

CAUSE NO.: _____

IN RE: GUARDIANSHIP

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IN THE PROBATE COURT

OF THE PERSON OF

OF

Hamilton COUNTY, TEXAS

Please answer each question as completely as possible. All questions must be answered, use n/a if question does not apply.
Incomplete reports will delay the issuance of Letters of Guardianship.

ANNUAL REPORT OF GUARDIAN OF THE PERSON

Now comes _____, Guardian of _____, Ward (hereinafter referred to as "Protected Person") in the above entitled and numbered cause, and files this report covering the time period of _____ through _____ concerning the Protected Person's physical well-being, location, and condition pursuant to Section 1163.101 of the Texas Estates Code.

1. Protected Person's name: _____
2. Protected Person's date of birth and age: _____
3. Protected Person's address: _____
4. Protected Person's phone number: _____
5. Guardian's name: _____
6. Guardian's address: _____

7. Guardian's phone number: _____
8. Guardian's email address: _____
9. Guardian's relationship to Protected Person: _____
10. Check the type of residence in which the Protected Person lives:
 - Guardian's home
 - Protected Person's own home
 - Hamilton Supported Living Center
 - Nursing home (Name of facility): _____
 - Group home (Company Operated by): _____
 - Other (Adult foster-care, etc.) _____
11. How long has the Protected Person resided at his/her current residence?

12. Has the Protected Person's residence changed in the last twelve months? Yes No
If yes, please provide the date of change and the reason for the change:

13. As the Guardian do you believe the Protected Person is content with his/her living arrangements?
 Yes No

If no, please explain: _____

14. As the Guardian do you believe the Protected Person has any unmet needs?
 No Yes

If yes, please explain:

15. As the Guardian I rate the Protected Person's living conditions as:
 Excellent Average Below Average

If below average, please explain: _____

As the Guardian I have taken the following steps to improve the living conditions:

16. As the Guardian I rate the Protected Person's day to day care as:
 Excellent Average Below Average

If below average, please explain: _____

As the Guardian, I have taken the following steps to improve the day to day care:

17. As the Guardian, I have taken the following actions to encourage the development of the Protected Person's maximum self-reliance and independence: _____

18. Does the Protected Person receive regular medical care? No Yes

19. The Protected Person's primary physician is: _____

20. Check the appropriate box if the Protected Person has been seen by any of the following health care providers within the last year:

Psychiatrist: Name _____ Treated for: _____

Psychologist: Name _____ Treated for: _____

Dentist: Name _____ Treated for: _____

Other: Name _____ Treated for: _____

21. During the past year the Protected Person's physical health has:

- remained the same
- improved
- deteriorated

If improved or deteriorated, please explain: _____

22. During the past year the Protected Person's mental health has:

- remained the same
- improved
- deteriorated

If improved or deteriorated, please explain: _____

23. Does the Protected Person have an estate? (SSI benefits are not an estate)?

- No Yes

If yes, are you the Guardian of the Protected Person's estate? Yes No

If yes, have you filed your Annual Account? Yes No

24. Do you receive money for acting as the Protected Person's Guardian? Yes NO

Source of funds: _____

25. 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

26. Do you or the Protected Person receive any funds for the Protected Person's care? Please identify all that apply.

SSI: Amount: _____ SS Survivor Benefits: Amount: _____

SSDI: Amount: _____ Trust Account: Amount: _____

VA: Amount: _____ Other: Amount: _____

27. Are you the representative payee and/or the person that handles the Protected Person's funds?

- Yes No

If No, please state who the rep. payee is: _____

28. If you handle funds for the Protected Person's care, in what kind of account are the funds maintained?

Separate designated account: Yes No

Joint account with Protected Person: Yes No

Other: Please identify: _____

29. When the Guardianship was granted I posted a:

- personal surety bond cash bond corporate bond

If a corporate bond was posted have you paid the premium for the next reporting period?

- Yes No

30. As the Guardian I believe my Guardianship powers should:

- remain the same

- be increased
- be decreased

If increased or decreased is selected please explain: _____

31. The Hamilton County Probate Court has a standing requirement for Guardians to have face-to-face visits in the Protected Person's residence a minimum of four times per year spread throughout the year. As the Guardian have you met this requirement?

- Yes No If no, please explain why you have not visited: _____

- Yes, I reside with the Protected Person or I visit weekly every other week
 monthly

Please list the dates of visits if different from the choices above: _____

32. During the past year the Protected Person has participated in the following activities:

- Recreational: (list activities) _____
- Educational: (list activities) _____
- Social: (list activities) _____
- Occupational: (list activities) _____
- Limited ability to participate but enjoys: (list activities) _____

33. Does the Protected Person receive any community supports and services and/or resources (i.e. Hamilton County MHMR Waiver Programs, STAR+ Waiver, Private/ Insurance Pay)?

- Yes No: If yes, please provide a case manager name and contact number:

The Protected Person has received or is receiving the following **supports and services** (*Check and complete each that apply. Include provider name and location where services are provided*)

- Local Mental health authority or local intellectual and development disability authority

- Services from a Medicaid program, including under a Medicaid home and community-based services waiver program authorized under Section 1915(c) of the Federal Social Security Act (42 U.S.C. Section 1396n)

- Informal supports and services

- Other

34. During the past year the protected person stopped receiving or attempted to receive the following supports and services (*provide reason the support or services listed was not received or was discontinued*) _____

35. As Guardian, it is my opinion that the Protected Person DOES HAVE capacity or sufficient capacity with supports and services for (*check one*)

• Complete restoration of the Protected person’s capacity YES NO

or

• Modification of the guardianship YES NO

If No, state why the protected person does not have capacity or sufficient capacity with supports and services for a complete restoration of their capacity or modification of the guardianship:

36. Texas Estates Code §1151.351 requires Guardians each year on annual renewal of the Guardianship to explain the rights delineated in the “Ward’s Bill of Rights” in the Protected Person’s native language, or preferred mode of communication, and in a manner accessible to the Protected Person. In addition to explaining those rights, the Court requires Guardians each year to provide a copy of the Bill of Rights to the Protected Person. Have you, as Guardian, explained the rights delineated in the Bill of Rights and provided the Protected Person a copy of the Bill of Rights?

Yes No

37. In 2017, the Texas Legislature enacted a new law requiring all guardianships to be registered with the Judicial Branch Certification Commission (JBCC). Effective June 1, 2018, each guardianship in Texas must be registered.

Have you registered your guardianship?

a. Yes

b. No Explain why: _____

38. Please use this space to share any other information that you would like the Court to know about the Protected Person and/or your role as Guardian, including any new medical issues or concerns, and whether you the Guardian have filed an Application for Emergency Detention of the Protected Person and if applicable, the number of times and dates of the applications):

UNSWORN DECLARATION

I, _____, Guardian of the Person for _____ in Hamilton 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

Printed Name of Declarant/Guardian