN INCAPACITATED PERSON

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IN THE COUNTY COURT
AT LAW NO. ____ &
PROBATE COURT OF
BRAZORIA COUNTY, TEXAS

**GUARDIAN'S ANNUAL / FINAL REPORT ON THE
CONDITION AND WELL BEING OF THE WARD
COVERING THE PERIOD FROM _____ TO _____**

I, (We) _____, represent that I (We are) am the Guardian(s) and that my (our) Annual / Final (circle one) Report to the Court is as follows: ***(Please leave no blanks unanswered. If it is not applicable please put "N/A").***

1. Present condition, of the Ward: ___ living; ___ deceased; _____ Date of death ***(if still living please move to question #2)***
 - a. If deceased, please provide death certificate, or if not available; indicate date and place of death:
 - b. If deceased, has a personal representative been appointed:
___ Yes; ___ No; If yes, list name, address, and telephone number:
 - c. If deceased, is any of the Ward's personal property still in your possession:
If no, to whom did you distribute the Ward's personal property:

 - d. If you are filing a Final Report because of your resignation, has a successor been appointed? ___
If not, is there an interested person willing to serve? ___ If so, please complete the following:
NAME : _____
ADDRESS: _____
PHONE : _____

2. Current information on the **Guardian** :
NAME : _____
ADDRESS: _____
PHONE : _____

3. Present age of the **Ward**: _____ Date of Birth: _____

4. Current Address of the **Ward**:

5. Current telephone number where the Ward can be reached : _____

6. The **Ward's** residence is :

- | | |
|------------------------------|--|
| _____ guardian's home | _____ own home |
| _____ nursing home | _____ hospital or medical facility |
| _____ foster / boarding home | _____ relative's home (relation) _____ |
| _____ group home; HCS home | _____ other _____ |

7. The **Ward** has been at present residence since : (date) _____

Ward has moved within the past year, please state the reason for the move :

8. How many times have you visited the **Ward** in person during the past year ? _____ ;

Give the date of your last personal visit on the **Ward**: _____

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

- _____ remained the same
- _____ improved (describe) _____
- _____ deteriorated (describe) _____

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

- _____ remained the same
- _____ improved (describe) _____
- _____ deteriorated (describe) _____

11. During the past year, the **Ward** has been treated or evaluated by the following and describe each :

Physician, Psychiatrist or Psychologist, Dentist, Social or other case worker:

12. The **Ward** is / is not (circle one) under regular physician's care

Doctor's Name : _____

Address : _____

13. Social conditions-During the past year the **Ward** has participated in the following activities:

- Recreational: _____
- Educational: _____
- Social: _____
- Occupational: _____
- None available _____
- Ward refuses or is unable to participate.

14. As the Guardian, I rate my **Ward's** living arrangements is " (if below average, please explain)

- Excellent Above Average Average Below Average

15. As the Guardian, I believe my **Ward** is content, unhappy with his/her present living situation. If unhappy, please explain:

16. As the Guardian, I believe my **Ward** has the following unmet needs:

17. Powers authorized by the guardianship should: (ex: resignation, bond issue, estate issues, etc.)

- remain the same:
- be decreased as follows: _____
- increased as follows: _____

18. I do / do not (circle one) have possession and control of the **Ward's** estate.

If you circled "do" have you been appointed as a Guardian of the Estate of the Ward by the Probate Court? _____

Please mark the items below which are applicable:

- Social Security (\$ _____ per month)
- Supplemental Security Income (\$ _____ per month)
- Other (describe)

The money has been spent in the following manner : (If more space is need attach a statement)

19. Please state any additional information concerning the **Ward** which you would like to share with the Court including whether or not the Guardian has filed for emergency detention of the Ward.

20. If this is the first time you are filing this report, or for any time thereafter, a picture of the ward would be appreciated. (This request is optional; it is **not** a requirement.)

21. I _____ (Guardian) hereby swear that I have read the "Ward's Bill of Rights" with _____ (Ward) in his / her native language.

I hereby swear that the answers set forth above are true and correct to the best of my knowledge and belief, and that I am giving such answers subject to the penalties of making a false affidavit or declaration.

The bond premium for the next accounting period has / has not been paid and verification is / is not attached: {CASH BOND ON FILE}{SURETY BOND ON FILE}{BOND WAIVED BY COURT} (circle one)

PLEASE DO NOT SIGN THIS DOCUMENT UNTIL YOU ARE IN FRONT OF A NOTARY PUBLIC.

OUR OFFICE IS AVAILABLE TO NOTARIZE YOUR SIGNATURE

If you are co-guardians, both must sign in front of a Notary

Signature(s): _____

Street Address: _____

City, State, Zip Code: _____

Telephone Number: _____

SUBSCRIBED AND SWORN to before me by _____ on this _____ day of _____, 20__.

Notary Public in and for Brazoria County, Texas

_____▲

{seal}

-OR-

I, _____ (Guardian of the Person), the guardian of the person for _____ (Ward) in Brazoria County, Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ (Date)

***** IF YOU COMPLETE THIS PORTION NOTARIZATION IS NOT REQUIRED*****

_____ (Signature)