



Connie Becton
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ANNUAL REPORT OF GUARDIAN OF THE PERSON

Pursuant to Texas Probate Code § 743, a person appointed as *Guardian of the Person* of and Incapacitated Person is required to file an Annual Report on the well being of that Incapacitated person. The following form can be used to comply with this requirement.

Instructions

- ◇ Form must be filled out **completely** and to the best of your knowledge
- ◇ Form must have the Order Approving Annual Report attached
- ◇ ALL Guardians appointed *Guardian of the Person* need to be included in the report
- ◇ ALL Guardians must sign the report in front of a Notary of the Public.
- ◇ Attach a current picture of the Ward
- ◇ Reports may be filed in person with an applicable fee
- ◇ Failure to file the required Annual Report in a timely manner could result in the setting of a hearing before the Court and/or the abatement of the Guardian's authority.

CAUSE NUMBER _____

IN RE: THE GUARDIANSHIP

IN THE COUNTY COURT

OF _____

OF

INCAPACITATED PERSON

HARDIN COUNTY, TEXAS

ANNUAL REPORT OF GUARDIAN OF THE PERSON

1. **Guardian(s) Name:** _____
Address: _____
Phone Number(s): _____
Email: _____
Email: _____
Relationship to Ward: _____

Emergency Contact: *(Name and Relationship of family or friend who can reach you)*

2. **Ward's Address:** _____
Date of Birth: ____/____/____ **Age:** ____ **SSN:** XXX-XXX-____ (last 4 digits only)
Phone number: _____ *How long has Ward lived at this address?* _____
Has the Ward's residence changed within the past year? Yes No
If yes, state the date and reason why. _____

3. **The Ward lives in:**
 Guardian's Home Group Home Foster Home Nursing Home
 Assisted Living Hospital/Medical Facility
If Ward lives in a Hospital/Medical Facility what is the name and address?

4. **If the Ward does not live with you, please state the number of times you have visited the Ward in the past year.** _____
If you have not visited the Ward in the past year list the reason why.

5. **How would you describe the Ward's living Arrangements?**

Excellent Average Below Average

If below average, explain. _____

I believe Ward is Content Unhappy, with living arrangements.

I believe Ward has **unmet basic needs** Yes No

If yes, explain why. _____

6. **Reason for Guardianship:**

- Intellectual Disability Autism Chronic Chemical Dependency
 Alzheimer's Dementia Brain Injury Other _____
Level of Incapacity: Severe Moderate Mild

7. **The Ward's physical health has:**

- Improved Deteriorated Remained Unchanged

The Ward's mental health has:

- Improved Deteriorated Remained Unchanged
If the Ward's condition has changed, please describe all changes.

Does the Ward have **unmet medical needs:** Yes No

If yes, briefly explain. _____

8. **During the past year has the Ward had regular medical care?** Yes No

The Ward should have, at least, an annual checkup with the Doctor. If the Ward has not had an annual checkup, please list the reason why. _____

Physician Name: _____ Phone Number: _____

Address: _____

9. **During the past year has the Ward Received treatment or evaluation by a Psychiatrist, Psychologist or other Mental Health Provider?** Yes No

Medical/Agency Provider	Name and Address	Phone Number
Psychiatrist		
Psychologist		
Social Worker		
Case Manager with name of agency		

If yes, briefly describe what happened. _____

10. **During the past year has the Ward had a Dental Checkup?** Yes No

The Ward should have, at least, an annual checkup with the Dentist. If the Ward has not had an annual checkup, please list the reason why. _____

Dentist Name: _____ Phone Number: _____

Address: _____

11. **During the past year has the Ward received any other treatment or evaluation by a Dentist other than an annual checkup?** Yes No
Name: _____ Treatment Involved: _____

12. **Briefly describe the Ward's Social Conditions.**
Is the Ward able to participate in activities? Yes No
If yes, please list all activities. _____

If no, please explain why. _____

Does the Ward have **unmet social needs**: Yes No
If yes, briefly explain. _____

13. **Briefly describe the Ward's Educational Conditions.**
Does the Ward attend a school or transition program? Yes No
If yes, list the name and address. _____

If no, please explain why. _____

14. **Does the Ward receive services or benefits for Intellectual/Development Disabilities from one or more of the following agencies?**

MHMR Hardin County _____ (Service Coordinator)
 CLASS/Easter Seals _____ (Contact Person)
 Day Habilitation _____ (Name of Program)
If Ward is not attending Day Habilitation, please explain why. _____

HCS _____ (Agency Name)
 Texas Workforce Commission _____ (Case Worker)
If Ward is not receiving any of these services, please explain why. _____

15. **Is the Ward currently Employed?** Yes No
If yes, Company Name: _____ Length of Employment _____
Days/Hours worked: _____

16. **Ward's Assets and Income:**
Does the Ward have an Estate other than nominal sums of money and personal effects?
 Yes No
Does the Ward receive Supplemental Security Income (**SSI**)? Yes No
If yes, how much per month? \$ _____ *Payee:* _____
Does the Ward receive Social Security (**SS**)? Yes No
If yes, how much per month? \$ _____ *Payee:* _____
Are there any other benefits or income you receive on Ward's behalf? Yes No

If yes, please list. _____

Has any of the Ward's property been sold in the past year? Yes No

If yes, explain. _____

Has the Ward inherited anything in the past year? Yes No

If yes, please list. _____

Are there any lawsuits pending or filed that will affect or involve Ward? Yes No

If yes, explain. _____

17. **Has the Ward regained capacity to make decisions?** Yes No

If yes, please describe how and in what areas the Ward has regained decision making capacity.

18. **If there are any unmet needs of the Ward or additional information you wish to share with the Court please state or attach to this report.** _____

19. **WARD'S BILL OF RIGHTS:** I provided a copy of the "Ward's Bill of Rights" to the Ward and explained the rights in the Ward's native language or preferred method of communication.

20. Yes No, if not why: _____

My **powers** of Guardian Should: Remain the same Be decreased

Be increased as follows: _____

I wish to resign as Guardian – Explain why and who you would recommend: _____

Has the bond premium in this Guardianship for the next reporting year been paid?

Yes No N/A

21. **Please include a current photograph of the Ward for the Court's records.**

OATH OF GUARDIAN

STATE OF TEXAS

COUNTY OF HARDIN

Before me, the undersigned authority, on this date personally appeared _____, Guardian(s), who being first duly sworn, states on oath that the foregoing report is a true, correct, and complete statement of the present condition, welfare, and well being of _____, and Incapacitated Person, as of the date stated herein.

Guardian Signature

Guardian Signature

SWORN TO AND SUBSCRIBED BEFORE ME ON THIS _____ DAY OF _____,

Notary Public in and for the State of Texas

CAUSE NUMBER _____

IN RE: THE GUARDIANSHIP
OF _____
INCAPACITATED PERSON

IN THE COUNTY COURT
OF
HARDIN COUNTY, TEXAS

**ORDER APPROVING ANNUAL REPORT ON THE CONDITION OF AN ADULT
INCAPACITATED PERSON**

On this day the Annual Report of the person was heard and considered by the Court, and after examining the Annual Report and hearing the evidence in support of same, the Court finds as follows:

1. That the Court has jurisdiction of this proceeding and of the subject matter as required by law;
2. The Annual Report has remained on file for a full ten days before being considered; and
3. That the Annual Report has been reviewed by the Court and should be approved as filed.

IT IS, THEREFORE, ORDERED ADJUDGED AND DECREED that the Annual Report is hereby APPROVED, and the Clerk of this Court is FURTHER ORDERED to re-issue Letters of Guardianship consistent with the prior orders of this Court.

SIGNED this the ___ day of _____, _____.

Wayne McDaniel, County Judge
Hardin County Texas