

NO. _____

IN THE MATTER OF THE
GUARDIANSHIP OF

HUNT COUNTY
COUNTY COURT AT LAW NO. 1 OR 2

AN INCAPACITATED PERSON

GUARDIAN OF THE PERSON'S ANNUAL REPORT OF A MINOR

A. INCAPACITATED PERSON ("IP") NAME: _____

AGE: _____ **DATE OF BIRTH:** _____

IP'S RESIDENCE IS: _____ Guardian's Home _____ Other (explain) _____

_____ **How long in this placement:** _____

Name of Facility (if applicable): _____

Address: _____

City, County, State, Zip: _____ Phone: _____

Has IP changed residences in the past 12 months? _____ Yes _____ No Reason for the change in IP's residence: _____

B. Incapacity: Is IP's "Minor Status" their only incapacity _____ Yes _____ No

Other medical conditions: _____

C. Guardian Name: _____

Address: _____

City, County, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ Relation to IP: _____

Has address, phone, or email changed in the past 12 months? _____ Yes _____ No

➤ **Is there more than one Guardian of the Person?** _____ Yes _____ No If yes, complete the following: _____

Co-Guardian Name: _____

Address: _____

City, County, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ Relation to IP: _____

Has address, phone, or email changed in the past 12 months? _____ Yes _____ No

D. Visitation/Phone Contact

IP _____ does _____ does not live with the Guardian.

(If the IP "Does" live with the Guardian, skip to Section "E")

List the number of times you personally visited IP during the last 12 months? _____

List the date of your last personal visit to IP: _____

If you have not visited IP frequently, have you had telephone contact? _____ Yes _____ No

Who is main telephone contact? _____

E. IP's Medical Condition:

During the past year, IP's **physical health** has:

_____ Remained the same _____ Improved _____ Deteriorated

Describe: _____

During the past year, IP's **mental health** has:

_____ Remained the same _____ Improved _____ Deteriorated

Describe: _____

Injuries or hospitalizations within the last 12 months? _____ Yes _____ No

If yes, briefly describe what happened: _____

Does the IP receive regular medical care: _____ Yes _____ No *If no, why not?* _____

<u>Medical Agency Providers</u>	<u>Name/Agency</u>	<u>Phone #</u>
Physician/ PCP	_____	_____
Psychiatrist	_____	_____
Psychologist or other mental health provider	_____	_____
Social or other case worker	_____	_____
Dentist	_____	_____
Specialist or others who provided treatment	_____	_____
Describe Treatment or Services	_____	

I believe IP has **unmet medical needs:** _____ Yes _____ No

If yes, what is being done to address those needs? _____

F. IP's Social Conditions

During the past year, IP participated in the following activities:

_____ Educational – Name of School _____

Average grades A's B's C's D's Failing (please circle)

If grades are below a “C₊” describe IP’s challenges in school, tutoring and any additional help being sought: _____

_____Recreational/Sports:_____

_____Social/Family Activities:_____

_____Employment:_____

_____Driver License _____Yes _____No If yes, auto liability insurance _____Yes _____No

Has the minor experienced any significant events in the past year which should be brought to the attention of the court? _____Yes _____No Describe: _____

What accomplishments, successes, goals has the IP achieved this year? Describe:_____

I believe IP has **unmet social needs**: _____Yes _____No *If yes*, what is being done? _____

G. IP’s Living Conditions

I rate IP’s **living arrangements** as: _____Excellent _____Average _____Below Average

If below average, explain: _____

I believe IP is _____Content _____Unhappy with these living arrangements

I believe IP has **unmet basic needs**: _____Yes _____No

If yes, what is being done? _____

H. IP’s Assets and Income

Does the IP have a Guardian of the Estate? _____Yes _____No

Does IP receive Social Security (SS) benefits? _____Yes _____No

If yes, how much per month? \$_____ Payee: _____

Are there any other benefits or income you receive on IP’s behalf? _____Yes _____No

*If yes, describe:*_____

Has IP inherited anything in the past year? _____Yes _____No

If yes, explain: _____

Are there any lawsuits pending or filed that will affect or involve IP? _____Yes _____No

If yes, explain: _____

I. Additional Information

My **powers** as Guardian should:

_____Remain the same

_____Be decreased _____Be increased as follows: _____

____I wish to resign as Guardian – *Explain why, and who you would recommend:*

I believe the Court should be aware of the following **additional information** that concerns IP:

(Please attach a recent photograph of the IP to this report, if available)

J. In case of an emergency

Name, Address & Phone # of a friend or family member who knows how to reach you:

If you need more space for your responses, please add extra page(s).

UNSWORN DECLARATION

I/we _____, Guardian(s) for the Person for Ward,
_____, in Hunt County, Texas, declare under penalty of perjury that
the foregoing is true and correct.

Executed on the _____ day of _____, 20____.
(date) (month) (year)

Signature of Declarant/Guardian

Signature of Declarant/Joint Guardian, if applicable

Printed Name of Declarant/Guardian

Printed Name of Declarant/Joint Guardian, if applicable

ORDER APPROVING GUARDIAN OF THE PERSON'S ANNUAL REPORT

ON _____, 20____, came to be considered the Annual Report
of _____, Ward, and The Court having examined said report, it is
THEREFORE ORDERED entered of Record.

SIGNED THIS THE _____ DAY OF _____, 2019.

JUDGE PRESIDING