

NO. _____

IN THE GUARDIANSHIP OF

AN INCAPACITATED PERSON

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IN THE COUNTY COURT OF

ZAPATA COUNTY, TEXAS

SITTING IN PROBATE MATTERS

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

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

NOW COMES _____, Guardian of the Person of
_____, and presents the following information
as of _____ [date]:

1. WARD: Name _____ Age _____ DOB _____
Physical Address _____
City/State/Zip _____
Phone _____ New Address? YES NO

2. GUARDIAN(s): Name (s) _____
Age(s) _____ DOB(s) _____
Physical Address _____
Mailing Address _____
City/State/Zip _____
Home phone number _____
Cell phone number _____ New Address? YES NO
Relationship to Ward _____

During the past reporting period, have you (the guardian) been convicted of a felony or
misdemeanor? YES NO If YES, explain: _____

During the past reporting period, have you (the guardian) been contacted by Adult or Child
Protective Services? YES NO If YES, explain: _____

FINAL REPORTS ONLY—If this is not your final report, skip to #4

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

Name _____ Age _____ DOB _____

Address _____

City/State/Zip _____

Phone _____

B. If because **Ward has turned eighteen** (for guardianships based on minority), attach birth certificate.

C. If because the **Ward has died**, attach death certificate.

4. The ward lives in: (check only one)

- Ward’s home
 Guardian’s home
 Relative’s home (give relative’s name and relationship) _____
 Nursing home Group home Hospital/Medical facility
 State Supported Living Center Other
 Please provide NAME and LOCATION of facility _____

5. How long has the Ward lived at this address? _____

Any change in residence in last year? YES NO If YES, explain: _____

6. If the Ward does not live with you, the guardian, please state the number of times you have visited the ward in the past year: _____ times. Date of last visit: _____ Not Applicable

7. If the ward lives in a private residence, list the names of all other persons living in the residence:

Relationship to ward	Full Name (first, middle, last)	Date of Birth (mm/dd/yyyy)

8. If during the past year the guardian has received and spent funds for the care and maintenance of the ward, provide the amounts below:

a. Sources of funds and total amount received annually:

- SSI or SSID \$ _____
- Child Support \$ _____
- Private Retirement \$ _____
- VA \$ _____
- Social Security Survivor Benefits (RSDI) \$ _____
- Trust Account Allowance \$ _____

b. Total funds spent annually for the ward's care: \$ _____

Who has possession or control of the Ward's estate (name, address, phone number):

9. Are you the representative payee of the Ward's Social Security Disability (SSI) or Social Security Retirement Benefits? YES NO

If YES, you MUST attach to this Annual Report a copy of your most recent Representative Payee Report provided by Social Security.

10. The ward's physical health has:

- Improved Deteriorated Remained Unchanged

The ward's mental health has:

- Improved Deteriorated Remained Unchanged

11. During the past year has the Ward been treated or evaluated by the following professionals.

(Please check only those applicable.)

Primary Physician

Name: _____ Phone: _____

Describe: _____

Treatment received: _____

Psychiatrist

Name: _____ Phone: _____

Describe: _____

Treatment received: _____

Social Worker or other case worker

Name: _____ Phone: _____

Describe: _____

Treatment received: _____

Dentist

Name: _____ Phone: _____

Describe: _____

Treatment received: _____

Other

Name: _____ Phone: _____

Describe: _____

Treatment received: _____

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

What does your ward do all day? For each activity checked, you must describe the activities (e.g. movies, bowling, Special Olympics, church, eating out, etc.)

Recreational: _____

Educational: _____

Social: _____

Occupational: _____

None available.

Refuses or is unable to participate.

13. The ward's present living arrangements are:

Excellent Average Below Average

If below average, please explain: _____

14. As guardian, I believe that my ward is

Happy/Content with the living situation

Unhappy with the living situation

If unhappy, please explain: _____

15. 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: _____

16. Has the guardian filed for Emergency Detention (mental illness warrant) of the ward?

YES NO If you have filed, please list the number of times and the dates.

17. Should your powers/duties as guardian of the person be:

Unchanged

Decreased (explain: _____)

Increased (explain: _____)

18. Please select your relationship to the ward (check all that applies):

Uncompensated family member or friend

Family member or friends compensated or paid as a Foster Care Provider;

Agency Name: _____

Paid Foster Care Provider – No Familial or Friend Relationship

Agency Name: _____

Attorney

Private Professional Guardian

Department of Aging and Disability Services

Guardianship Program; Program Name: _____

Other _____

19. Guardian's Bond: Check the appropriate box below, adding an explanation if requested.

I **HAVE PAID** the bond premium for the next reporting period.

I **HAVE NOT PAID** the bond premium for the next reporting period. (explain: _____)

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

DADS guardianship

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)

_____, in Zapata County Texas declare under penalty of perjury
(insert name of ward)

that the foregoing is true and correct.

Executed on this _____ day of _____, 20 ____.

Guardian's signature

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

I, _____, the guardian of the person for
(insert name of guardian of the person)

_____, in Zapata County Texas declare under penalty of perjury
(insert name of ward)

that the foregoing is true and correct.

Executed on this _____ day of _____, 20 ____.

Co-Guardian's signature (if any)

Please deliver to:
Zapata County Clerk's Office
200 E. 7th Ave., Ste. 138
Zapata, TX 78076