

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. _____

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An Incapacitated Person		

**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: _____
