

CAUSE NO.: _____

IN RE: GUARDIANSHIP

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IN THE PROBATE COURT

OF THE PERSON OF

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 of _____,
Ward in the above entitled and numbered cause, and files this report covering the time period of
_____ **through** _____, concerning the Ward's physical well-being,
location, and condition pursuant to Section 743(b) of the Texas Probate Code.

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

4. Ward'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 Ward: _____
10. Check the type of residence in which the Ward lives:
 - Guardian's home
 - Ward's own home
 - Denton State Supported Living Center
 - Nursing home (Name of facility): _____
 - Group home
 - Other: _____
11. How long has the Ward resided at his/her current residence? _____
12. Has the Ward's residence changed in the last twelve months?
 - No
 - Yes

(12. Cont'd) If yes, please provide the date of change and the reason for the change:

13. As the Guardian do you believe the Ward is content with his/her living arrangements?

Yes No

If no, please explain: _____

14. As the Guardian do you believe the Ward has any unmet needs?

No Yes

If yes, please explain: _____

15. As the Guardian I rate the Ward'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 Ward'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 Ward's primary physician is: _____

18. Check the appropriate box if the Ward 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 Ward's physical health has:

remained the same

improved

deteriorated

If improved or deteriorated, please explain: _____

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

- remained the same
- improved
- deteriorated

If improved or deteriorated, please explain: _____

21. Does the Ward have an estate? (SSI benefits are not an estate) No Yes

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

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

22. Do you receive money for acting as the Ward's Guardian? No Yes

23. Do you receive any funds for the Ward'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 Ward's care, in what kind of account are the funds maintained?

Separate designated account: Yes No

Joint account with Ward: 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 Ward's residence a minimum of four times per year spread throughout the year. As the Guardian have you met this requirement?

No

Please explain why you have not visited: _____

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

(27. Cont'd) Please list the dates of visits if different from the choices above. _____

28. During the past year the Ward 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. Please use this space to share any other information that you would like the Court to know about the Ward 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 _____, 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