

**NOTICE: THIS DOCUMENT CONTAINS SENSITIVE DATA.**

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

GUARDIANSHIP OF	§	IN PROBATE COURT
_____	§	
	§	NUMBER _____ OF
	§	
AN INCAPACITATED PERSON	§	DALLAS COUNTY, TEXAS

**ANNUAL REPORT OF GUARDIAN OF THE PERSON ON THE LOCATION,  
CONDITION AND WELL-BEING OF WARD**

Now comes \_\_\_\_\_,  
Guardian(s) of the Person of \_\_\_\_\_, and  
presents the following information as of \_\_\_\_\_ [date]:

***\*\*PLEASE MAKE NOTE OF NEW REQUIRED INFORMATION\*\****

1. Ward's current address (street, city, state, zip code, county):

\_\_\_\_\_

Phone number: \_\_\_\_\_ How long at this address? \_\_\_\_\_

Ward's age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Military Veteran: ☐ Yes ☐ No

If the ward does not reside in Texas, how often does he/she return to Texas and when?

\_\_\_\_\_

2. Guardian's current name and address: (street, city, state, zip code, county) :

\_\_\_\_\_

\_\_\_\_\_ Home phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**\*\*IF THERE ARE CO-GUARDIAN'S:**

Co-Guardian's current name and address: (street, city, state, zip code, county) :

\_\_\_\_\_ Home phone number: \_\_\_\_\_

Work phone number: \_\_\_\_\_ Cell phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. During the past reporting period, has a guardian listed above been convicted of a felony or misdemeanor? ☐ Yes ☐ No If YES, explain: \_\_\_\_\_

\_\_\_\_\_

4. During the past reporting period, has a guardian listed above plead no contest, Deferred Adjudication or received probation in a criminal case? ☐ Yes ☐ No

If YES, explain: \_\_\_\_\_

5. During the past reporting period, has a guardian listed above been contacted by Adult or Child Protective Services? ☐ Yes ☐ No If YES, explain: \_\_\_\_\_

\_\_\_\_\_

6. The ward lives in: (select one) ☐ Own home ☐ Guardian's home

☐ Foster home (Foster Care Provider's name): \_\_\_\_\_

☐ Relative's home (Describe relationship) \_\_\_\_\_

☐ Boarding home (Owner's name): \_\_\_\_\_

☐ Group home (Agency name): \_\_\_\_\_

☐ Nursing home (Facility name): \_\_\_\_\_

☐ Hospital or Medical facility (Facility name): \_\_\_\_\_

☐ Other (specify) \_\_\_\_\_

7. Regardless of ownership, please list all weapons (including firearms, machetes, nunchuks, etc.) contained in the ward's residence and describe how each weapon is secured. If extra room is needed, please attach additional sheets or use the back of this form.

\_\_\_\_\_

\_\_\_\_\_

8. If the ward resides in a nursing home, ICF facility, State Supported Living Center, or any residential care facility, is there a necessity for continued care in the residential care facility? ☐ Yes ☐ No

If you answered YES to the above question, explain why there is a continuing necessity for the ward to reside in the residential care facility?

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9. If the ward lives in a private residence, list the names of all other persons living in the residence:

Relationship to ward	Full Name (First Middle Last)	Date of Birth (mm/dd/yyyy)

10. Has the ward's residence changed within the past 12 months? ☐ Yes ☐ No

If YES, state the date and reason:

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If YES, was the ward moved from a home and placed in a more restrictive care facility, such as a nursing home, ICF/IDD facility, or State Supported Living Center? ☐ Yes ☐ No

If YES, was NOTICE sent to the court regarding this move? ☐ Yes ☐ No

On what date was the notice sent to the court? \_\_\_\_\_

11. If the ward does not live with you, the guardian, please state the number of times you have visited the ward in the past year: \_\_\_\_\_ times. Date of last visit: \_\_\_\_\_

12. Were you also appointed Guardian of the Estate OR as Guardian of the Person did you post a corporate bond? ☐ Yes ☐ No

If YES, have you paid the bond premium for the next reporting period?

☐ Yes, on (date) \_\_\_\_\_, 20\_\_\_\_\_ ☐ No

12a. Has a Supplemental or Special Needs Trust (SNT) been created for the ward? ☐ Yes ☐ No

If YES, has the SNT been funded? ☐ Yes ☐ No

Please provide more information regarding the Supplemental or Special Needs Trust created. Please include information on the source of funds used to create the Trust and identify who the Trustee is. If funded, please provide a bank statement.

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13. If during the past year the guardian has received and spent funds for the care and maintenance of the ward, provide the amounts below:

a. Total funds received monthly: \$ \_\_\_\_\_

If zero, explain: \_\_\_\_\_

b. Source of funds and total amount received annually:

☐ SSI or SSDI \$ \_\_\_\_\_

☐ Child Support \$ \_\_\_\_\_

☐ Private Retirement \$ \_\_\_\_\_

☐ VA \$ \_\_\_\_\_

☐ Social Security Survivor Benefits (RSDI) \$ \_\_\_\_\_

☐ Trust Account Allowance \$ \_\_\_\_\_

c. Total funds spent for the ward's care: \$ \_\_\_\_\_

Who has possession or control of the Ward's estate (name, address, phone number):

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\*\*\*IF IN THE PAST YEAR THE GUARDIAN OF THE PERSON HAS RECEIVED FOR THE WARD ANY OTHER FUNDS FROM ANY OTHER SOURCES, INCLUDING BUT NOT LIMITED TO STATE OR FEDERAL BENEFIT LUMP SUM PAYMENTS, AWARDS, INHERITANCE, SETTLEMENTS, CLAIMS, JUDGMENTS, LOTTERY, TRUSTS, MONETARY GIFTS IN EXCESS OF \$500 OR FROM ANY OTHER SOURCE, REPORT THE SOURCE(S) AND TOTAL AMOUNTS RECEIVED:

\*\*\*If this information is included in the ANNUAL ACCOUNTING, skip this and go to #14, below.

SOURCE:

TOTAL INCOME:


Please attach a page to this report if additional space is needed.

14. Who is the ward's Representative Payee for governmental funds?

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

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

15. The ward's physical health has:

☐ Improved ☐ Deteriorated ☐ Remained Unchanged

The ward's mental health has:

☐ Improved ☐ Deteriorated ☐ Remained Unchanged

If the ward's condition has changed, please describe all changes: \_\_\_\_\_

\_\_\_\_\_

16. The ward's present primary physician is:

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

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

Has the ward been treated or evaluated in the past year by a:

☐ a) Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Treatment received: \_\_\_\_\_

- ☐ b) Specialist \_\_\_\_\_ Phone: \_\_\_\_\_  
Treatment received: \_\_\_\_\_
- ☐ c) Psychiatrist or other Mental Health professional:  
Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Treatment received: \_\_\_\_\_
- ☐ d) Dentist \_\_\_\_\_ Phone: \_\_\_\_\_  
Treatment received: \_\_\_\_\_
- ☐ e) Case worker \_\_\_\_\_ Phone: \_\_\_\_\_  
Agency: \_\_\_\_\_
- ☐ e) Other Physical, Mental, or Social care provider \_\_\_\_\_  
Phone: \_\_\_\_\_ Treatment: \_\_\_\_\_

Use space below for additional medical information:

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17. Briefly describe all information regarding actions you as guardian are taking to encourage the development of the ward's maximum self-reliance and independence: \_\_\_\_\_

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18. Does the ward receive services from a local mental health authority or local intellectual and developmental disability authority? ☐ YES ☐ NO

If YES, briefly describe: \_\_\_\_\_

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Where does the ward receive these supports and services: \_\_\_\_\_

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Who provides these supports and services: \_\_\_\_\_

19. Does the ward receive any supports and services under Medicaid, including under a Medicaid waiver program authorized under Section 1915(c) of the federal Social Security Act (42 U.S.C. Section 1396n)? ☐ YES ☐ NO

If YES, briefly describe: \_\_\_\_\_

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Where does the ward receive these supports and services: \_\_\_\_\_

\_\_\_\_\_

Who provides these supports and services: \_\_\_\_\_

20. Does the ward receive any support or services informally? ☐ YES ☐ NO

If YES, briefly describe: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Where does the ward receive these supports and services: \_\_\_\_\_

\_\_\_\_\_

Who provides these supports and services: \_\_\_\_\_

21. List any supports and services the ward previously received or attempted to receive and why the support or service was discontinued or not received: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

22. In your opinion as guardian, do you believe the ward has the capacity or sufficient capacity with supports and services for complete restoration of the ward's capacity or modification of the guardianship under Chapter 1202 of the Texas Estates Code? ☐ YES ☐ NO

If NO, why do you believe the ward does not have the capacity or sufficient capacity with supports and services for complete restoration of the ward's capacity or modification of the guardianship under Chapter 1202 of the Texas Estates Code? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

23. Briefly describe all recreational, educational, occupational, and social activities in which the ward has participated during the past year (If the ward is unable or has refused to participate, please explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
24. The ward's present living arrangements are:  
☐ Excellent                      ☐ Average                      ☐ Below Average  
If below average, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
25. Is the ward ☐ content or ☐ unhappy with the living arrangements? If unhappy, why?  
\_\_\_\_\_
26. As the guardian, what steps are you taking to address any and all unmet needs of the ward (if there are any)? \_\_\_\_\_
27. Has the guardian filed for Emergency Detention (mental illness warrant) of the ward? ☐ Yes  
☐ No If you have filed, please list the number of times and the dates:  
\_\_\_\_\_
28. Should your powers/duties as guardian of the person be:  
☐ Increased                      ☐ Decreased                      ☐ Remain Unchanged  
If change is recommended, please state the change and reasons: \_\_\_\_\_  
\_\_\_\_\_
29. Please select your relationship to the ward (check all that applies):  
☐ Uncompensated family member or friend  
☐ Family member or friend compensated or paid as a Foster Care Provider;  
Agency Name: \_\_\_\_\_  
☐ Paid Foster Care Provider – No Familial or Friend Relationship  
Agency Name: \_\_\_\_\_  
☐ Attorney  
☐ Private Professional Guardian



- ☐ Department of Aging and Disability Services
- ☐ Guardianship Program; Program Name: \_\_\_\_\_
- ☐ Other \_\_\_\_\_
- ☐ Paid Foster Care Provider – No Familial Relationship

30. If you are NOT compensated for providing guardianship services skip to #31.

a) If you are compensated, are you a Texas Certified Guardian?

☐ Yes, TxCG number: \_\_\_\_\_ ☐ No

b) If you are a Private Professional Guardian or required to be certified by the Guardianship Certification Board, during the last reporting period were you the subject of an investigation conducted by the Guardianship Certification Board? ☐ Yes ☐ No

If YES, explain: \_\_\_\_\_

c) If you are not a Texas Certified Guardian, are you exempt from qualification under the Guardianship Certification requirements pursuant to Government Code Chapter III?

(Attorney, guardianship program volunteer, or corporate fiduciary) ☐ Yes ☐ No

31. Please list the names and phone numbers of two persons who will always know how to contact you.

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

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

32. Does the Ward have any children under the age of 18? ☐ Yes ☐ No

If YES, do the Ward's children live with the Ward? ☐ Yes ☐ No

If the Ward's children live with the Ward, list the names and ages of the children below or attach the information to this report.

\_\_\_\_\_

33. ***NEW REQUIRED INFORMATION FROM STATE OF TEXAS - REGISTRATION WITH JUDICIAL BRANCH CERTIFICATION COMMISSION (JBCC).***

<https://www.txcourts.gov/jbcc/register-a-guardianship/>

***(handy link each Guardian must go to for registration of its guardianship case)***

***Please provide the Court with proof by attaching your registration transaction number or provide a screen shot of completed registration page(s) and share any other additional information you wish to provide the court, state or attach the information to this report.***

IN COMPLIANCE WITH THE BRADY ACT of 1993, THE FOLLOWING INFORMATION IS REQUIRED:

Incapacitated Person's Ethnicity: ☐ Hispanic ☐ Non-Hispanic ☐ Refused ☐ UNKNOWN

Incapacitated Person's Race: ☐ Asian ☐ Black, African American ☐ American Indian or Alaskan Native

☐ White ☐ UNKNOWN ☐ Other Race: \_\_\_\_\_

SWORN DELARATION

STATE OF TEXAS           §  
COUNTY OF DALLAS     §

Before me, the undersigned authority, on this day personally appeared (Guardian) \_\_\_\_\_, who being first duly sworn under penalty of perjury, states on oath that the foregoing report is a true, correct, and complete statement of the present condition, welfare, and well-being of (INCAPACITATED PERSON) \_\_\_\_\_, as of the date stated herein.

By signing below, I affirm that I delivered and communicated or will deliver and communicate to the Incapacitated Person, within one week of the date of my signature below, the Bill of Rights for Persons under Guardianship as described in Texas Estates Code §1151.351.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature: GUARDIAN OF THE PERSON

SWORN TO and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

SWORN DELARATION

STATE OF TEXAS           §  
COUNTY OF DALLAS       §

Before me, the undersigned authority, on this day personally appeared (Co-guardians) \_\_\_\_\_ and \_\_\_\_\_, who being first duly sworn under penalty of perjury, states on oath that the foregoing report is a true, correct, and complete statement of the present condition, welfare, and well-being of (INCAPACITATED PERSON) \_\_\_\_\_, as of the date stated herein.

By signing below, I affirm that I delivered and communicated or will deliver and communicate to the Incapacitated Person, within one week of the date of my signature below, the Bill of Rights for Persons under Guardianship as described in Texas Estates Code §1151.351.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature: CO-GUARDIAN OF THE PERSON

\_\_\_\_\_  
Signature: CO-GUARDIAN OF THE PERSON

SWORN TO and subscribed before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Texas

WHEN THE ANNUAL REPORT HAS BEEN COMPLETED BY THE GUARDIAN AND IS READY FOR SUBMISSION TO THE JUDGE, PLEASE RETURN TO:

John F. Warren, Dallas County Clerk, Probate Department  
George Allen Court Building  
600 Commerce Street, 7<sup>th</sup> Floor, Suite 200  
Dallas, Texas 75202

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

GUARDIANSHIP OF	§	IN PROBATE COURT
	§	
_____ ,	§	NUMBER _____ OF
	§	
AN INCAPACITATED PERSON	§	DALLAS COUNTY, TEXAS

ORDER APPROVING ANNUAL REPORT OF GUARDIAN OF THE PERSON

On the date indicated below came on to be considered the Annual Report of the Guardian of the Person on the Location, Condition and Well-being of \_\_\_\_\_ and the Court having examined said report, it is THEREFORE APPROVED AND ORDERED ENTERED OF RECORD.

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

\_\_\_\_\_  
JUDGE PRESIDING