

CAUSE NO. _____

IN THE GUARDIANSHIP OF

IN THE COUNTY COURT

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AT LAW

A MINOR / AN INCAPACITATED PERSON

MEDINA COUNTY, TEXAS

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

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

1. Guardian's name: _____
 Guardian's current address: _____
 City, State, Zip: _____
 Day phone: (____) _____ Evening phone: (____) _____
 Relationship to Ward: _____
2. Ward's current address: _____
 City, State, Zip: _____
 Phone number: (____) _____
 Age: _____
 Reason for Guardianship:
 Minor Mental Retardation Alzheimer's Disease Head injury
 V.A. Senile Dementia Chronic alcohol / drug use Other: _____

3. **FINAL REPORTS ONLY** (Otherwise, go to #4)
 I am filing a Final Report because I am resigning the ward has turned 18
 the ward has died other, please explain:

A. If because of your **resignation**, has a successor guardian been appointed? Yes No
 If yes, give Name: _____ Address: _____
 Phone: (____) _____ City, State, Zip: _____

B. If because **Ward has turned 18**, attach birth certificate.

C. If because **Ward has died**, attach death certificate and answer the following:
 Has a personal representative been appointed? Yes No
 If yes, give Name: _____ Address: _____
 Phone: (____) _____ City, State, Zip: _____

4. Ward's residence is: Ward's home Guardian's home Nursing home
 Foster home Boarding home Hospital/medical facility
 Relative's home; Relationship to Ward: _____
 Other: _____

If Ward is in a nursing home or hospital/medical facility, give name of facility:

5. How long has Ward lived at the above facility? _____
If there has been a change of residence in the past year, give reason for change:

6. Date Guardian last saw Ward: _____
How frequently has Guardian seen Ward in the past year? _____

7. Annual Income of Ward: \$ _____

8. Is there a Guardian for the Ward's estate? Yes No

A. If yes, please answer the following questions:

- 1) Are you the Guardian for the Ward's Estate? Yes No
- 2) Do you, as Guardian of the Person, receive an allowance from the Guardian of the Estate?
 Yes No If yes, annual amount received: \$ _____

B. If no, please answer the following 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 annual income and expenses worksheet to this Annual Report.
- 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** attach a copy of your most recent Representative Payee Report to this Annual Report and comply with Texas Estates Code Section 1163.101(b)(1-3) which requires information "that shows each receipt and disbursement for support and maintenance of the ward." (Attach an exhibit)

9. During the past year, the Ward's mental health has:
 Improved Deteriorated Remained unchanged
If there has been a change, please explain: _____

During the past year, the Ward's physical health has:
 Improved Deteriorated Remained unchanged
If there has been a change, please explain: _____

10. Is Ward under regular physician's care? Yes No
If so, give name of doctor: _____

If the Ward has been treated or evaluated by any of the following persons in the last year, briefly describe the condition and treatment and give the name of the person.

- Physician – Name: _____
Describe: _____
- Psychiatrist, psychologist, or other mental health care provider – Name: _____
Describe: _____
- Dentist – Name: _____
Describe: _____
- Social or other caseworker – Name: _____
Describe: _____
- Other – Name: _____
Describe: _____

11. During the past year the Ward has participated in the following activities:

- Recreational: _____
- Educational: _____
- Social: _____
- Occupational: _____
- No activities available
- Ward is unable or has refused to participate.

12. The Ward's living arrangements are: Excellent Average

If below average, please explain: _____

13. Ward is:

- content with living arrangements
- unhappy with living arrangements

If unhappy, please explain: _____

14. The Ward's unmet needs (if any) are: _____

15. If the Ward is a Minor, is the Ward presently attending school? Yes No

If yes, give name of the school: _____

Describe the Ward's progress in school (grades, learning, participation, etc.) _____

16. The powers authorized by this guardianship should be:

- increased decreased unaltered

Please explain if a change is recommended: _____

17. Has the premium on the Guardian's bond been paid for the next reporting period?

- Yes No Not required to pay a bond premium

18. As Guardian of the Person, I have filed have not filed for Emergency Detention of the Ward pursuant to the Texas Health & Safety Code, Subchapter A, Chapter 573.

If you have filed for Emergency Detention, please list the number of times and the dates:

19. Please state any additional information concerning the Ward that you would like to share with the Court.

20. If this guardianship should be continued, then state why below; if it should not be continued, contact your attorney about closing it. _____

Current photograph of Ward

STATE OF TEXAS

COUNTY OF: _____

My name is _____ my date of birth is _____,

and my address is _____ , _____
(Street) (City)

_____, _____ and _____
(State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____ on this the
_____ day of _____,
(Month) (Year)

Declarant

STATE OF TEXAS

COUNTY OF: _____

My name is _____ my date of birth is _____,

and my address is _____ , _____
(Street) (City)

_____, _____ and _____
(State) (Zip Code) (Country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____ on this the
_____ day of _____,
(Month) (Year)

Declarant

STATE OF TEXAS
COUNTY OF: _____

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, Guardian of the Person described in the foregoing Annual Report, who being 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 true and correct to the best of my knowledge."

SIGNED _____
Guardian

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

Notary Public in and for the State of _____
Printed Name: _____
Commission Expires _____

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

STATE OF TEXAS
COUNTY OF: _____

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, Co-Guardian of the Person described in the foregoing Annual Report, who being 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 true and correct to the best of my knowledge."

SIGNED _____
Co-Guardian

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

Notary Public in and for the State of _____
Printed Name: _____
Commission Expires _____

CAUSE NO. _____

IN THE MATTER OF

§

IN THE PROBATE COURT

THE GUARDIANSHIP OF

§

A MINOR/INCAPACITATED PERSON

§

MEDINA COUNTY, TEXAS

ORDER ACCEPTING ANNUAL REPORT
ON CONDITION AND WELL BEING OF WARD

On _____, 20 __, the foregoing Report was considered, and the Court having examined said Report, ORDERS it entered of record. It is FURTHER ORDERED that Letters of Guardianship shall be renewed with an expiration date of one year and four months after the date the letters are issued

SIGNED this _____ day of _____, 20_____.

PRESIDING JUDGE, MARK CASHION

CAUSE NO. _____

IN THE MATTER OF	§	IN THE COUNTY COURT
THE GUARDIANSHIP OF	§	AT LAW OF
AN INCAPACITATED PERSON	§	MEDINA COUNTY, TEXAS

**ORDER APPOINTING THE FINAL REPORT
OF THE GUARDIAN OF THE PERSON**

On this day, came to be considered the Final Report of the Guardian of the Person of _____.

The Court, having examined said report, finds that the Final Report of the Person meets the requirements of Estates Code § 1163.103 and that there is no need for the guardianship of this person to continue.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED the Final Report of the Person is approved, and the guardian shall apply to this Court for an Order Discharging Guardian, declaring that this guardianship is closed.

Signed this _____ day of _____, 20____.

PRESIDING JUDGE, MARK CASHION

GUARDIANSHIP LETTER REQUEST FORM

Customer name(s): _____

Mailing Address: _____

Guardianship of: _____

Case Number: _____

Customer Request:

_____ Number of Letters Requested (\$2.00 per letter)

_____ Copy of the File Stamped Order Approving Annual Report (\$1.00 per page)

_____ Certified Copy of the File Stamped Order Approving Annual Report (\$1.00 per page plus \$5.00 certification fee)

- Filing and issuance fees for guardianship documents are subject to frequent change
- Please call the Medina County Clerk's Office at (830) 741-6040, to get a total for the copies you are wanting to purchase

Submit through your E-File account. Once you have filled it out and scanned and saved it to your desktop you would follow the same steps as uploading your Annual Report. Filing Code: Request. You will then add the fees yourself-under Optional Services you will click which will apply (Letters-Copies-Certified Copies). If you have any questions please give the County Clerk's Office a call, (830) 741-4040.