

No. _____

IN THE MATTER OF
THE GUARDIANSHIP OF

AN INCAPACITATED PERSON

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

GUARDIAN OF THE PERSON'S ANNUAL REPORT

A. Incapacitated Person ("IP") Name: _____

Age: _____ **Date of Birth:** _____

IP's residence is: Guardian's home IP's own home Group home Nursing 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 IP moved since the last Annual Report was filed? Yes No

Reason for the change in IP's residence: _____

B. Incapacity: Intellectual Disability Autism Alzheimer's Dementia Brain Injury

Stroke Other: _____

Chronic Mental Illness: _____

Level of incapacity: Severe Moderate Mild

Other medical conditions: _____

C. Guardian Name: _____

Address: _____

City, State, Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Email Address: _____ Relation to IP: _____

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 IP: _____

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

D. Visitation/Phone Contact

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

Are you visiting the IP at least monthly? Yes No

How frequently do you see the IP: _____

List the date of your last face-to-face visit: _____

If not visiting at least every 3 months, explain: _____

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: _____

Have you filed for **emergency detention** of the IP 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 IP receive regular medical care: Yes No *If no, why not?* _____

| Medical/Agency providers | Name/Agency | Phone # |
|--|-------------|---------|
| Physician/PCP | | |
| Psychiatrist | | |
| Psychologist or other mental health provider | | |
| Dentist | | |
| Case Manager and Name of agency | | |
| Others who provided treatment | | |

I believe IP has unmet medical needs: Yes No

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

F. IP's Social Conditions, Education, Services and/or Employment

Is IP able to participate in activities? Yes No

If yes, list IP's activities (social, recreational, family, educational, job): _____

If **no**, explain why IP cannot participate: _____

I believe IP has unmet social needs: Yes No

If **yes**, what is being done? _____

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

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

Does IP attend school or Transition Program? Yes No

If **yes**, name of school: _____

Location of school: _____

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

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

MHMR: _____ (Service Coordinator)

CLASS: _____ (Contact Person and Agency)

Day Habilitation: _____ (Name of Program)

If IP is **not** attending Day Habilitation, why not? _____

HCS: _____ (Agency Name)

TxHML: _____ (Agency Name)

MDCP: _____ (Agency Name)

Texas Workforce Commission: _____ (Case Worker)

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

If IP is **not** receiving any services, why not? _____

3. If IP is employed complete the following:

Employer: _____ (Company Name)

Days/Hours worked: _____

Length of time employed here: _____

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? _____

If the IP is an adult and in a private or public residential care facility is there a necessity for the IP to continue to receive care in the facility? Yes No N/A

H. IP's Assets and Income

Does the IP have a Trust account in a nursing home or other residential facility?

No Yes, current balance: \$ _____

Does IP receive Supplemental Security Income (SSI)? Yes No

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

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

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

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

Child Support \$ _____ Pension/Retirement \$ _____

Oil/Gas Royalty \$ _____ Other _____ \$ _____

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

If **yes**, explain: _____

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: _____

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

Preneed: _____ Life Ins: _____

Special Needs Trust ABLE account

If **not**, why: _____

How much was spent for the **support and maintenance** of the IP? _____

When necessary, how much was spent for the **education** of the IP? _____

Does IP have minor children? Yes No

If **yes**, are you the court appointed guardian or custodian of IP's minor children? Yes No

If **not**, who is? Name and phone: _____

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

I. Additional Information

Has the IP **regained capacity** to make decisions? Yes No

If **yes**, please describe how and in what areas the IP has regained decision making capacity:

J. **WARD'S BILL OF RIGHTS:** I provided a copy of the "Ward's Bill of Rights" to the Ward and explained the rights in the Ward'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:

K. In case of an emergency

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

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 your ward been the subject of an APS investigation in the past year? Yes No

- *If yes*, who was the APS investigator? _____

- Have you or your ward 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

Printed Name of Declarant/Joint Guardian, if applicable

Revised: May 2019

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