

No. \_\_\_\_\_  Estate  No Estate

IN THE MATTER OF  
COURT NO. 1  
THE GUARDIANSHIP OF  
\_\_\_\_\_  
TEXAS  
AN INCAPACITATED PERSON

IN PROBATE  
  
OF  
TRAVIS COUNTY,

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

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/DOB \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ (zip code) \_\_\_\_\_  
Phone \_\_\_\_\_

2. GUARDIAN: Name \_\_\_\_\_ Age/DOB \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_ (zip code) \_\_\_\_\_  
Phone \_\_\_\_\_

Relationship to Ward:  
\_\_\_\_\_

3. FINAL REPORTS ONLY (Otherwise, to go #4)

I am filing a Final Report because of  my resignation  the ward's death  other  
If other, please explain

A. If because of your **resignation**, has a successor guardian been appointed?

YES  NO

Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
(include zip code)

Phone \_\_\_\_\_

B. If because of **Ward's death**: (attach death certificate)

a. Date and place of death:

\_\_\_\_\_

b. Has a personal representative been appointed:

Name \_\_\_\_\_ Age \_\_\_\_\_  
\_\_\_\_\_  
Address \_\_\_\_\_(include zip  
code)  
Phone \_\_\_\_\_ Court \_\_\_\_\_

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  Nursing Home  Hospital/  
Medical facility  
 Relative's home (explain below)  Group home  Other:  
\_\_\_\_\_  
\_\_\_\_\_

6. Length of time the Ward has resided in present home  
\_\_\_\_\_  
Any change in residence in last year? Explain:  
\_\_\_\_\_

7. Does Guardian have possession or control of Ward's estate?  Yes  No  
Annual Income of Ward:  
\_\_\_\_\_

8. Is there a separate Guardian for the Ward's estate?  Yes  No  
If YES, does Guardian of the Person receive an allowance from the Guardian of the Estate?  Yes  
 No  
If YES, annual amount received  
\_\_\_\_\_

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

10. During the past year ward has been treated or evaluated by the following:  
 Physician. Name:  
\_\_\_\_\_

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

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

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

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

---

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

Remained about 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

- 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.

If answered HAVE NOT or AM NOT REQUIRED TO PAY, please explain:

---

---

20. Please state any additional information concerning the ward which 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 hear by 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 \_\_\_\_\_