

CAUSE NO. \_\_\_\_\_

IN THE GUARDIANSHIP OF

IN THE COUNTY COURT

\_\_\_\_\_

AT LAW # \_\_\_\_\_ OF

AN INCAPACITATED PERSON

ANGELINA COUNTY, TX

**GUARDIAN'S REPORT ON THE CONDITION AND WELL-BEING OF A WARD**

Check One -  INITIAL     ANNUAL     FINAL

Check one:  Guardianship of Person Only     Guardianship of Person and Estate

*Please fill out this form **completely**, answering every question, except when directed otherwise. "Not applicable" is not a proper response and can 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. WARD: Name \_\_\_\_\_ Age \_\_\_\_\_ /DOB \_\_\_\_\_  
Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ New Address?  YES  NO

2. GUARDIAN(s): Name(s) \_\_\_\_\_  
Age(s) \_\_\_\_\_ / DOB(s) \_\_\_\_\_ / Email \_\_\_\_\_  
Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ New Address?  YES  NO  
Relationship to Ward: \_\_\_\_\_

If co-guardians,  
both must be listed.

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 you are a private professional guardian, a guardianship program, or the Department of Aging and Disability Services, have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past reporting year?  YES  NO

3. If this is your final report, answer the questions in box below. **If this is not your final report, skip to #4.**

FINAL REPORTS ONLY

I am filing a Final Report because (check one)

- I am resigning     the ward has turned 18 (attach copy of birth certificate)  
 the ward has died (attach copy of death certificate)  
 other; if "other," please explain: \_\_\_\_\_

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

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone: \_\_\_\_\_



9. During the past year 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.*

Physician. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

**Does the Ward see this doctor on a regular basis?**  Yes  NO

Psychiatrist. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Social Worker or other case worker. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Dentist. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

Other. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

10. Social Conditions: During the past year the ward has participated in the following activities.

*What does your ward do all day? 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.

11. Supports and Services: During the past year the ward received the following supports and services:

Representative Payee for Social Security benefits

Services from a local mental health/intellectual and developmental disability authority (*include name of provider and location where services are provided*): \_\_\_\_\_

Services from a Medicaid program, including a Medicaid waiver program (*include name of provider and location where services are provided*): \_\_\_\_\_

Informal supports and services (*include name of provider and location where services are provided*): \_\_\_\_\_

Other (*include name of provider and location where services are provided*): \_\_\_\_\_

12. During the past year the ward stopped receiving or attempted to receive the following supports and services (provide reason the support or service listed was not received or was discontinued): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. During the past year the ward's mental health has:  
 Remained about the same  
 Improved. Describe: \_\_\_\_\_  
 Deteriorated. Describe: \_\_\_\_\_

14. 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 answered HAVE FILED, please list the number of times and the dates: \_\_\_\_\_

15. During the past year the ward's physical health has:  
 Remained about the same  
 Improved. Describe: \_\_\_\_\_  
 Deteriorated. Describe: \_\_\_\_\_

16. As guardian, I believe the Ward's living arrangements are  Excellent  Average  Below average  
If below average, explain: \_\_\_\_\_  
\_\_\_\_\_

17. As guardian, I believe that my ward is:  
 Happy/Content with living situation  Unhappy with living situation

18. As guardian I believe my ward  DOES  DOES NOT have unmet needs.  
(Unmet needs = problems with food, shelter, medical care)  
If you answered DOES, please explain: \_\_\_\_\_  
\_\_\_\_\_

19. The power authorized by this guardianship should be:  
 Unchanged  
 Decreased (explain: \_\_\_\_\_)  
 Increased (explain: \_\_\_\_\_)

20. As guardian, it is my opinion that the Ward DOES HAVE capacity or sufficient capacity with supports and services for (check one):  
1. complete restoration of the Ward's capacity  Yes  NO  
or  
2. modification of the guardianship  Yes  NO

If no, state the reason/s why the Ward does not have capacity or sufficient capacity with supports and services for a complete restoration of their capacity or modification of the guardianship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. As guardian, I am taking the following actions to encourage the development of the ward's maximum self-reliance and independent: \_\_\_\_\_

22. Check each box immediately below to affirm that you already have taken care of the specified duty or that you will do so within the time indicated. **These duties are required by Texas law.**

**I affirm that I already have done the following or will do so within one week of the date I sign this Report:** I have communicated or will communicate to the ward that (1) I am seeking to continue, modify, or terminate the guardianship and (2) the ward has the opportunity to appear before the court to express the ward's preferences and concerns regarding whether the guardianship should be continued, modified, or terminated.

**I affirm that I will give the ward a copy of this annual report within 30 days of the date I sign the Report.**

23. **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 your 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 a corporate surety bond with a yearly premium and **HAVE PAID** the bond premium for the next reporting period.

I have a corporate surety bond with a yearly premium and **HAVE NOT PAID** the bond premium for the next reporting period (explain: \_\_\_\_\_)

I have a corporate surety "forever" bond and I have paid the one-time bond premium.

I have a **CASH BOND** on file with the Court.

**HHSC** guardianship.

24. Please state any additional information concerning the ward that you would like to share with the Court. (You may continue on another page.)

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- Remember to order updated "Letters of Guardianship", if needed. Letters are \$2.00 each.
- The fee to file this report is \$12.00.
- If there is also a guardianship of the estate, new Letters cannot be issued until the Annual Account is approved by the Court.

***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) (insert name of ward),

in Angelina County Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_ 20 \_\_\_\_\_  
Guardian's signature

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

I, \_\_\_\_\_, the guardian of the person for \_\_\_\_\_,  
(insert name of co-guardian of the person) (insert name of ward),

in Angelina County Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_ 20 \_\_\_\_\_  
Co-Guardian's signature (if any)

**Mail to:**  
Angelina County Clerk  
P.O. Box 908  
Lufkin, TX 75902

**Or deliver to:**  
Angelina County Clerk  
215 E Lufkin Ave.  
Lufkin, TX 75901