

(Note: Document may be modified to suit your case)
CAUSE NO. _____ - _____

In the Guardianship of _____, §
§
§
§
§
An Incapacitated Person §
In the County Court
At Law No.1
Webb County, Texas

**Annual report of the guardian of the Person on
the Condition and Well-Being of the Ward
Tex. Est. Code §1163.101 for the Period
_____ through _____**

On this day, the undersigned, known to me to be the Guardian of the Person in this matter, personally appeared before me, and after being duly sworn, stated the following:

1. Guardian Name _____
Of the Address _____
Person: City, State, Zip _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email address _____ Relation to Ward: _____
Has any of the Guardian's information changed in the past 12 months? Yes No

2. Ward: Name _____
Address _____
City, State, Zip _____
Date of Birth: _____ Age: _____ Phone: _____

A. Ward Resides at: Ward's Home Nursing home
 Guardian's Home Foster/Boarding/Group Home
 Relative's Home (explain Below) Hospital/Medical Facility
 Other: _____

Facility Name: _____

B. How long at this address: _____ If the address of the Ward has been changed in the
Past year, give a reason:

C. Date the Guardian of the person most recently saw the Ward: _____
How frequently has the Guardian seen the Ward in the past year? _____

D. Basis for incapacity: Intellectual Disability: Mild Moderate Profound/Severe
 Chronic Mental Illness Stroke Head Injury Alzheimer's Dementia
 Other: _____ Other Medical Conditions: _____

3. The Ward's Health

A. The Ward's mental health for the past year: Improved* Deteriorated* Remained unchanged
Describe: _____

B. The Ward's physical health for the past year: Improved* Deteriorated* Remained unchanged

C. Does the Ward receive medical care? Yes No

D. Was the Ward treated or evaluated by any of the following persons during the past year?

i. Physician

Name: _____ Date: _____

Description of the Treatment or Services _____

ii. Psychiatrist, Psychologist, Other Mental Health Care Provider

Name: _____ Date: _____

Description of the Treatment or Services _____

- iii. Dentist
Name: _____ Date: _____
Description of the Treatment or Services _____
- iv. Social/ Other Caseworker
Name: _____ Date: _____
Description of the Treatment or Services _____
- v. Other
Name: _____ Date: _____
Description of the Treatment or Services _____

4. Ward's Activities

During the past year, the Ward engaged in the following activities: (describe)

- Recreational activities _____
- Educational activities _____
- Social activities _____
- Occupational activities _____
- None Available (explain) _____
- The Ward refuses or is unable to participate (explain) _____

5. Ward's Living Arrangements

- A. I evaluate the Ward's living arrangements as: Excellent Average Below Average*
*If "below average," explain _____
- B. I believe the Ward in content with the living arrangements: Yes No*
*If "No", what action is planned? _____

6. Ward's Unmet Needs

- A. I believe the Ward has unmet basic needs: Yes No
*If "Yes", what action is planned? _____
- B. I believe the Ward has unmet medical needs: Yes No
*If "Yes", what action is planned? _____
- C. I believe the Ward has unmet medical needs: Yes No
*If "Yes", what action is planned? _____

7. Modification

- A. Has the Ward regained sufficient capacity to make decisions in any of the areas over which you have been given the power to make decisions? Yes No
*If "Yes", Please Describe _____
- B. My authorized powers as Guardian of the Person should:
 - Remain the same
 - Be decreased as follows: _____
 - Be increased as follows: _____
- C. I wish to resign as Guardian Yes No

8. Financial Matters

- A. Does the guardian of the Person receive funds on behalf of the Ward or have possession or control of the Ward's Estate? Yes No
- B. Is the Guardian of the Person also Guardian of the Estate? Yes No
If "Yes", give the date of the last annual account filed? _____
If "No", please provide the following regarding the Guardian of the Estate or Management Trustee:
Name _____
Address _____
City, State, Zip _____
Home Phone: _____ Work Phone: _____ Cell: _____
Email address _____ Relation to Ward: _____
Cause Number: _____

9. Bond

- I have a personal surety bond Yes No
- If "No", has the bond premium for the next reporting period been Paid? Yes No

10. Additional Information

The Court should be aware of the following additional information concerning the Ward:

A. I have filed for emergency detention of the Ward under subchapter A, Chapter 573, Texas Health & Safety Code during the past year: Yes No

Incidents: _____ Dates: _____

B. The Ward been injured or hospitalized during the past year Yes No

If "Yes", briefly describe what happened: _____

C. Guardian is a Private Professional Guardian
 A guardianship program,
 The Department of Aging and Disability Services

The Guardian or an individual certified under subchapter C, Chapter 155 [111], Government Code, who is providing guardianship services to the Ward and who is piling the affidavit on the guardian's behalf, is or has been the subject of an investigation conducted by the Guardianship Certification Board during the preceding year. Yes No

D. Other information I believe the Court should be aware of concerning the Ward:

11. Emergency Contact for Guardian of the Person:

Name _____ Relationship: _____

Address _____

City, State, Zip _____

Home Phone: _____ Work Phone: _____ Cell: _____

12. If available, please attach current photograph of the Ward.

SIGNED ON _____

Guardian of the Person

Complete the "Declaration" if filing this report electronically, otherwise, complete the affidavit below before a notary public

DECLARATION

I, _____, the guardian of the person for _____ in _____ County, Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on _____.

Declarant

STATE OF TEXAS }
COUNTY OF _____ }

BEFORE ME, THE UNDERSIGNED Notary Public, this day personally appeared the undersigned, known to me to be the Guardian of the Person described in the foregoing Report, and whose name is subscribed to the foregoing Report, and whose name is subscribes to the foregoing Report, who, after being by me duly sworn, did on his/her oath, depose and state:

"I hereby swear, under penalty of perjury that the information contained in this report is true and correct to the best of my knowledge."

SIGNED ON _____

Guardian of the Person

SUBSCRIBED AND SWORN BEFORE ME on _____

Notary