

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 A MINOR 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 attaining majority 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 attaining majority**: (attach birth certificate)

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 _____

