

CAUSE NO. GN

IN THE MATTER OF THE  
GUARDIANSHIP OF  
\_\_\_\_\_  
AN INCAPACITATED PERSON

§  
§  
§  
§

IN THE COUNTY COURT  
AT LAW NO. \_\_\_\_ &  
PROBATE COURT OF  
BRAZORIA COUNTY, TEXAS

**GUARDIAN'S ANNUAL / FINAL REPORT ON THE  
CONDITION AND WELL BEING OF THE WARD  
COVERING THE PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_**

I, (We) \_\_\_\_\_, represent that I (We are) am the Guardian(s) and that my (our) Annual / Final (circle one) Report to the Court is as follows: ***(Please leave no blanks unanswered. If it is not applicable please put "N/A").***

1. Present condition, of the Ward: \_\_\_ living; \_\_\_ deceased; \_\_\_\_\_ Date of death ***(if still living please move to question #2)***
  - a. If deceased, please provide death certificate, or if not available; indicate date and place of death:
  - b. If deceased, has a personal representative been appointed:  
\_\_\_ Yes; \_\_\_ No; If yes, list name, address, and telephone number:
  - c. If deceased, is any of the Ward's personal property still in your possession:  
If no, to whom did you distribute the Ward's personal property:  
\_\_\_\_\_
  - d. If you are filing a Final Report because of your resignation, has a successor been appointed? \_\_\_  
If not, is there an interested person willing to serve? \_\_\_ If so, please complete the following:  
NAME : \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE : \_\_\_\_\_

2. Current information on the **Guardian** :  
NAME : \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
PHONE : \_\_\_\_\_

3. Present age of the **Ward**: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

4. Current Address of the **Ward**:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Current telephone number where the Ward can be reached : \_\_\_\_\_

6. The **Ward's** residence is :

- |                              |  |
|------------------------------|--|
| _____ guardian's home        | _____ own home                         |
| _____ nursing home           | _____ hospital or medical facility     |
| _____ foster / boarding home | _____ relative's home (relation) _____ |
| _____ group home; HCS home   | _____ other _____                      |

7. The **Ward** has been at present residence since : (date) \_\_\_\_\_

**Ward** has moved within the past year, please state the reason for the move :

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. How many times have you visited the **Ward** in person during the past year ? \_\_\_\_\_ ;

Give the date of your last personal visit on the **Ward**: \_\_\_\_\_

9. During the past year, the **Ward's** mental health has :

- \_\_\_\_\_ remained the same
- \_\_\_\_\_ improved (describe) \_\_\_\_\_
- \_\_\_\_\_ deteriorated (describe) \_\_\_\_\_

10. During the past year, the **Ward's** physical health has :

- \_\_\_\_\_ remained the same
- \_\_\_\_\_ improved (describe) \_\_\_\_\_
- \_\_\_\_\_ deteriorated (describe) \_\_\_\_\_

11. During the past year, the **Ward** has been treated or evaluated by the following and describe each :

Physician, Psychiatrist or Psychologist, Dentist, Social or other case worker:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

12. The **Ward** is / is not (circle one) under regular physician's care

Doctor's Name : \_\_\_\_\_

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

13. Social conditions-During the past year the **Ward** has participated in the following activities:

- Recreational: \_\_\_\_\_
- Educational: \_\_\_\_\_
- Social: \_\_\_\_\_
- Occupational: \_\_\_\_\_
- None available \_\_\_\_\_
- Ward refuses or is unable to participate.

14. As the Guardian, I rate my **Ward's** living arrangements is " (if below average, please explain)

- Excellent       Above Average       Average       Below Average

\_\_\_\_\_

15. As the Guardian, I believe my **Ward** is  content,  unhappy with his/her present living situation. If unhappy, please explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. As the Guardian, I believe my **Ward** has the following unmet needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Powers authorized by the guardianship should: (ex: resignation, bond issue, estate issues, etc.)

- remain the same:
- be decreased as follows: \_\_\_\_\_
- increased as follows: \_\_\_\_\_

18. I do / do not (circle one) have possession and control of the **Ward's** estate.

If you circled "do" have you been appointed as a Guardian of the Estate of the Ward by the Probate Court? \_\_\_\_\_

Please mark the items below which are applicable:

- Social Security (\$ \_\_\_\_\_ per month)
- Supplemental Security Income (\$ \_\_\_\_\_ per month)
- Other (describe)

19. Please state any additional information concerning the **Ward** which you would like to share with the Court including whether or not the Guardian has filed for emergency detention of the Ward.

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

20. If this is the first time you are filing this report, or for any time thereafter, a picture of the ward would be appreciated. (This request is optional; it is **not** a requirement.)

21. I \_\_\_\_\_ (Guardian) hereby swear that I have read the "Ward's Bill of Rights" with \_\_\_\_\_ (Ward) in his / her native language.

I hereby swear that the answers set forth above are true and correct to the best of my knowledge and belief, and that I am giving such answers subject to the penalties of making a false affidavit or declaration.

The bond premium for the next accounting period has / has not been paid and verification is / is not attached: {CASH BOND ON FILE}{SURETY BOND ON FILE}{BOND WAIVED BY COURT} (circle one)

**PLEASE DO NOT SIGN THIS DOCUMENT UNTIL YOU ARE IN FRONT OF A NOTARY PUBLIC.  
OUR OFFICE IS AVAILABLE TO NOTARIZE YOUR SIGNATURE**

**If you are co-guardians, both must sign in front of a Notary**

Signature(s): \_\_\_\_\_

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

City, State, Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

SUBSCRIBED AND SWORN to before me by \_\_\_\_\_

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

Notary Public in and for Brazoria County, Texas

{seal}

\_\_\_\_\_