CAUSE NO. GU-___-_____

IN THE GUARDIANSHIP OF	§	IN COUNTY COURT AT LAW
	§	
_____,	§	NO. 2 OF
	§	
AN INCAPACITATED PERSON	§	WISE COUNTY, TEXAS

GUARDIAN'S (Check one) ☐ INITIAL ☐ ANNUAL ☐ FINAL
REPORT ON THE CONDITION OF A WARD

Check one: Guardianship of: ☐ Person Only ☐ Estate Only ☐ Person & Estate

Please fill out this form completely, answering every question, except when directed otherwise. "Not applicable" is not a proper response and can delay processing and approval.

On this day, the Guardian(s) in this matter state the following under penalty of perjury, declaring that each statement is true and correct:

1. WARD:
Name _____ Age: _____ DOB: _____
Address (no P O Box) _____
City, State, Zip _____
Phone: New Address? ☐ YES ☐ NO

2. GUARDIAN:
Name _____
Address (no P O Box) _____
City, State, Zip _____
Mailing Address (if different) _____
Phone: _____ New Address? ☐ YES ☐ NO
Relationship to Ward: _____

If co-guardians, both must be listed.

During the past reporting year, have you been convicted of a felony or a misdemeanor other than a minor traffic offense? ☐ YES ☐ NO
If YES, explain: _____

If you are a private professional guardian, a guardianship program, or the Department of Aging and Disability Services, have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past reporting year? ☐ YES ☐ NO

If this is your Final Report, answer the questions in the box below. **If this is NOT your Final Report, skip to #4.**

3. FINAL REPORTS ONLY
I am filing a Final Report because (check one)
☐ I am resigning ☐ the ward has turned 18 ☐ the Ward has died
☐ Other; if "other" please explain: _____

A. If you are **resigning**, has a successor guardian been identified? ☐ YES ☐ NO
Name: _____ Age: _____ DOB: _____
Address: _____
City./State/Zip: _____
Phone (Home/Cell): _____ Phone: (Work): _____

B. If because **Ward has turned eighteen**, attach birth certificate.

C. If because the **Ward has died**, attach death certificate.

4. During the last year, I have visited the Ward in person _____ times. Date of last visit: _____
***If ward lives with you, put 365, and put today's date as "date of last visit".**
*If zero visits, please explain: _____

5. Ward resides in: (check **only one**):
☐ Ward's home
☐ Guardian's home
☐ Relative's home (give relative's name): _____

Or in the type of facility checked below:
☐ Nursing Home ☐ Group Home ☐ Hospital/Medical Facility
☐ State Supported Living Center (State School) ☐ Other
Provide NAME of facility: _____

6. How long has the Ward lived at this address: _____
Any change in residence in last year? ☐ Yes ☐ No If YES, explain: _____
_____

7. All guardians must report on the amount and source of the Ward's income, regardless of whether the income comes to someone other than the guardian (such as the Ward's residence). Note that Social Security benefits are considered income, but that child support is not.
A. Source of Ward's income: _____
B. Annual Amount of Ward's income: $_____ (monthly x 12)
If zero, explain: _____

8. In addition to the Guardian of the Person, is there a **Court-appointed** Guardian of the Ward's **estate?** ☐ YES ☐ NO Note: just because you are the Representative Payee does not mean there is a guardianship of the estate.

Depending on your answer, please answer the questions in only one of the boxes below:

If you answered **"NO"** to question 8 ➡

A. If there is NOT a Guardian for the Ward's estate, please answer the following questions and attach additional information as needed:

(1) Has a Court Order directed you to manage any funds of the Ward **other than Social Security funds?** ☐ Yes ☐ No

→ **If YES, you MUST report on your management of those funds by attaching an income and expense worksheet to this Annual Report.** Forms are available on the Court's website at www.co.wise.tx.us/ccl2.

(2) Are you the **representative payee** of the Ward's Social Security Disability (SSI) or Social Security Retirement Benefits? ☐ Yes ☐ No

→ **If YES, you MUST attach to this Annual Report EITHER:**
(1) A copy of your most recent Representative Payee report provided by Social Security.
OR (2) The Court's Representative Payee Report form. If you do not receive the form from Social Security, get the Court's form on the Court's website.

OR

If you answered **"YES"** to question 8 ➡

B. If there IS a Guardian for the Ward's estate, please answer the following two questions:

(1) Are you the Guardian for the Ward's estate? ☐ Yes ☐ No

(2) Do you as Guardian of the Person receive an allowance from the Guardian of the Estate? ☐ Yes ☐ No

→ **If YES,** annual amount of allowance received: $_____

9. **Has the Court approved a formal "Case Management Agreement" for case management services to the Ward?** A Case Management Agreement is a signed contract with a Professional Case Manager *that has been formally approved by the Court.* (This is not the same as a "Care Plan" from a medical provider.) ☐ YES ☐ NO

→ **If YES, you MUST attach an updated copy of the case manager's care plan for the Ward for the Court's approve.**

10. During the past year Ward has been treated or evaluated by the following professionals:

As a guardian, it is your duty to know this information and to provide the information to the Court even if the Ward's residential facility arranges the services.

☐ Physician Name _____
Describe: _____
_____

Does the Ward see this doctor on a regular basis? ☐ Yes ☐ No

☐ Dentist Name _____
Describe: _____
☐ Psychiatrist Name _____
Describe: _____
☐ Social Worker or other case worker: Name: _____
Describe: _____
☐ Other Name _____
Describe: _____

11. Social Conditions: During the past year the Ward has participated in the following activities:

What does your Ward do all day? Note that for each type of activity checked, ***you must describe the activities*** *(e.g., movies, bowling, Special Olympics, church, eating out, etc.) Don't leave blank or simply write the name of the residential facility.*

- ☐ Recreational activities _____
- ☐ Educational activities _____
- ☐ Social activities _____
- ☐ Occupational activities _____
- ☐ None available.
- ☐ Refuses or is unable to participate.

12. During the past year the Ward's mental health has:
    - ☐ Remained about the same.
    - ☐ Improved. Describe: _____
    - ☐ Deteriorated. Describe: _____

13. As Guardian of the Person, I ☐ **HAVE FILED** ☐ **HAVE NOT FILED** for **Emergency Detention of the Ward** pursuant to the Texas Health & Safety Code. (An example of emergency detention is a request for an emergency hospitalization of the Ward for mental or safety reasons.) If you answered HAVE FILED, please list the number of times and the dates:
    _____.

14. During the past year the Ward's physical health has:
    - ☐ Remained about the same.
    - ☐ Improved. Describe: _____
    - ☐ Deteriorated. Describe: _____

15. As Guardian, I believe the Ward's living arrangements are:
    - ☐ Excellent
    - ☐ Average
    - ☐ Below Average If below average, explain: _____

16. As Guardian, I believe the Ward is:
    - ☐ Happy/Content with living situation
    - ☐ Unhappy with living situation

17. As Guardian, I believe the Ward ☐ DOES ☐ DOES NOT have unmet needs. (Unmet Needs = problems with food, shelter, medical care)

    If you answered DOES, please explain:_____
    _____

18. The power authorized by this guardianship should be:
    - ☐ Unchanged.
    - ☐ Decreased (explain): _____
    - ☐ Increased (explain): _____

19. Check each box immediately below to affirm that you already have taken care of the specified duty or that you will do so within the time indicated. **<u>These duties are required by Texas law.</u>**

➔ ☐ **I affirm that I already have done the following or will do so within one week of the date I sign this Report:** I have communicated or will communicate to the ward that (1) I am seeking to continue, modify, or terminate the guardianship and (2) the ward has the opportunity to appear before the court to express the ward's preferences and concerns regarding whether the guardianship should be continued, modified, or terminated.

➔ ☐ **I affirm that I will give the ward a copy of this annual report within 30 days of the date I sign the Report.**

20. **Guardian's Bond:** Check the appropriate box below, adding an explanation if requested.

> *Note: Even if Ward's residential facility pays your bond premium for you, it is <u>your</u> responsibility to verify that the bond payment is current and then mark "have paid". If you are not sure, you can look for a statement that the premium was paid on one of the accountings the facility sends you, or you can call the facility and ask.*

- ☐ I **HAVE PAID** the bond premium for the next reporting period.
- ☐ I **HAVE NOT PAID** the bond premium of the next reporting period.
  Explain: _____
- ☐ I have a **CASH BOND** on file with the Court.
- ☐ I have a **PERSONAL SURETY BOND** on file with the Court.
- ☐ **DADS guardianship** (Bond not required)
- ☐ I am **not required to pay** a bond premium because:
  - ☐ The Bond was waived by the Court.

21. If possible, **please** attach a current photograph of the Ward.

22. Please state any additional information concerning the Ward that you would like to share with the Court: _____
_____
_____.

23. I HEREBY AGREE to immediately inform the Court of any change in my address or the Ward's address.

24. Remember to order fresh "Letters of Guardianship."

A. **Fill out the request form on the next page.** Letters are **NOT** sent automatically; you must complete and submit the following form for the clerk's office to issue Letters.

B. **Please note two additional things:**
(1) There may be fees required by the Clerk. Call the Clerk's office to verify: (940 627-1648.
(2) If there is also a guardianship of the estate, new Letters cannot be issued until the Annual Account is approved by the Court. (Note that an annual account cannot be approved until your attorney has submitted *everything* necessary to the Court.)

Complete the following. The signature below does NOT require a notary.

I, _____, the guardian of the Person for _____,
(insert name of guardian of the person) (insert name of Ward)

in Wise County, Texas, declare under penalty of perjury that the foregoing is true and correct.

EXECUTED _____, 20____ _____
(Guardian's Signature)

If this Report is for Co-Guardians, also complete the following:

I, _____, the guardian of the Person for _____,
(insert name of co-guardian of the person) (insert name of Ward)

in Wise County, Texas, declare under penalty of perjury that the foregoing is true and correct.

EXECUTED _____, 20____ _____
(Co-Guardian's Signature)

Mail to:
Wise County Clerk, Probate Dept.
P O Box 359
Decatur, Tx 76234

Or Deliver to:
Wise County Clerk
200 North Market
Decatur, Tx 76234

OR Electronically file with the Clerk's Office through www.efiletexas.gov .

NO. GU-_____

IN THE GUARDIANSHIP OF	§	IN THE COUNTY COURT
	§	
_____	§	AT LAW NO. ___ OF
	§	
AN INCAPACITATED PERSON	§	WISE COUNTY, TEXAS

PROBATE COURT'S REPRESENTATIVE PAYEE REPORT

If you are the Ward's representative payee, you must do **one** of the following:

(1) Complete this form and attach it to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate), **OR**

(2) Attach a copy of the most recent Representative Payee Report that you received from the Social Security Administration to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate).

Did you, as the representative payee, decide how the ward's funds were spent over the past year?

☐ Yes ☐ No

If "No", explain: _____

_____

A. During the last reporting period, what was the total amount of Benefits that the Social Security Administration paid you as the representative payee? ..... $_____

B. During that reporting period, how much of the money from Question A was spent on food and housing for the ward? ..... $_____

C. During that reporting period, how much of the money from Question A was spent on other items for the ward such as clothing, education, medical/dental expenses, recreation, or personal items? ..... $_____

D. During that reporting period, how much of the money from Question A was saved for the ward's future use? ..... $_____

E. Please account for any remaining funds: _____

_____

_____

I declare under penalty of perjury that all the information on this form and any accompanying statements are true and correct to the best of my knowledge.

_____ _____

Guardian/Representative Payee Date

CAUSE NO. GU-___-_____

IN THE GUARDIANSHIP OF	§	IN COUNTY COURT AT LAW
	§	
_____,	§	NO. 2 OF
	§	
AN INCAPACITATED PERSON	§	WISE COUNTY, TEXAS

ORDER APPROVING GUARDIAN'S ANNUAL REPORT AND ANNUAL DETERMINATION PURSUANT TO §§1163.101 & 1201.052, TEXAS ESTATES CODE

On this day, came to be considered the Guardian's Annual Report, and the Court, having reviewed the same, finds as follows:

1. the Report complies with §1163.101 of the Texas Estates Code;

2. the Report contains nothing extraordinary which warrants an unscheduled visit by an officer of the Court;

3. the Report contains no information which would require modification or termination of the guardianship;

4. the Report complies with §1201.052, Texas Estates Code for purposes of the required annual review and determination of the status of the guardianship;

5. ☐ there is **NO** Guardianship of the Estate;

   ☐ there **IS** a Guardianship of the Estate;

6. the Report should be approved pursuant to §1163.104, Texas Estates Code.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Guardian's Annual Report be, and the same is hereby APPROVED. The Clerk may renew Letters of Guardianship according to the prior orders entered herein, which relate back to the date on which Original Letters of Guardianship were issued. These Letters shall remain in force and effect for one (1) year and four (4) months, unless otherwise ordered by the Court.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that this Guardianship should CONTINUE.

SIGNED this _____day of_____, 20___.

_____

Dana Manoushagian
Judge, County Court at Law No. 2

PROBATE GUARDIANSHIP LETTER REQUEST FORM

Customer Name (s): _____

Guardianship of: _____

Cause Number: GU- _____

CUSTOMER REQUEST:

_____ Guardianship Letters @ $2.00 per letter

PLUS:

Copies ($5.00 for certification and $1.00 per page for copies)

_____ Certified Copy of Order Approving Annual Report of the Guardian

_____ Plain copies @ $1.00 per page

_____ Other: _____

_____ Other: _____

FOR COURT USE ONLY:

ORDER: _____

OATH: _____

BOND: _____

EXPIRE: _____