

CAUSE NO. PR- _____

IN THE GUARDIANSHIP OF _____, § IN THE PROBATE COURT
AN INCAPACITATED PERSON § OF GALVESTON COUNTY, TEXAS

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

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

I, the undersigned, represent that I am the Guardian of the person of the above-named Ward, and that my report to the court for the period _____ through _____, is as follows:

1. WARD: Name _____ Age _____ /DOB _____
Address _____
City/State/Zip _____
Phone _____

2. GUARDIAN: Name _____ Age _____ /DOB _____
Address _____
City/State/Zip _____
Phone _____
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, please explain: _____

3. FINAL REPORTS ONLY (Otherwise, go to #4)
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 because of your **resignation**, has a successor guardian been identified?
 YES NO
Name of Successor _____ Age _____ /DOB _____
Address _____
City/State/Zip _____
Phone _____

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

C. If because the **Ward has died**, answer the following questions:
a. Date of death: _____
b. Place of death (County): _____

4. During the last year, I have visited the Ward in person _____ times.
The date of my last personal visit with the Ward was _____.

5. Ward's residence is: Ward's home Guardian's home Relative's home
 Nursing Home Group home Hospital/Medical facility
 State Supported Living Center (State School) Other (explain below)

If Ward lives anywhere other than Guardian's or Ward's home, what is the name of the place Ward lives?

6. Length of time the Ward has resided in present home _____
Any change in residence in last year? Explain: _____
7. Annual Income of Ward: _____
8. Is there a Guardian for the Ward's estate? Yes No

A. If there IS a Guardian for the Ward's estate, please answer the following additional questions:

(1) Are you the Guardian for the Ward's estate? Yes No

(2) Does Guardian of the Person receive an allowance from the Guardian of the Estate?
 Yes No
If YES, annual amount received _____

B. If there is NOT a Guardian for the Ward's estate, please answer the following additional questions:

(1) Are you managing any funds of the Ward pursuant to Court order other than Social Security funds?
 Yes No
If YES, you must report on your management of those funds by attaching an income and expenses worksheet to this Annual Report. Forms are available on the Court's website or at the Court.

(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 contact Social Security to file your Representative Payee Report.

9. Ward IS IS NOT under regular physician's care.
Doctor's name: _____

10. During the past year ward has been treated or evaluated by the following:
- Physician. Name: _____
Describe: _____
- Psychiatrist. Name: _____
Describe: _____
- Social Worker or other case worker. Name: _____
Describe: _____
- Dentist. Name: _____
Describe: _____
- Other. Name: _____
Describe: _____

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

- Recreational: _____
- Educational: _____
- Social: _____
- Occupational: _____
- None available.
- Refuses or is unable to participate.

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

- Remained about the same.
- Improved. Describe: _____
- Deteriorated. Describe: _____

13. As Guardian of the Person, I HAVE FILED HAVE NOT FILED for Emergency Detention of the ward pursuant to the Texas Health & Safety Code. If you answered HAVE FILED, please list the number of times and the dates: _____

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

- Remained the same.
- Improved. Describe: _____
- Deteriorated. Describe: _____

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

16. As guardian, I believe that my ward is

- Happy/Content with living situation
- Unhappy with living situation

17. As guardian I believe my ward DOES DOES NOT have unmet needs.

If answered DOES, please explain: _____

18. The power authorized by this guardianship should be:

- Decreased
- Unaltered
- Increased for the following reasons: _____

19. As Guardian of the Person, I HAVE PAID HAVE NOT PAID AM NOT REQUIRED TO PAY a bond premium for the next reporting period. **OR** I HAVE A CASH BOND ON DEPOSIT WITH THE COURT.
If you answered HAVE NOT PAID or AM NOT REQUIRED TO PAY, please explain:

20. Please state any additional information concerning the ward that you would like to share with the Court:

21. If possible, please attach a current photograph of 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 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."

SIGNED on _____ 20 __. _____
Guardian

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

Notary Public, State of _____
Printed Name _____
Commission Expires _____

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

THE STATE OF _____

COUNTY OF _____

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, known to me to be the Co-Guardian of the Person 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."

SIGNED on _____ 20 __. _____
Co-Guardian

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

Notary Public, State of _____
Printed Name _____
Commission Expires _____

Mail to:
Galveston County Clerk's Office
Probate Department
P.O. Box 17253

Galveston, TX 77552-7253