

CAUSE NO. _____

IN THE GUARDIANSHIP OF § IN THE COUNTY COURT
§
§ OF
§
§
MINOR INCAPACITATED PERSON § LUBBOCK COUNTY, TEXAS

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

REPORTING PERIOD _____ TO _____

The reporting period must be a specific date in the format of MM/DD/YYYY to MM/DD/YYYY. Do **not** file this report BEFORE the ending date of the reporting period. Example: If you are reporting from 02/23/2017 to 02/22/2018, you should file the report on 02/23/2018 or later. If you file it before, or do not put specific dates, your report will not be approved until such corrections are made. If you are unsure of the dates, please call the Court at (806) 775-1678 to confirm before filing the report.

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

**If you are unsure if you are the guardian of the person, estate or both, please call the Court at (806) 775-1678
**If you are the Guardian of the Estate you must also include an Annual Account for Guardianship of the Estate form unless the court has waived the requirement.*

Please fill out this form completely, answering every question, except when directed otherwise.

1. TYPE OF REPORT Initial Annual Final

2. WARD Name _____
 Age _____ DOB _____
 Address (no P.O. Box) _____
 City _____ State _____ Zip _____
 Cell _____ Other _____
 Email _____

3. GUARDIAN(s) Name(s) _____
 Age(s) _____ DOB(s) _____
 Address (no P.O. Box) _____
 City _____ State _____ Zip _____
 Cell _____ Other _____
 Email _____

If co-guardians,
both must be listed

4. FINAL REPORTS ONLY

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

I am resigning The ward has turned 18

The ward has died: date and place of death, if known _____

(Please attach a certificate/obituary/other proof of death if available)

Other (if "other," please explain):

B. If the ward has died is there a probate filed? Yes No

If yes: County _____ and Cause Number _____

C. If you are resigning, has a successor guardian been identified? Yes No

Name _____

Age _____ DOB _____

Address (no P.O. Box) _____

City _____ State _____ Zip _____

Cell _____ Other _____

Email _____

5. During the last year, I have visited the ward in person _____ times. Date of late visit _____.

**If ward lives with you, put 365, and put today's date as "Date of last visit"*

If zero visits, please explain:

6. Ward's residence is (check only one):

Ward's home Guardian's home

Relative's home (relative's name and relationship) _____

Or in the type of facility below:

Nursing home Group home Hospital/Medical facility

State Supported Living Center (state school) Other

Please provide the NAME of the facility

7. Length of time the ward has lived at this address _____

Any change in the residence in the last year? Yes No

If YES, explain:

8. **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, please explain _____

9. 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 _____

Social or Case Worker Name _____

Describe _____

Dentist Name _____

Describe _____

Other (name) _____

Describe _____

10. Social Conditions – during the past year the ward has participated in the following activities:

Note that for each type of activity checked, you must describe the activities (e.g. movies, bowling, Special Olympics, Church, eating out, etc.) Don't leave blank or simply write the name of the facility.

Recreational _____

Educational _____

Social _____

Occupational _____

None available

Refuses or is unable to participate

11. During the past year the ward's mental health has:

Remained about the same

Improved. Describe: _____

Deteriorated. Describe: _____

12. As Guardian of the person, I HAVE FILED HAVE NOT FILED for **Emergency Detention of the ward** pursuant to the Texas Health & Safety Code. (An example of emergency detention is a request for an emergency hospitalization of the Ward for mental health or safety reasons) If you answered HAVE FILED, please list the number of times and dates:

13. During the past year the ward's physical health has:

Remained about the same

Improved. Describe: _____

Deteriorated. Describe: _____

14. As guardian, I believe the ward's living arrangements are Excellent Average Below Average
If below average, explain:

15. As guardian, I believe my ward is
Happy/content with living situation
Unhappy with living situation

16. 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:

17. The power authorized by this guardianship should be:

Unchanged

Decreased. Explain: _____

Increased. Explain: _____

18. **Guardian's bond.** Check the appropriate box below, adding an explanation if requested.

Note: Even if ward's residential facility pays your bond premium for you, it is your responsibility to verify that the bond payment 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 to 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

I am **not required to pay** a bond premium because:

19. If you are a professional guardian, the representative of a guardianship program or of DADS have you been the subject of an investigation conducted by the Guardianship Certification Board during the preceding year?

Yes No Not Applicable

UNSWORN DECLARATION OF THE GUARDIAN
(PURSUANT TO ESTATES CODE §1163.1011)

I, _____ (insert name of the guardian), the guardian of the person for _____ (insert name of ward) in _____ County, Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ (today's date)

Signature of Guardian

UNSWORN DECLARATION OF THE CO-GUARDIAN
(PURSUANT TO ESTATES CODE §1163.1011)

I, _____ (insert name of the guardian), the guardian of the person for _____ (insert name of ward) in _____ County, Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ (today's date)

Signature of Guardian

**THIS ANNUAL REPORT OF THE GUARDIAN OF THE PERSON DOES NOT
REQUIRE THE SIGNATURE OF A NOTARY**