

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 of the Person of _____, and presents the following information as of _____ [date]:

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: _____

During the past reporting period, have you (the guardian) been convicted of a felony or misdemeanor? Yes No If YES, explain: _____

During the past reporting period, have you (the guardian) been contacted by Adult or Child Protective Services? Yes No If YES, explain: _____

3. 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) _____

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 need, please attach additional sheets or use the back of this form.

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?

4. 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

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

If YES, state the date and reason:

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? _____

6. 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: _____

7. 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

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

If YES, has the SNT been funded? Yes No

8. 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: \$ _____

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):

***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 #9, below.

SOURCE:

TOTAL INCOME:

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

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

Name: _____ Phone: _____

Address: _____

10. 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: _____

11. The ward's present primary physician is:

Name: _____

Address _____ Phone: _____

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

a) Specialist _____ Phone: _____

Treatment received: _____

b) Psychiatrist or other Mental Health professional:

Name: _____ Phone: _____

Treatment received: _____

- c) Dentist _____ Phone: _____
Treatment received: _____
- d) Case worker _____ Phone: _____
Agency: _____

Use space below for additional medical information:

12. 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): _____

13. The ward's present living arrangements are:
 Excellent Average Below Average

If below average, please explain: _____

14. Is the ward content or unhappy with the living arrangements? If unhappy, why?

15. As the guardian, what steps are you taking to address any and all unmet needs of the ward (if there are any)? _____

16. 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:

17. Should your powers/duties as guardian of the person be:
 Increased Decreased Remain Unchanged

If change is recommended, please state the change and reasons: _____

18. 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

19. If you are NOT compensated for providing guardianship services skip to #20.

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

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

Name: _____ Phone: _____

Name: _____ Phone: _____

21. 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.

22. If there is additional information you wish to provide the court, please state or attach the information to this report.

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

Ward's Ethnicity: Hispanic Non-Hispanic Refused UNKNOWN

Ward'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
(WARD) _____, as of the date stated herein.

By signing below, I affirm that I delivered and communicated or will deliver and communicate to the
Ward, 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.

Signed: _____
GUARDIAN OF THE PERSON (signature)

GUARDIAN OF THE PERSON (printed)

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

Notary Public in and for the State of Texas

WHEN THE 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
2nd Floor, Records Building
509 Main Street
Dallas, Texas 75202-3504

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**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