

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

IN THE GUARDIANSHIP  
OF

§ IN THE COUNTY COURT  
§  
§ AT LAW NO. 1 OF  
§  
§ HUNT COUNTY, TEXAS

MINOR  ADULT

GUARDIAN'S  INITIAL  ANNUAL  FINAL  
REPORT ON THE LOCATION, CONDITION AND WELL-BEING OF WARD  
FOR THE PERIOD OF \_\_\_\_\_ THROUGH \_\_\_\_\_  
(§1163.101)

(The reporting period must be a specific date in the format of MM/DD/YYYY to MM/DD/YYYY. The report should NOT be filed BEFORE the ending date of the reporting period. Example: If you are reporting from 02/23/2020 to 02/23/2021, the report should be filed on 02/24/2021 or later. Reports filed without specific dates or filed before the ending date cannot be approved until corrections are made.)

Please fill out this form **completely & sign**, answering every question, except when directed otherwise.  
"Not applicable" is not a proper response and can delay processing and approval.  
When completed, file with the Hunt County Clerk.

**On this day, the Guardian(s) in this matter stated the following, under penalty of perjury, declaring that each statement is true and correct:**

1. **WARD:** Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_  
Email Address: \_\_\_\_\_

A. How long has the Ward lived at this address? \_\_\_\_\_  
B. Any change in residence in the last year?  YES  NO If yes, explain \_\_\_\_\_

2. **GUARDIAN:** Name \_\_\_\_\_ Apt. \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
Email address(es) \_\_\_\_\_  
Relationship to Ward \_\_\_\_\_

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

DATE OF CONVICTION	CAUSE NUMBER	COUNTY	OFFENSE

B. If you are a private professional guardian, a guardianship program, or DADS, or the representative of these, have you been the subject of an investigation conducted by the Guardianship Certification Board during the preceding year?  YES  NO  Not Applicable  
If Yes, explain \_\_\_\_\_

3. **CO-GUARDIAN(S):** Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Email address(es) \_\_\_\_\_  
 Relationship to Ward \_\_\_\_\_

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

DATE OF CONVICTION	CAUSE NUMBER	COUNTY	OFFENSE

B. If you are a private professional guardian, a guardianship program, or DADS, or the representative of these, have you been the subject of an investigation conducted by the Guardianship Certification Board during the preceding year?  YES  NO  Not Applicable

If Yes, explain \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. **FINAL REPORTS ONLY** (Otherwise, skip to #5)

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

- I am resigning. (Complete A. below)
- Ward has turned 18. (Attach Birth Certificate w/SSN Redacted)
- Ward has died. (Attach Death Certificate w/SSN Redacted)
- Other. (Please explain) \_\_\_\_\_

A. If because of your **resignation**, has a successor guardian(s) been appointed?  YES  NO

Successor Guardian(s) information:

Name(s) \_\_\_\_\_  
 Address \_\_\_\_\_ Apt. \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Alternate Phone \_\_\_\_\_  
 Email address(es) \_\_\_\_\_  
 Relationship to Ward \_\_\_\_\_

5. During the last year, I have visited the Ward in person \_\_\_\_\_ times. Date of last visit \_\_\_\_\_

(If Ward lives with you, may answer 365 times and put today's date as date of last visit, if these are correct.)

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

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

- Ward's own home
- Guardian's home
- Relative's home (give name & relationship) \_\_\_\_\_

Or, the type of facility checked below:

- Group home
- Hospital/Medical facility
- Nursing home
- Foster home
- Boarding home
- State Supported Living Center (State School)
- Other (explain below)

Please provide NAME of facility or "other" \_\_\_\_\_

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 child support is not.

- A. Source(s) 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** (if YES you must complete the following):

- A.  I am the Guardian of the Ward's Estate & **I understand that in addition to this Report of the Person, an Accounting of the Estate must be completed and filed with the Court BY AN ATTORNEY.**
- B.  The Guardian of the Ward's Estate is \_\_\_\_\_.
- C. As Guardian of the Person, I  **DO**  **DO NOT** receive an allowance from the Guardian of the Estate. **If I do**, the annual amount of the allowance received is \$\_\_\_\_\_.

**NO** (If No you must complete the following):

- A. Has the Court **ordered or 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 the "Guardian of the Person Income and Expense Worksheet" to this report. This form is available on the Court's website.*
- B. 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 to this report either: (1) a copy of your most recent Representative Payee Report provided by Social Security, or (2) the Court's Representative Payee Report Form. If you do not receive the form from Social Security, you can get the form on the Court's website.*

9. During the past year the Ward's physical health has:

- Remained about the same.
- Improved. Describe \_\_\_\_\_
- Deteriorated. Describe \_\_\_\_\_

10. During the past year the Ward's mental health has:

- Remained about the same.
- Improved. Describe \_\_\_\_\_
- Deteriorated. Describe \_\_\_\_\_

11. 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**:

DATE	CAUSE NUMBER	COUNTY	FACILITY

12. Social Conditions: During the past year, the Ward has participated in the following activities:  
(What does the Ward do each day/week? Describe each type of activity checked, e.g., movies, bowling, Special Olympics, church, eating out, etc. Do not leave blank or only write the name of the residential facility.)

- Recreational \_\_\_\_\_
- Educational \_\_\_\_\_
- Social \_\_\_\_\_
- Occupational \_\_\_\_\_
- None available \_\_\_\_\_
- Refuses or is unable to participate \_\_\_\_\_

13. During the past year, Ward has been treated or evaluated by the following professionals:  
(It is the guardian's responsibility to know and provide the information, even if the Ward's residential facility arranges services.)

- Physician Name: \_\_\_\_\_ Number of visits this year: \_\_\_\_\_  
General Description of Treatment(s): \_\_\_\_\_  
Does the Ward see this doctor on a regular basis?  No  Yes
- Psychiatrist Name: \_\_\_\_\_ Number of visits this year: \_\_\_\_\_  
General Description of Treatment(s): \_\_\_\_\_
- Social / Case Worker Name: \_\_\_\_\_ Number of visits this year: \_\_\_\_\_  
General Description of Treatment(s): \_\_\_\_\_
- Dentist Name: \_\_\_\_\_ Number of visits this year: \_\_\_\_\_  
General Description of Treatment(s): \_\_\_\_\_
- Other: Name: \_\_\_\_\_ Number of visits this year: \_\_\_\_\_  
General Description of Treatment(s): \_\_\_\_\_

14. As Guardian, I believe the Ward's living arrangements are:

- Excellent.**
- Average.**
- Below average.** Describe \_\_\_\_\_

15. As Guardian, I believe that my Ward is:

- Content** with current living situation.
- Unhappy** with current living situation. Describe \_\_\_\_\_

16. As Guardian, I believe my Ward  **DOES**  **DOES NOT** have unmet needs.

(Unmet needs = problems with food, shelter, medical care, etc.)

If answered **DOES**, explain reasons. \_\_\_\_\_

17. The power authorized by this guardianship should be:

- Unchanged  Decreased  Increased.

If answered **Decreased OR Increased**, explain reasons. \_\_\_\_\_

18. As Guardian of the Person, I: (check one)

- HAVE A CASH BOND ON DEPOSIT WITH THE COURT;
- HAVE PAID a bond premium for the next reporting period (attach the paid premium receipt); OR
- HAVE NOT PAID a bond premium for the next reporting period.

If answered **HAVE NOT PAID**, please explain. \_\_\_\_\_

19. I HEREBY AGREE to immediately inform the Court of any change in my address or the Ward's address.

20. Please state any additional information concerning the Ward which you would like to share with the Court:

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

21. Check each box immediately 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 the attached Bill of Rights has been explained to my ward in his/her native language or his her/preferred mode of communication in a manner accessible to him/her.

I affirm that I will provided to the ward's spouse, parents, children, and adult siblings, who have elected in writing to receive notice, and have not had a protective order issued against them to protect the ward or, been found by a Court or other State agency to have abused, neglected or exploited the ward, notification of: (1) the ward's death, (2) admission of the ward to a medical facility for three or more days, (3) change in the ward's residence, or (4) the ward's stay at a location other than his/her residence for a period that exceeds one calendar week. §1151.056

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

**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.)