

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

IN THE MATTER OF	§	IN THE PROBATE COURT
THE GUARDIANSHIP OF	§	NO. _____
_____	§	BEXAR COUNTY, TEXAS
An Incapacitated Person		

**ANNUAL REPORT ON CONDITION AND WELL-BEING OF WARD**

\_\_\_\_\_, Guardian of the Person of \_\_\_\_\_, ("Ward"), in the above case, and presents this report as of \_\_\_\_\_, 20\_\_\_\_, on the Ward's physical and mental well-being and condition:

- Guardian's present address: \_\_\_\_\_  
 Date Guardian qualified : \_\_\_\_\_  
 Day phone: (\_\_\_\_\_) \_\_\_\_\_ Evening phone: (\_\_\_\_\_) \_\_\_\_\_  
 e-mail address: \_\_\_\_\_  
 Relationship to Ward \_\_\_\_\_  
 Please Give an Emergency Contact for Guardian:  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

During the past reporting year have you (the guardian) been convicted of a felony or a misdemeanor ?  yes  no  
If YES, please explain \_\_\_\_\_

During the past reporting year have you (the guardian) been the subject of an Investigation by Adult or Child Protective Services ?  yes  no  
If YES, please explain \_\_\_\_\_

Are you a Texas Certified Guardian ?  
 yes Tx CG Number \_\_\_\_\_  no

If you are a Private Professional Guardian, an employee of a guardianship program or the Department of Aging and Disability Services, or required to be certified by the Texas Judicial Branch Certification Commission (TJBCC), were you the subject of an investigation by the TJBCC during the last reporting period ?  yes  no  
If yes, please explain: \_\_\_\_\_

- Ward's present address: \_\_\_\_\_

Phone number: (\_\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of facility or home where Ward lives: \_\_\_\_\_

3. Where does Ward live?

- Ward's own home                       Nursing Home                       Foster Home  
 Guardian's Home                       Hospital/Medical Facility       Boarding Home  
 ICF/ID Group Home/HCS       Other: Specify \_\_\_\_\_  
 Relative's Home (relationship to Ward): \_\_\_\_\_

4. How long has Ward lived at above? \_\_\_\_\_

If there has been a change of residence in the past year, give reason for change: \_\_\_\_\_

5. The Ward's living arrangements are:  Excellent  Average  Below average

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

6. As guardian I believe the ward is:

- content with living situation       unhappy with living situation

If unhappy with living situation, please explain: \_\_\_\_\_

7. Date Guardian last saw Ward: \_\_\_\_\_

How frequently has Guardian seen Ward in the past year? \_\_\_\_\_

8. Does Guardian have possession or control of Ward's estate?  yes  no

Who is the Representative Payee of funds for Ward?  
\_\_\_\_\_

Give the type of funds or benefits received by Ward monthly and the amount:

- SSI or SSDI                      \$ \_\_\_\_\_  
 Social Security                      \$ \_\_\_\_\_  
 VA                                      \$ \_\_\_\_\_  
 Civil Service/ OPM                      \$ \_\_\_\_\_  
 Pension                              \$ \_\_\_\_\_  
 Private Retirement                      \$ \_\_\_\_\_  
 Other (Specify)                      \$ \_\_\_\_\_

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

- improved                       deteriorated                       remained unchanged

If there has been a change, please explain: \_\_\_\_\_

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

improved  deteriorated  remained unchanged

If there has been a change, please explain: \_\_\_\_\_

10. The Ward's primary physician is :

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

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

If the Ward has been treated or evaluated by any of the following persons in the last year, briefly describe the condition and treatment, and give the name of the person

Physician: _____	Describe: _____
Psychiatrist _____	Describe: _____
Psychologist: _____	Describe: _____
Dentist: _____	Describe: _____
Social/other caseworker: _____	Describe: _____
Other: _____	Describe: _____

11. Briefly describe all recreational, educational, and occupational activities in which the Ward has participated during the last year:

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

No activities available.  Ward is unable or has refused to participate.

12. Describe the Supports and Services the Ward currently receives, for example provider services, Meals on Wheels, day habilitation, care management /companion care, senior center activities, etc.:

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

13. As guardian, I believe that the Ward's unmet needs (if any) are:

\_\_\_\_\_

14. The powers authorized by this guardianship should be:

increased  decreased  unaltered

Please explain if a change is recommended: \_\_\_\_\_

15. Is the premium on the corporate surety bond been paid for the upcoming year-long reporting period?  yes  no

If no, please explain. \_\_\_\_\_

16. Has the ward been involuntarily committed or subject to an emergency detention for mental health hospitalization and treatment during this reporting period?  yes  no

If yes, please give the details: \_\_\_\_\_  
\_\_\_\_\_

17. Has the guardian provided the ward with the following information required by the *Bill of Rights for Wards?* (See Texas Estates Code, Section 1151.351 and *Rights of Wards* issued by Bexar County Probates Courts Number 1 and Number 2)

A copy of the guardianship order	<input type="checkbox"/> yes	<input type="checkbox"/> no
A copy of the letters of guardianship	<input type="checkbox"/> yes	<input type="checkbox"/> no
Contact Information for the Probate Court	<input type="checkbox"/> yes	<input type="checkbox"/> no
Contact information for Disability Rights Texas	<input type="checkbox"/> yes	<input type="checkbox"/> no
Contact information on an independent living center	<input type="checkbox"/> yes	<input type="checkbox"/> no
Contact information for Bexar Area Agency on Aging	<input type="checkbox"/> yes	<input type="checkbox"/> no
Contact information for the Center for Health Care Services	<input type="checkbox"/> yes	<input type="checkbox"/> no
Information for filing a complaint against a certified guardian	<input type="checkbox"/> yes	<input type="checkbox"/> no

18. Any additional information the Guardian wants to share with the Court:

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

19. If this guardianship should be continued/discontinued, then state why below; if it should not be continued, contact your attorney about closing it.

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

***If possible, please attach a current photograph of the ward.***

**THE REPORT ON THE CONDITION AND WELL BEING OF THE WARD MUST BE SWORN TO BEFORE A NOTARY PUBLIC OR DEPUTY COUNTY CLERK BEFORE IT WILL BE ACCEPTED FOR FILING, UNLESS IT IS ELECTRONICALLY FILED.**

**SWORN DECLARATION – CAN BE USED WITH ALL FILING METHODS**

**OATH OF GUARDIAN**

STATE OF TEXAS §

COUNTY OF BEXAR §

Before me, the undersigned authority, on this \_\_\_ day of \_\_\_\_\_ 20\_\_\_, personally appeared \_\_\_\_\_, who being first duly sworn under penalty of perjury, stated under oath that the *Annual Report on the Condition and Well Being of the Ward* is a true, correct, and complete statement of the present condition, welfare and well-being of \_\_\_\_\_, an Incapacitated Person, as of this date.

Signed: \_\_\_\_\_  
Guardian of the Person

**SWORN TO AND SUBSCRIBED BEFORE ME** on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of  
Texas/Deputy County Clerk

**UNSWORN DECLARATION – USE ONLY IF FILING REPORT BY E-FILE**

I, (guardian’s name) \_\_\_\_\_, the guardian of the person for (ward’s name) \_\_\_\_\_, in (county name) \_\_\_\_\_ County, Texas, declare under penalty of perjury that the foregoing is true and correct.

EXECUTED on \_\_\_\_\_, 20\_\_\_.

Signed \_\_\_\_\_  
Guardian of the Person

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

IN THE MATTER OF  
THE GUARDIANSHIP OF  
\_\_\_\_\_  
An Incapacitated Person

§  
§  
§

IN THE PROBATE COURT  
NO. \_\_\_\_\_  
BEXAR COUNTY, TEXAS

**ORDER ACCEPTING  
ANNUAL REPORT ON THE CONDITION AND WELL BEING OF THE WARD**

On the date shown below, the Court considered the *Annual Report on the Condition and Well Being of the Ward*, and after examining the Report, **ORDERS** it entered of record.

It is **FURTHER ORDERED** that Letters of Guardianship shall be renewed with an expiration date of \_\_\_\_\_, 20\_\_\_\_.

**SIGNED** this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**JUDGE, PROBATE COURT NO. \_\_\_\_\_  
BEXAR COUNTY, TEXAS**

Number of Letters Requested: \_\_\_\_\_  
Send to:

Name of Guardian: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_