

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

IN THE GUARDIANSHIP OF

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§  
§  
§

IN THE COUNTY COURT

OF

MINOR  INCAPACITATED PERSON

GONZALES 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 Probate Clerk at (830) 672-2801 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 Probate Clerk at (830) 672-2801  
\*\*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 \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Address (no P.O. Box)

Cell \_\_\_\_\_ Other \_\_\_\_\_ Email \_\_\_\_\_

**YOU MUST IMMEDIATELY INFORM THE COURT OF ANY CHANGE IN YOUR ADDRESS OR THE WARD'S**

3. GUARDIAN(s)

If co-guardians,  
both must be  
listed

Name(s) \_\_\_\_\_

Age(s) \_\_\_\_\_ DOB(s) \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Address (no P.O. Box)

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Mailing Address (if different from above)

Cell \_\_\_\_\_ Other \_\_\_\_\_ Email \_\_\_\_\_

Relationship to Ward \_\_\_\_\_

4. Persons who will ALWAYS know how to contact the **GUARDIAN(s)**

Name(s) \_\_\_\_\_

Address (no P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_ Email \_\_\_\_\_

Name(s) \_\_\_\_\_

Address (no P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_ Email \_\_\_\_\_

**5. FINAL REPORTS ONLY (if this is NOT your final report, skip to #6)**

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 because **Ward has turned eighteen**, please attach a birth certificate.

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

If yes: County \_\_\_\_\_ and Cause Number \_\_\_\_\_

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

Name \_\_\_\_\_

Address (no P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

6. Has the Court appointed a Guardian for the Ward's estate? (Financial Affairs)  Yes  No  
If yes, and you are NOT the Guardian of the Estate please list who is

Name \_\_\_\_\_

Address (no P.O. Box) \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell \_\_\_\_\_ Other \_\_\_\_\_

Email \_\_\_\_\_

7. 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: \_\_\_\_\_

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

8. 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

\_\_\_\_\_

9. Length of time the ward has lived at this address \_\_\_\_\_

Any change in the residence in the last year?  Yes  No If YES, explain: \_\_\_\_\_

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

10. 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 \_\_\_\_\_

11. 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 \_\_\_\_\_

Other (name) \_\_\_\_\_

Describe \_\_\_\_\_

12. 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

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

Remained about the same

Improved. Describe: \_\_\_\_\_

Deteriorated. Describe: \_\_\_\_\_

14. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Remained about the same

Improved. Describe: \_\_\_\_\_

Deteriorated. Describe: \_\_\_\_\_

16. As guardian, I believe the ward's living arrangements are  Excellent  Average  Below Average

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

\_\_\_\_\_

\_\_\_\_\_

17. As guardian, I believe my ward is:

Happy/content with living situation

Unhappy with living situation

18. 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

19. The power authorized by this guardianship should be:

Unchanged

Decreased. Explain: \_\_\_\_\_

Increased. Explain: \_\_\_\_\_

20. **Guardian's bond.** Check ONE 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 a **CASH BOND** on file with the Court

I have a **SURETY BOND** on file with the Court

I **HAVE PAID** the bond premium for the next reporting period (Corporate Bond)

I **HAVE NOT PAID** the bond premium for the next reporting period (Corporate Bond)

Explain: \_\_\_\_\_  
\_\_\_\_\_

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

21. 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

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

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

**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**