

CAUSE NO.: _____

IN RE: GUARDIANSHIP
OF THE PERSON OF

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IN THE PROBATE COURT
OF
DENTON COUNTY, TEXAS

Please answer each question as completely as possible. All questions must be answered. The Oath of Guardian must be notarized. Incomplete reports will delay the issuance of Letters of Guardianship.

ANNUAL REPORT OF GUARDIAN OF THE PERSON

Now comes **GUARDIAN**, Guardian of **WARD**, Protected Person in the above entitled and numbered cause, and files this report covering the time period of

_____, 20__ through _____, 20__

concerning the Ward's (hereinafter referred to as "Protected Person") physical well-being, location, and condition pursuant to 1163.101 of the Texas Estates Code.

1. Protected Person's name: _____
2. Protected Person's date of birth and age: _____
3. Protected Person's address: _____

4. Protected Person's phone number: _____
5. Guardian's name: _____
6. Guardian's address: _____

7. Guardian's phone number: _____
8. Guardian's email address: _____
9. Guardian's relationship to Protected Person: _____
10. Check the type of residence in which the Protected Person lives:
 - Guardian's home
 - Protected Person's own home
 - Denton State Supported Living Center
 - Nursing home (Name of facility): _____
 - Group home (Company Operated by): _____
 - Other (Adult foster-care, etc) _____
11. How long has the Protected Person resided at his/her current residence?

12. Has the Protected Person's residence changed in the last twelve months? No Yes
If yes, please provide the date of change and the reason for the change:

13. As the Guardian do you believe the Protected Person is content with his/her living arrangements?
 Yes No

If no, please explain: _____

14. As the Guardian do you believe the Protected Person has any unmet needs?
 No Yes

If yes, please explain: _____

15. As the Guardian I rate the Protected Person's living conditions as:
 Excellent Average Below Average

If below average, please explain: _____

As the Guardian I have taken the following steps to improve the living conditions:

16. As the Guardian I rate the Protected Person's day to day care as:
 Excellent Average Below Average

If below average, please explain: _____

As the Guardian I have taken the following steps to improve the day to day care:

17. The Protected Person's primary physician is: _____

18. Check the appropriate box if the Protected Person has been seen by any of the following health care providers within the last year:

Psychiatrist: Name _____ Treated for: _____
 Psychologist: Name _____ Treated for: _____
 Dentist: Name _____ Treated for: _____
 Other: Name _____ Treated for: _____

19. During the past year the Protected Person's physical health has:

- remained the same
- improved
- deteriorated

If improved or deteriorated, please explain: _____

20. During the past year the Protected Person's mental health has:

- remained the same
- improved
- deteriorated

If improved or deteriorated, please explain: _____

21. Does the Protected Person have an estate? (SSI benefits are not an estate)?

- Yes No

If yes, are you the Co-Guardians of the Protected Person's estate? Yes No

If yes, have you filed your Annual Account? Yes No

22. Do you receive money for acting as the Protected Person's Guardian? Yes NO

23. Do you receive any funds for the Protected Person's care? Please identify all that apply.

SSI: Amount: _____

SSDI: Amount: _____

VA: Amount: _____

SS Survivor Benefits: Amount: _____

Trust Account: Amount: _____

Other: Amount: _____

24. If you receive funds for the Protected Person's care, in what kind of account are the funds maintained?

Separate designated account: Yes No

Joint account with Protected Person: Yes No

Other: Please identify: _____

25. When the Guardianship was granted as the Guardian I posted a:

- personal surety bond cash bond corporate bond

If a corporate bond was posted have you paid the premium for the next reporting period?

- Yes No

26. As the Guardian I believe my Guardianship powers should:

- remain the same
- be increased
- be decreased

If increased or decreased is selected please explain: _____

27. The Denton County Probate Court has a standing requirement for Guardians to have face-to-face visits in the Protected Person's residence a minimum of four times per year spread throughout the year. As the Guardian have you met this requirement?

- Yes No

27. Cont'd.) Please explain why you have not visited: _____

- Yes, I reside with the Protected Person or I visit weekly every other week
 monthly

Please list the dates of visits if different from the choices above. _____

28. During the past year the Protected Person has participated in the following activities:

- Recreational: (list activities) _____
 Educational: (list activities) _____
 Social: (list activities) _____
 Occupational: (list activities) _____
 Limited ability to participate but enjoys: (list activities) _____

29. Texas Estates Code Section 1151.351 (enacted 6.21.15) requires the Guardian each year on annual renewal of the Guardianship to explain the rights delineated in the "Ward's Bill of Rights" in the Protected Person's native language, or preferred mode of communication, and in a manner accessible to the Protected Person. In addition to explaining those rights, the Court requires the Guardian each year to provide a copy of the Bill of Rights to the Protected Person. Have you, as Guardian, explained the rights delineated in the Bill of Rights and provided the Protected Person a copy of the Bill of Rights?

- Yes No

30. Please use this space to share any other information that you would like the Court to know about the Protected Person and/or your role as Guardian including any new medical issues or concerns:

This Annual Report must be sworn before an officer authorized to administer oaths before it will be accepted for filing.

OATH OF GUARDIAN

THE STATE OF TEXAS §

COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this the _____ day of _____, 20____, who duly sworn, states that the within and foregoing report is true, correct, and a complete statement of the present location, condition, and well-being of **WARD**, an Incapacitated Person, as of the date stated herein.

Guardian: (signature) _____

Printed Name: _____

Current Address: _____

County, State, Zip: _____

SWORN TO AND SUBSCRIBED BEFORE ME, on this the _____ day of _____, 20____.

(Seal)

Notary Public in and for the State of Texas