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Presiding Judge
County Court at Law
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Annual Report of Guardian of the Person

Pursuant to Texas Estates Code § 1163.101, a person appointed as *Guardian of the Person* of an Incapacitated person is required to file an Annual Report on the wellbeing of that Incapacitated person. The following forms can be used to comply with this requirement. **However, please note that if you use the following forms, you MUST complete every blank, as applicable, and check all appropriate boxes as instructed, otherwise, the Court will not sign the order. Alternatively, if you choose to use your own form and fail to provide the information required by Texas Estates Code § 1163.101, the Court will not sign the order.**

Instructions:

- Form must be filled out **completely** and to the best of your knowledge.
- If you are unsure of your *Cause Number, Reporting time period, or Bond type,* please call the County Clerk at 409-882-7055 for assistance.
- Reporting time period should always cover the ***previous*** year. Please make sure your reporting time period is correct. Your reporting time period began the day you qualified as Guardian and continues annually for the same period each year thereafter. The date you qualify is the date when the Court approves your bond *or* when you take and file your oath, ***whichever is later*.** For example, if you qualified as guardian on February 5, 2006, your first reporting period would be February 5, 2006 through February 4, 2007 and your first report would be due within 60 days of February 5, 2007 (your anniversary date). Your next reporting period would be February 5, 2007 through February 4, 2008, and your second annual report would be due with 60 days of February 5, 2008, and so on and so on.
- All guardians appointed *Guardian of the Person* need to be included in the report.
- Attach a current picture of the ward, if possible.
- Reports may be filed in person or by mail along with any applicable fee. Due to the Covid-19 Pandemic, Reports may be emailed to the Court's Court Coordinator, Jessica Myers, at jmyers@co.orange.tx.us.
- Unless there is an *Affidavit of Indigence/Affidavit of Inability to Pay* on file, the fee to file the Report is $12.00 and the fee for Letters of Guardianship is $2.00. If Reports are emailed to Court, they will be e-file upon review and approval by the Court, but all fees must be paid prior to new Letters of Guardianship being issued.
- Failure to file the required Annual Report in a timely manner could result in the setting of a hearing before the court and/or the abatement of the guardian's authority and/or the removal of the guardian.

*****NOTE: DO NOT FILE THIS PAGE WITH YOUR ANNUAL REPORT. THIS PAGE CONTAINS INSTRUCTIONS ONLY!*****

PLEASE NOTE: THIS FORM IS NOT A SUBSTITUTE FOR LEGAL ADVICE

CAUSE NO. _____

IN THE GUARDIANSHIP OF	§	IN THE COUNTY COURT AT LAW
	§	
_____ , (*Name of Ward*)	§	OF
	§	
AN INCAPACITED PERSON	§	ORANGE COUNTY, TEXAS

GUARDIAN'S ☐ INITIAL ☐ ANNUAL ☐ FINAL ←**Check appropriate box**

REPORT ON THE CONDITION AND WELL-BEING OF THE WARD

Check one: ☐ Guardian of the Person Only ☐ Guardian of the Person and Estate

Please fill out this form completely, answering every question, except when directed otherwise. "Not applicable" is not a proper response and will delay processing and approval. Further, failure to fill out form completely will also 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. This report covers the time period of _____ to _____

2. Ward:
Name _____
Age ____ Date of Birth: _____ SSN: XXX-XX-_____ (last 4 digits only)
Address (no P.O. Box) _____
City/State/Zip _____
Phone _____
How long at this address? _____

3. Guardian(s):
Name(s) _____
Age(s) _____ Date of Birth(s) _____
Address (no P.O. Box) _____
City/State/Zip _____
Phone _____
Cell number _____
Email: _____
Relationship to Ward: _____
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: _____
_____
_____
_____
_____

If co-guardians, Both must be listed

If this is your final report, answer the questions in the box below. **If this is not your final report, skip to #5.**

4. FINAL REPORTS ONLY

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: home _____ cell _____

B. If because **Ward has turned eighteen**, attach birth certificate of Ward.

C. If because the **Ward has died**, attach death certificate of Ward.

5. During the last year, I have visited the Ward in person _____ times.
Date of last visit: _____
*If the Ward lives with you, put 365, and put today's date as "Date of last visit"
*If zero visits, please explain: _____
_____

6. Ward's residence is (check one):
☐ Ward's home
☐ Guardian's home
☐ Relative's home
Or in the type of facility checked below:
☐ Nursing home ☐ Group Home ☐ Hospital/Medical facility
☐ State Supported Living Center (State School) ☐ Other
If one of the above (please provide NAME, address, and phone number of facility)_____
_____

7. Length of time the Ward has lived at this address: _____
Any change in Ward's residence within the past year? Yes ☐ No ☐ If yes, please explain reason for the change:_____
_____

8. **All** guardians **must** report on the amount and source of the Ward's income, regardless of whether the income comes/goes to someone other than the guardian (such as a facility where the Ward resides). Note that the Social Security benefits **<u>are</u>** considered income, but child support is **<u>not</u>** considered income. Please state the following:

A. Source of Ward's income: _____
B. **Annual** amount of Ward's income: _____ (monthly x 12)
If zero, explain: _____
_____

9. 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 Representative Payee of social security funds for the Ward does not necessarily mean there is a guardianship of the Ward's estate.

Depending on your answer, please answer the questions below:

If you answered **"NO"** to question 9 →

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 <u>MUST</u> report on your management of those funds by attaching an income and expenses worksheet to this Annual Report.** Forms are available at the County Clerk's Office (801 W. Division, Orange, Texas).

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

If not, who is the Representative Payee?

<u>OR</u>

If you answered **"YES"** to question 9 →

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 estate? ☐ **Yes** ☐ **No**

(2) Do you, as Guardian of the Person, receive an allowance from the Guardian of the Estate?

☐ **Yes** ☐ **No**

→ **If YES**, what is the annual amount of allowance received? _____

(3) Are you the Representative Payee of the Ward's Social Security Disability (SSI) or Social Security Retirement Benefits? ☐ **Yes** ☐ **No**

If not, who is the Representative Payee?

10. During the past year, has the Ward had regular medical care? ☐ **Yes** ☐ **No**
Note: The ward should have, at least, an annual checkup with a doctor. If the ward has not had an annual checkup, please list the reasons why: _____

_____

_____

_____

11. During the past year, has the Ward had regular dental care? ☐ **Yes** ☐ **No**

Note: The ward should have, at least, an annual checkup with a dentist. If the ward has not

had an annual dental checkup, please list the reasons why: _____
_____
_____
_____

12. During the past year, the 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 Court even if the Ward's residential facility arranges the services. If that is the case, you must get this information from the facility.

A. The Ward's present physician/doctor is:
Name: _____
Address: _____
Phone Number: _____
Treatment Involved: _____
_____
_____

B. The Ward's present dentist is:

Name: _____
Address: _____
Phone Number: _____
Date of the Ward's last annual checkup: _____
If the Ward has seen this dentist for something other than an annual checkup, please detail
Treatment Involved: _____
_____

_____

C. Has the Ward received treatment or evaluation by a psychiatrist, psychologist, or other mental health provider? ☐ **Yes** ☐ **No**

If yes, please provide the following:
Name: _____
Address: _____
Phone Number: _____
Treatment Involved: _____
_____

_____

D. Has the Ward seen another individual who provided treatment? ☐ **Yes** ☐ **No**
If yes, please provide the following:

Name: _____
Address: _____
Phone Number: _____

Treatment Involved: _____
_____
_____

Name: _____
Address: _____
Phone Number: _____
Treatment Involved: _____
_____
_____

Name: _____
Address: _____
Phone Number: _____
Treatment Involved: _____
_____
_____

E. Has the Ward seen a Social Worker or other case worker? ☐ **Yes** ☐ **No**
If yes, please provide the following:
Name: _____
Address: _____
Phone Number: _____
Describe: _____
_____
_____

13. Social Conditions: During the past year, the Ward has participated in the following activities (check all that apply):

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.**
☐ **Refuses or is unable to participate.**

14. During the past year, the Ward's **physical** health has (check one box):

☐ Improved ☐ Deteriorated ☐ Remained Unchanged

If the ward's physical condition has changed, please describe all changes.

_____
_____
_____
_____

15. During the past year, the Ward's **mental** health has (check one box):

☐ Improved ☐ Deteriorated ☐ Remained Unchanged

If the ward's mental condition has changed, please describe all changes.

_____
_____
_____
_____

16. 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 HAVE FILED, please list the number of times and the dates: _____
_____
_____

17. As Guardian, I believe the Ward's present living arrangements are:
☐ Excellent ☐ Average ☐ Below Average

If below average, please explain: _____
_____
_____

18. As Guardian, I believe the Ward is:
☐ Happy/Content with the living situation
☐ Unhappy with the living arrangements

19. Are there any unmet needs of the ward? ☐ **Yes** ☐ **No**
If yes, please explain:

Unmet needs = problems with food, shelter, medical care

_____
_____
_____

20. The power authorized by this guardianship should be:
☐ Unchanged
☐ Decreased (explain): _____
☐ Increased (explain): _____

21. 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 <u>your</u> 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 SURETY BOND** on file with the Court in the amount of _____
☐ I have a **CASH BOND** on file with the Court in the amount of _____
☐ I am **not required to pay** a bond premium (explain): _____

_____

22. If the Bond in this guardianship is a **personal** surety bond, rather than a **corporate** surety bond, has there been a change in the status of the sureties on the bond? (ex: address, death, financial)

Yes ___ No ___ N/A ___ If so, please explain. _____

_____

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

23. If there is any additional information you wish to share with the Court please state or attach to this report. _____

_____

_____

DECLARATION OF GUARDIAN

Complete the following. The signature below does not require a notary.

I, _____, the guardian of the person for
(insert name of guardian of the person)

_____, in Orange County Texas, declare under
(insert name of ward)

penalty of perjury that the foregoing is true and correct.

Executed on _____20_____ _____
Guardian's signature

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

I, _____, the co-guardian of the person for
(insert name of co-guardian of the person)

_____, in Orange County Texas, declare under
(insert name of ward)

penalty of perjury that the foregoing is true and correct.

Executed on _____20_____ _____
Co-Guardian's signature (if any)