

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

IN THE MATTER OF THE GUARDIANSHIP OF

§  
§  
§  
§  
§

IN THE COUNTY COURT

OF

☐ AN INCAPACITATED PERSON

☐ A MINOR

LUBBOCK COUNTY, TEXAS

GUARDIAN'S ☐ INITIAL ☐ ANNUAL FROM \_\_\_\_\_ TO \_\_\_\_\_ ☐ FINAL

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

☐ Guardian of the Person ONLY or ☐ 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.*

On this day, the undersigned, known to me to be the Guardian in this matter, personally appeared before me and after being duly sworn, stated the following:

1. **WARD:** NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
☐ CURRENT PHOTO OF WARD IS ATTACHED

2. **GUARDIAN:** GUARDIAN: \_\_\_\_\_ Relationship to Ward: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

During the past reporting year, have you been convicted of a misdemeanor or felony other than a minor traffic offense? ☐ YES ☐ NO

If Yes, explain: \_\_\_\_\_

3. **REPORTING PERIOD:** The following is a true and full account of all receipts and disbursements for the twelve month period between \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**4. FINAL REPORTS ONLY (if this is NOT your final report, skip to #5)**

I AM FILING A Final Report because (check one)

☐ I am resigning

If you are resigning, has a successor guardian been identified? ☐ YES ☐ NO

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_ BIRTHDATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

☐ The Ward has turned eighteen (18) – attach a birth certificate

☐ The Ward has died – attach death certificate

☐ Other, please explain: \_\_\_\_\_

5. During the last year, I visited the Ward in person \_\_\_\_\_ times. Date of last visit: \_\_\_\_\_
- If Ward lives with you, put 365 days
  - If zero visits, please explain: \_\_\_\_\_
6. Ward's residence is (check one):
- ☐ Ward's home      ☐ Guardian's Home      ☐ Relative's Home (Name) \_\_\_\_\_
- Or in the type of facility checked below: \_\_\_\_\_ (Name)
- ☐ Nursing Home      ☐ Group Home      ☐ Hospital/Medical Facility
- ☐ State Supported Living Center (State School)      ☐ Other, \_\_\_\_\_
7. Length of time the Ward has resided in present home: \_\_\_\_\_ months \_\_\_\_\_ years
- Any change in residence in the last year? **If Yes**, please explain: \_\_\_\_\_
8. **All guardians must** report on the amount and source of the Ward's income, regardless of whether the income comes to someone other than the guardian (such as the Ward's residence).  
*Note that Social Security benefits are income, but that child support is not.*
9. Has the Court appointed a Guardian for the Ward's estate? ☐ YES ☐ NO  
*Depending on your answer, please answer the questions in only one of the boxes below:*

- A. If there is NOT a Guardian for the Ward's estate**, please answer the following questions and attach the additional information as directed.
- (1) Has a Court Order directed you to manage any funds of the Ward **other than Social Security**?  
☐ YES ☐ NO  
**If Yes**, you **MUST report** on your management of those funds by attaching an income and expenses worksheet to this Annual Report. (Use Form \_\_\_\_\_ and Attach)
- (2) Are you the **representative payee** of the Ward's Social Security Disability (SSI) or Social Security Retirement Benefits? ☐ YES ☐ NO  
**If Yes**, you **MUST attach** to this Annual Report either
1. A copy of your most recent **Representative Payee** Report provided by Social Security
  - OR
  2. The **Veteran's Benefits Fiduciary** Report provided by Veteran's Administration

**OR**

- B. If there IS a Guardian of the Ward's estate**, please answer the following two questions:
- (1) Are you the Guardian of the Ward's estate? ☐ YES ☐ NO
- (2) Do you as Guardian of the Person receive an allowance from the Guardian of the Estate?  
☐ YES ☐ NO **If Yes**, Annual Amount of Allowance received \_\_\_\_\_

10. Has the Court approved a formal **Case Management Agreement** for case management services to the Ward? A Case Manager Agreement is a signed contract with a care manager *that has been formally approved by the Court*. (This is not the same as a "Care Plan" from a medical provider.)

☐ YES ☐ NO **If Yes**, An updated copy of the Case Manager's Agreement must be attached



11. Ward ☐ IS ☐ IS NOT under regular physician's care. Explain: \_\_\_\_\_  
\_\_\_\_\_

12. During the past year ward has been **treated or evaluated by the following professionals:**

*It is the Guardian's duty to know and provide this information even if the Ward's residential facility arranges the services.*

☐ Physician: \_\_\_\_\_ Describe: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Psychiatrist: \_\_\_\_\_ Describe: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Neurologist: \_\_\_\_\_ Describe: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Case Worker: \_\_\_\_\_ Describe: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Dentist: \_\_\_\_\_ Describe: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Other: \_\_\_\_\_ Describe: \_\_\_\_\_ Date: \_\_\_\_\_

13. **Social Conditions:** During the past year the ward has participated in the following activities (describe)

☐ Recreation: \_\_\_\_\_  
☐ Educational: \_\_\_\_\_  
☐ Social: \_\_\_\_\_  
☐ Occupational: \_\_\_\_\_  
☐ None Available: \_\_\_\_\_  
☐ Refuses/Unable to Participate: \_\_\_\_\_

14. During the past year the ward's **mental health** has:

☐ Remained the same/No change  
☐ Improved (describe): \_\_\_\_\_  
☐ Deteriorated (describe): \_\_\_\_\_

15. During the past year the ward's **physical health** has:

☐ Remained the same/No change  
☐ Improved (describe): \_\_\_\_\_  
☐ Deteriorated (describe): \_\_\_\_\_

16. As Guardian, I believe the Ward's living arrangements are

☐ EXCELLENT ☐ AVERAGE ☐ BELOW AVERAGE If Below Average, please explain:

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

17. As Guardian, I believe that my Ward is:

☐ Happy/Content with living situation  
☐ Unhappy with living situation (explain): \_\_\_\_\_  
\_\_\_\_\_

18. As Guardian, I believe my Ward ☐ DOES ☐ DOES NOT have unmet needs (e.g. food, shelter, medical)

If Ward has unmet needs, explain: \_\_\_\_\_  
\_\_\_\_\_

19. As Guardian of the person, pursuant to the Texas Health & Safety Code,

I ☐ HAVE FILED for **Emergency Detention of the Ward**

# of Times: \_\_\_\_\_ Dates: \_\_\_\_\_

I ☐ HAVE NOT FILED for **Emergency Detention of the Ward**

*As example of emergency detention is a request for an emergency hospitalization of the Ward for mental health or safety reasons.*

20. The power authorized by this Guardianship should be:

☐ Unaltered

☐ Decreased (explain): \_\_\_\_\_

☐ Increased (explain): \_\_\_\_\_

21. Guardian's Bond: Check the appropriate box below, adding an explanation if requested.

☐ 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 **CASH BOND** on file with the Court.

☐ I am **NOT required to pay** a bond premium because: \_\_\_\_\_

22. State any additional information you would like to share with the Court concerning the Ward:

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

THE STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

BEFORE ME, the undersigned authority on this day personally appeared the undersigned, known to me to be the **Guardian of the Person / Guardian of the Person and Estate** described in the foregoing Annual Report, and whose name is subscribed in the foregoing Annual Report who, being by me first duly sworn, did on his or her oath, depose and state as follows: "I hereby swear, under penalty of perjury, that the information contained in this report is accurate to the best of my knowledge."

Guardian: \_\_\_\_\_

Co-Guardian: \_\_\_\_\_

SUBSCRIBED AND SWORN TO BEFORE ME on \_\_\_\_\_, 20 \_\_\_\_\_ to certify which witness my hand and seal of office.

\_\_\_\_\_  
Printed Name \_\_\_\_\_

Notary Public, State of \_\_\_\_\_

Commission Expires \_\_\_\_\_

20\_\_\_\_ Annual Reporting of the Person of: