

CAUSE NO. \_\_\_\_\_

IN THE GUARDIANSHIP OF \_\_\_\_\_ § IN THE COUNTY COURT  
§  
§ AT LAW \_\_\_\_\_  
§  
 An Incapacitated Person     A Minor    § HUNT COUNTY, TEXAS

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

*Please fill out this form completely, answering every question, except when directed otherwise.  
"Not applicable" is not a proper response and can delay processing and approval.*

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

The period covered by this Report is from \_\_\_\_ / \_\_\_\_ / \_\_\_\_ to \_\_\_\_ / \_\_\_\_ / \_\_\_\_.  
*(The one-year period from your qualification date or the anniversary of your qualification date)*

On this day, the Guardian in this matter stated the following under penalty of perjury, declaring that each statement is true and correct.

1. WARD:    Name: \_\_\_\_\_ Age: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Is this a new address?  Yes     No

2. GUARDIAN(S):  
Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_  
Date(s) of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_  
Email address: \_\_\_\_\_  
Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Is this a new address?  Yes     No  
Relationship to Ward: \_\_\_\_\_

If co-guardians, both must be listed.

During the past reporting year, have you been convicted of a felony or a misdemeanor other than a minor traffic offense?  YES     NO

If YES, explain: \_\_\_\_\_  
\_\_\_\_\_

If you are a private professional guardian, a guardianship program, or the Department of Aging and Disability Services, have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past reporting year?  YES  NO

3. If this is your final report, answer the questions in the box below. **If this is not your final report, skip to #4.**

**FINAL REPORT ONLY**

I am filing a Final Report because (check one):

- I am resigning as Guardian  the Ward has reached 18 years of age  
 the Ward died on \_\_\_\_\_  Other (explain) \_\_\_\_\_

A. If you are resigning as guardian, has a successor guardian been identified?

- YES  NO

Name of Proposed Successor Guardian: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

B. If because the Ward has reached 18 years of age, attach birth certificate.

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

4. Do you reside with the Ward?  YES  NO If NO, please state how many times during the last year that you visited the Ward in person: \_\_\_\_\_ times. Date of last visit: \_\_\_\_\_

\* If zero visits, please explain: \_\_\_\_\_

5. The Ward's residence is (check one):

- Ward's own home  Foster home  
 Guardian's home  Boarding home  
 Relative's home (give relative's name) \_\_\_\_\_

or in the type of facility checked below:

- Nursing Home  Group Home  Hospital/Medical Facility  
 State Supported Living Center (State School)  Other

Please provide the NAME of the facility: \_\_\_\_\_

6. How long has the Ward lived at this address? \_\_\_\_\_

Any change in residence in the past year?  YES  NO If YES, explain: \_\_\_\_\_

7. **All guardians must** report on the amount and source of the Ward's income, regardless of whether the income comes to someone other than the guardian (such as the Ward's residence). Note that Social Security benefits are considered income, but that child support is not.

A. Source of Ward's income: \_\_\_\_\_

B. Annual amount of Ward's income: \_\_\_\_\_ (monthly x 12)

If zero, explain: \_\_\_\_\_

8. In addition to the Guardian of the Person, is there a Court-appointed Guardian of the Ward's estate?

YES  NO *Note: Just because you are the Rep Payee does not mean that there is a guardianship of the estate.*

**Depending on your answer, please answer the questions in only one of the boxes below:**

If you answered "NO" to question 8



**A. If there is NOT a Guardian for the Ward's estate**, please answer the following questions and attach additional information as directed:

(1) Has a Court Order directed you to manage any funds of the Ward **other than Social Security funds**?  YES  NO

➔ **If yes, you MUST report on your management of those funds by attaching an 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 NO, provide name of representative payee: \_\_\_\_\_

**OR**

If you answered "YES" to question 8



**B. If there IS a Guardian for the Ward's estate**, please answer the following two 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 of allowance received: \$ \_\_\_\_\_

9. **Has the Court approved a formal "Case Management Agreement" for case management services to the Ward?** A Case Management Agreement is a signed contract with a professional case manager *that has been formally approved by the Court*. (This is not the same as a "Care Plan" from a medical provider.)  YES  NO

➔ **If YES, you MUST attach an updated copy of the case manager's care plan for the Ward for the Court's approval.**

10. During the past year, the Ward has been treated or evaluated by the following professionals:

*As a Guardian, it is your duty to know this information and to provide the information to the Court even if the Ward's residential facility arranges the services.*

Physician. Name: \_\_\_\_\_

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

**Does the Ward see this doctor on a regular basis?**  YES  NO

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

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

Social worker or other case worker. Name: \_\_\_\_\_

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

Dentist. Name: \_\_\_\_\_

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

Other. Name: \_\_\_\_\_

Describe treatment/services: \_\_\_\_\_

11. The Ward has received or is receiving the following supports and services (*check and complete each that apply*):

**Actions you as the Guardian have taken or are taking to encourage the development of the Ward's maximum self-reliance and independence.** Describe (*include name of provider and location where services are provided*):

\_\_\_\_\_  
\_\_\_\_\_

**Local mental health authority or local intellectual and developmental disability authority.** (*include name of provider and location where services are provided*).

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

\_\_\_\_\_

**Supports and services received under Medicaid, including under a Medicaid home and community-based services waiver program authorized under Section 1915(c) of the federal Social Security Act (42 U.S.C. Section 1396n)** (*include name of provider and location where services are provided*).

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

\_\_\_\_\_

**Informal supports and services** (*include name of provider and location where services are provided*). Describe: \_\_\_\_\_

\_\_\_\_\_

12. **The following supports and services were previously offered or provided to the Ward but were not received or have been discontinued** (*provide reason the support or service listed was not received or was discontinued*): \_\_\_\_\_

\_\_\_\_\_

13. As Guardian, it is my opinion that the ward **DOES HAVE** capacity or sufficient capacity with supports and services for (*check one*):

1. complete restoration of the Ward's capacity  YES  NO

**OR**

2. modification of the guardianship under Estates Code, Chapter 1202.  YES  NO

If "NO," explain (*state the reasons why the Ward **DOES NOT** have the capacity or sufficient capacity with supports and services for complete restoration of the Ward's capacity or modification of the guardianship under Chapter 1202*): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. Social conditions: During the past year the Ward has participated in the following activities:

*What does the Ward do all day? Note that for each type of activity checked, you must describe the activities (e.g., movies, bowling, Special Olympics, church, eating out, etc.). Do not leave blank or simply write the name of the residential facility.*

- Recreational (describe): \_\_\_\_\_
- Educational (describe): \_\_\_\_\_
- Social (describe): \_\_\_\_\_
- Occupational (describe): \_\_\_\_\_
- None available.
- Refuses or is unable to participate.

15. During the past year, the Ward’s mental health has:

- Remained about the same
- Improved (describe): \_\_\_\_\_
- Deteriorated (describe): \_\_\_\_\_

16. As Guardian of the person, I  HAVE FILED  HAVE NOT FILED for **Emergency Detention of the Ward** pursuant to Texas Health & Safety Code. (Example: A request for emergency hospitalization of the Ward for mental health or safety reasons.) If you HAVE FILED for Emergency Detention, please list the number of times and the dates: \_\_\_\_\_

\_\_\_\_\_

17. During the past year, the Ward’s physical health has:

- Remained about the same
- Improved (describe): \_\_\_\_\_
- Deteriorated (describe): \_\_\_\_\_

18. As Guardian, I believe the Ward’s living arrangements are:

- Excellent  Average  Below Average.

If below average, explain: \_\_\_\_\_

19. As Guardian, I believe that the Ward is:

- Happy/Content with living situation
- Unhappy with living situation

20. As Guardian, I believe that the Ward (check one)  DOES  DOES NOT have unmet needs. (Note: Unmet needs = problems with food, shelter, medical care). If you have indicated that the Ward DOES have unmet needs, please explain: \_\_\_\_\_

\_\_\_\_\_

21. The power authorized by this guardianship should be:

- Unchanged
- Decreased (*explain*): \_\_\_\_\_
- Increased (*explain*): \_\_\_\_\_

22. Check each box directly below to affirm that you already have taken care of the specified duty or that you will do so within the time indicated. **These duties are required by Texas law.**

**I affirm that I already have done the following or will do so within one week of the date I sign this Report:** I have communicated or will communicate to the Ward that (1) I am seeking to continue, modify, or terminate the guardianship, and (2) the Ward has the opportunity to appear before the Court to express the Ward’s preferences and concerns regarding whether the guardianship should be continued, modified, or terminated.

**I affirm that I will give the Ward a copy of this Annual Report within 30 days of the date I sign this Report.**

**I affirm that I have registered this guardianship with the Judicial Branch Certification Commission at <https://www.txcourts.gov/jbcc/register-a-guardianship>.**

23. **Guardian’s Bond:** *Check the appropriate box below, adding an explanation if required.*

*Note: Even if the Ward’s residential facility pays your bond premium for you, it is your responsibility to verify that the bond premium is current and then mark “HAVE PAID.” If you are not sure, you can look for a statement that the premium was paid on one of the accountings the facility sends you, or you can call the facility and ask.*

**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 a **CASH BOND** on file with the Court.

**HHSC** guardianship.

24. Please provide any additional information concerning the Ward that you would like to share with the Court:

## Guardian's Declaration

*(notary not required)*

I, \_\_\_\_\_, Guardian of the Person for \_\_\_\_\_,  
*(insert name of Guardian of the Person)* *(insert name of the Ward)*

in Hunt County, Texas, **declare under penalty of perjury that the foregoing is true and correct.**

Executed on \_\_\_\_\_, 20 \_\_\_\_\_ 

Signature of Guardian

## Co-Guardian's Declaration

*(notary not required)*

I, \_\_\_\_\_, Co-Guardian of the Person for \_\_\_\_\_,  
*(insert name of Co-Guardian of the Person)* *(insert name of the Ward)*

in Hunt County, Texas, **declare under penalty of perjury that the foregoing is true and correct.**

Executed on \_\_\_\_\_, 20 \_\_\_\_\_ 

Signature of Co-Guardian

Remember to order fresh "Letters of Guardianship."

**A. Letters are NOT sent automatically; you must contact the Hunt County Clerk's office to issue Letters.**

**B. Please note two additional things:**

(1) There may be fees required by the Clerk. Call the Clerk's office to verify: 903-408-4130

(2) If there is also a guardianship of the estate, new Letters cannot be issued until the Annual Account is approved by the Court. (Note that an annual account cannot be approved until your attorney has submitted *everything* necessary to the Court.)

# **Bill of Rights for Persons under Guardianship**

From Texas Estates Code Section 1151.351

Texas law provides a bill of rights to you as a person under a guardianship. Your guardian will explain these rights to you, which are listed below.

A person under a guardianship retains all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States, except where specifically limited by a court-ordered guardianship or where otherwise lawfully restricted.

Unless limited by a court or otherwise restricted by law, you have the following rights:

- (1) to have a copy of the guardianship order and letters of guardianship and contact information for the probate court that issued the order and letters;
- (2) to have a guardianship that encourages the development or maintenance of maximum self-reliance and independence in the ward with the eventual goal, if possible, of self-sufficiency;
- (3) to be treated with respect, consideration, and recognition of the ward's dignity and individuality;
- (4) to reside and receive support services in the most integrated setting, including home-based or other community-based settings, as required by Title II of the Americans with Disabilities Act (42 U.S.C. Section 12131 et seq.);
- (5) to consideration of the ward's current and previously stated personal preferences, desires, medical and psychiatric treatment preferences, religious beliefs, living arrangements, and other preferences and opinions;
- (6) to financial self-determination for all public benefits after essential living expenses and health needs are met and to have access to a monthly personal allowance;
- (7) to receive timely and appropriate health care and medical treatment that does not violate the ward's rights granted by the constitution and laws of this state and the United States;
- (8) to exercise full control of all aspects of life not specifically granted by the court to the guardian;
- (9) to control the ward's personal environment based on the ward's preferences;
- (10) to complain or raise concerns regarding the guardian or guardianship to the court, including living arrangements, retaliation by the guardian, conflicts of interest between the guardian and service providers, or a violation of any rights under this section;
- (11) to receive notice in the ward's native language, or preferred mode of communication, and in a manner accessible to the ward, of a court proceeding to continue, modify, or terminate the guardianship and the opportunity to appear before the court to express the ward's preferences and concerns regarding whether the guardianship should be continued, modified, or terminated;
- (12) to have a court investigator, guardian ad litem, or attorney ad litem appointed by the court to investigate a complaint received by the court from the ward or any person about the guardianship;



- (13) to participate in social, religious, and recreational activities, training, employment, education, habilitation, and rehabilitation of the ward's choice in the most integrated setting;
- (14) to self-determination in the substantial maintenance, disposition, and management of real and personal property after essential living expenses and health needs are met, including the right to receive notice and object about the substantial maintenance, disposition, or management of clothing, furniture, vehicles, and other personal effects;
- (15) to personal privacy and confidentiality in personal matters, subject to state and federal law;
- (16) to unimpeded, private, and uncensored communication and visitation with persons of the ward's choice, except that if the guardian determines that certain communication or visitation causes substantial harm to the ward:
  - (A) the guardian may limit, supervise, or restrict communication or visitation, but only to the extent necessary to protect the ward from substantial harm; and
  - (B) the ward may request a hearing to remove any restrictions on communication or visitation imposed by the guardian under Paragraph (A);
- (17) to petition the court and retain counsel of the ward's choice who holds a certificate required by Subchapter E, Chapter 1054 of the Texas Estates Code, to represent the ward's interest for capacity restoration, modification of the guardianship, the appointment of a different guardian, or for other appropriate relief under this subchapter, including a transition to a supported decision-making agreement, except as limited by Section 1054.006 of the Texas Estates Code;
- (18) to vote in a public election, marry, and retain a license to operate a motor vehicle, unless restricted by the court;
- (19) to personal visits from the guardian or the guardian's designee at least once every three months, but more often, if necessary, unless the court orders otherwise;
- (20) to be informed of the name, address, phone number, and purpose of Disability Rights Texas, an organization whose mission is to protect the rights of, and advocate for, persons with disabilities, and to communicate and meet with representatives of that organization;
- (21) to be informed of the name, address, phone number, and purpose of an independent living center, an area agency on aging, an aging and disability resource center, and the local mental health and intellectual and developmental disability center, and to communicate and meet with representatives from these agencies and organizations;
- (22) to be informed of the name, address, phone number, and purpose of the Judicial Branch Certification Commission and the procedure for filing a complaint against a certified guardian;
- (23) to contact the Department of Family and Protective Services to report abuse, neglect, exploitation, or violation of personal rights without fear of punishment, interference, coercion, or retaliation; and
- (24) to have the guardian, on appointment and on annual renewal of the guardianship, explain the rights delineated in this subsection in the ward's native language, or preferred mode of communication, and in a manner accessible to the ward.

This bill of rights does not replace or repeal other remedies you have under the law.

CAUSE NO. \_\_\_\_\_

IN THE GUARDIANSHIP  
OF

§ IN THE COUNTY COURT  
§  
§ AT LAW NO. 2 OF  
§  
§ HUNT COUNTY, TEXAS

\_\_\_\_\_

**ORDER APPROVING GUARDIAN’S REPORT ON THE LOCATION,  
CONDITION AND WELL-BEING OF WARD PURSUANT TO  
§§1163.101 & 1201.052, TEXAS ESTATES CODE**

On this day, came to be considered the Guardian’s Annual Report, and the Court, having reviewed the same, finds as follows:

1. the Report complies with §1163.101 of the Texas Estates Code;
2. the Report contains nothing extraordinary which warrants an unscheduled visit by an officer of the Court;
3. the Report contains no information which would require modification or termination of the guardianship;
4. the Report complies with §1201.052, Texas Estates Code for purposes of the required annual review and determination of the status of the guardianship;
5.  there is **NO** Guardianship of the Estate;  
 there **IS** a Guardianship of the Estate;
6. the Report should be approved pursuant to §1163.104, Texas Estates Code.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Guardian’s Annual Report be, and the same is hereby APPROVED. The Clerk may renew Letters of Guardianship according to the prior orders entered herein, which relate back to the date on which Original Letters of Guardianship were issued. These Letters shall remain in force and effect for one (1) year and four (4) months, unless otherwise ordered by the Court.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that this Guardianship should CONTINUE.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
**JUDGE JOEL D. LITTLEFIELD  
HUNT COUNTY, TEXAS**