

No. \_\_\_\_\_

IN THE MATTER OF  
THE GUARDIANSHIP OF

IN THE STATUTORY  
PROBATE COURT NO. \_\_\_\_\_  
OF TARRANT COUNTY, TEXAS

\_\_\_\_\_ ,  
A MINOR

**GUARDIAN OF THE PERSON'S ANNUAL REPORT-MINOR**

**A. Minor's ("minor") Name:** \_\_\_\_\_

**Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Minor's residence is:**  Guardian's home  Minor's own home  Group home

Foster/Host/Adult Companion home  Assisted Living  Boarding home

Relative's home: explain relationship \_\_\_\_\_  Hospital or medical facility

Other (explain): \_\_\_\_\_ **How long in this placement:** \_\_\_\_\_

Name of Facility (if applicable): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

**Has minor moved since the last Annual Report was filed?**  Yes  No

Reason for the change in Minor's residence:  
\_\_\_\_\_

**B. Incapacity:** Is minor's "Minor Status" their only incapacity?  Yes  No

Other medical conditions, describe: \_\_\_\_\_

**C. Guardian Name:** \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relation to Minor: \_\_\_\_\_

**Has your contact information changed since the last Annual Report was filed?**  Yes  No

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

**Guardian Name:** \_\_\_\_\_

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Relation to Minor: \_\_\_\_\_

**Has your contact information changed since the last Annual Report was filed?**  Yes  No

**D. Visitation/Phone Contact**

Does Minor live with the Guardian completing this report?  Yes  No *If yes, skip to section "E"*

Are you visiting the Minor at least monthly?  Yes  No

How frequently do you see the Minor?

\_\_\_\_\_  
List the date of your last face-to-face visit: \_\_\_\_\_

**If not visiting at least every 3 months, explain:** \_\_\_\_\_

**E. Minor's Medical Condition:**

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

Remained the same     Improved     Deteriorated

*Describe:* \_\_\_\_\_

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

Remained the same     Improved     Deteriorated

*Describe:* \_\_\_\_\_

Have you filed for **emergency detention** of the Minor during the past year?     No     Yes

*If yes, how many times:* \_\_\_\_\_

*Dates of applications for emergency detention:* \_\_\_\_\_

**Injuries or hospitalizations within the last 12 months:**  Yes     No

*If yes, briefly describe what happened:* \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
**Does the Minor receive regular medical care:**  Yes     No *If no, why not?*

Medical Providers	Name/Agency	Phone #
Physician/PCP		
Psychiatrist		
Psychologist or other mental health provider		
Dentist		
Specialist/Other Provider		
Specialist/Other Provider		

I believe Minor has unmet medical needs:  Yes     No

*If yes, what is being done to address those needs?* \_\_\_\_\_

**F. Minor's Social Conditions, Education, Supports, Services and/or Employment**

I am taking or have taken the following actions to encourage the development of Minor's maximum self-reliance and independence: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is Minor able to participate in activities?  Yes  No

*If yes*, list Minor's activities (social, recreational, family, educational, job):  
\_\_\_\_\_  
\_\_\_\_\_

*If no*, explain why Minor cannot participate:  
\_\_\_\_\_  
\_\_\_\_\_

List Minor's supporters (family, friends, community/religious groups):  
\_\_\_\_\_  
\_\_\_\_\_

I believe Minor has unmet social needs:  Yes  No

*If yes*, what is being done? \_\_\_\_\_

***If Minor has Intellectual/Developmental Disabilities (IDD) complete questions 1, 2, and 3***

1. Educational Conditions for Minor with Intellectual/Development Disabilities:

Does Minor attend school or Transition Program?  Yes  No

*If yes*, name of school: \_\_\_\_\_

Location of school: \_\_\_\_\_

2. Services or Benefits Received for Minor with Intellectual/Development Disabilities:

Does Minor currently receive services from one or more of the following agencies?

MDCP: \_\_\_\_\_ (Agency Name)

MHMR: \_\_\_\_\_ (Service Coordinator)

CLASS: \_\_\_\_\_ (Contact Person and Agency)

HCS: \_\_\_\_\_ (Agency Name)

\_\_\_\_\_  
 TxHML: \_\_\_\_\_ (Agency Name)

Texas Workforce Commission: \_\_\_\_\_ (Case Worker)

Is the Guardian a paid care provider for Minor?  Yes  No

*If Minor is not receiving any services, why not?*  
\_\_\_\_\_  
\_\_\_\_\_

3. If Minor is employed complete the following:

Employer: \_\_\_\_\_ (Company Name)

Days/Hours worked: \_\_\_\_\_

Length of time employed here: \_\_\_\_\_

What formal or informal services is Minor receiving?

- Medicaid: \_\_\_\_\_ (Name of Managed Care Company)
- Private Insurance: \_\_\_\_\_ (Name of Company)
- MHMR Behavioral Health: \_\_\_\_\_ (Case Worker)
- Home Health: \_\_\_\_\_ (Name of Agency)
- Privately paid caregiver/service: \_\_\_\_\_ (Name/Type)
- Other: \_\_\_\_\_

What supports and/or services have been discontinued and why? \_\_\_\_\_

Services applied for the Minor, but that were denied:

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

### G. Minor's Living Conditions

I rate Minor's **living arrangements** as:  Excellent  Average  Below Average

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

I believe Minor is  Content  Unhappy with these living arrangements.

I believe Minor has **unmet basic needs**:  Yes  No

*If yes, what is being done?* \_\_\_\_\_

### H. Minor's Assets and Income

Does the Minor have a Trust account?

No  Yes, *current balance*: \$ \_\_\_\_\_

Does Minor receive Supplemental Security Income (**SSI**)?  Yes  No

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

Does Minor receive Social Security (**SSA**) income?  Yes  No

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

Are there any other benefits or income you receive on Minor's behalf?  Yes  No

Child Support \$ \_\_\_\_\_  Pension/Retirement \$ \_\_\_\_\_

Oil/Gas Royalty \$ \_\_\_\_\_  Other \_\_\_\_\_ \$ \_\_\_\_\_

Has any of the Minor's property been sold in the past year?  Yes  No

*If yes, explain:* \_\_\_\_\_

Has Minor inherited anything in the past year?  Yes  No

*If yes, explain:* \_\_\_\_\_

Are there any lawsuits pending or filed that will affect or involve Minor?  Yes  No

*If yes, explain:* \_\_\_\_\_

What plans have been made for Minor's burial expenses?

Preneed: \_\_\_\_\_  Life Ins: \_\_\_\_\_

Special Needs Trust  ABLE account *If not, why:* \_\_\_\_\_

Pursuant to Texas Estates Code Section 1163.101(b) the guardian of the person shall **show each receipt and disbursement** for:

1. the **support and maintenance** of the Minor?

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2. how much was spent for the **education** of the Minor?

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3. If authorized by court order, how much was spent for the support and maintenance of the Minor's dependents?

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Does Minor have minor children?  Yes  No

*If yes*, are you the court appointed guardian or custodian of Minor's minor children?

Yes  No

*If not, who is? Name and phone:* \_\_\_\_\_

**I. WARD'S BILL OF RIGHTS:** I provided a copy of the "Ward's Bill of Rights" to the minor and explained the rights in the minor's native language or preferred method of communication.

Yes  No, if not why: \_\_\_\_\_

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:* \_\_\_\_\_

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**J. In case of an emergency**

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

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I am furnishing the following information to the Court for its use in the event of a later need for appointment of a successor Guardian for the above-referenced Minor:

**GUARDIAN OF THE PERSON**

**GUARDIAN OF THE ESTATE (if Applicable)**

Suggested Alternate

Suggested Alternate

Name: \_\_\_\_\_

Name: \_\_\_\_\_

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

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

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

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

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Relation to Minor:

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Relation to Minor:

---

**L. Bond premium: Are you required to pay a bond premium?**  Yes  No

*If yes*, have you paid any bond premium which is due for the next reporting period?

Yes  No

For private professional guardians, guardianship programs, or the Health and Human Services Commission: Have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past reporting year?  Yes  No

*If yes*, explain: \_\_\_\_\_

For all other guardians, have you or the minor been the subject of an CPS investigation in the past year?  Yes  No

If *yes*, who was the CPS investigator? \_\_\_\_\_

Have you or the minor been involved with any law enforcement agency in the past year?

Yes  No, If *yes*, which agency? \_\_\_\_\_

Is there any pending court hearing related to this incident?  Yes  No

*If yes*, in what court is/was the hearing held? \_\_\_\_\_

**M. Any additional information to share with the Court:**

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

**UNSWORN DECLARATION**

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

Executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(date) (month)

\_\_\_\_\_  
**Signature** of Declarant /Guardian

\_\_\_\_\_  
**Signature** of Declarant/Joint Guardian, if applicable

\_\_\_\_\_  
**Printed Name** of Declarant/Guardian applicable

\_\_\_\_\_  
**Printed Name** of Declarant/Joint Guardian, if applicable

*Revised: December 2023*

**REQUEST FOR NEW LETTERS OF GUARDIANSHIP**

IN RE: GUARDIANSHIP OF

Re: Cause # \_\_\_\_\_

\_\_\_\_\_  
AN INCAPACITATED PERSON

CLERK:

PLEASE SEND ME \_\_\_\_\_ NEW LETTERS OF GUARDIANSHIP.

\_\_\_\_\_ I AM REQUIRED TO PAY FILING FEES FOR THE ANNUAL RENEWAL:

Fees

**\$12.00** ANNUAL GUARDIAN OF THE PERSON'S REPORT

**\$ 2.00** FOR EACH NEW LETTER OF GUARDIANSHIP REQUESTED

**\$ \_\_\_\_\_** TOTAL AMOUNT OF CHECK MADE PAYABLE TO:

**MARY LOUISE NICHOLSON, COUNTY CLERK**

----- **OR** -----

\_\_\_\_\_ I HAVE AN AFFIDAVIT OF INABILITY TO PAY ON FILE WITH THE COURT AND **NO** FEES ARE REQUIRED

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

\_\_\_\_\_  
Guardian

**\*\* Guardian: New Letters of Guardianship will be mailed to you once the Judge has signed an Order Approving the Annual Report.**

**Note:** Letters of Guardianship **expire** a year and four months from the anniversary date of your guardianship and must be updated annually. If you have questions about your Letters of Guardianship, please call the Tarrant County Probate Clerk's Office at 817-884-1770.

Tarrant County Probate Clerks  
100 W. Weatherford Street  
Room 233  
Fort Worth, Texas 76196