

No. G- \_\_\_\_\_

In the Guardianship of \_\_\_\_\_, an Incapacitated Person

§ In County Court  
§  
§ Castro County, Texas

GUARDIAN'S  INITIAL  ANNUAL  FINAL

**REPORT ON THE CONDITION AND WELL-BEING OF A WARD**

Check one:  Guardianship of Person Only  Guardianship of Person and 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 in this matter stated 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(s):Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_ DOB(s): \_\_\_\_\_

Email: \_\_\_\_\_ Address (no P.O. Box): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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

New Address YES NO

Relationship to Ward: \_\_\_\_\_

Name(s): \_\_\_\_\_ Age(s): \_\_\_\_\_ DOB(s): \_\_\_\_\_

Email: \_\_\_\_\_ Address (no P.O. Box): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

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 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:

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

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

Do you reside with the ward?                      YES      NO      If NO, please state how many times during the last year that you visited the Ward in person: \_\_\_\_\_ times.

Date of last visit: \_\_\_\_\_

\* If zero visits, please explain:

4. Ward's residence is (check one):
- Ward's home       Foster home  
 Guardian's home       Boarding 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

Please provide NAME of facility:

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


6. **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:

7. 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 Rep Payee does not necessarily 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 7  


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

(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 expenses worksheet to this Annual Report.** Forms are available on the Court's website or at the Court (100 East Bedford, Room #101).

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

**OR**

If you answered "YES" to question 7

**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:

8. **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 approval.**

9. During the past year ward has been treated or evaluated by the following professionals.

*As a guardian, it's 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

Psychiatrist. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Social Worker or other case worker. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Dentist. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other. Name: \_\_\_\_\_

Describe: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. 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: \_\_\_\_\_

Educational: \_\_\_\_\_

Social: \_\_\_\_\_

Occupational: \_\_\_\_\_

None available. \_\_\_\_\_

Refuses or is unable to participate. \_\_\_\_\_

11. During the past year the ward's mental health has:

- Remained about the same
- Improved. Describe: \_\_\_\_\_
- Deteriorated. Describe: \_\_\_\_\_

12. 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 health or safety reasons.) If you answered HAVE FILED, please list the number of times and the dates:

13. During the past year the ward's physical health has:

- Remained about the same
- Improved. Describe: \_\_\_\_\_
- Deteriorated. Describe: \_\_\_\_\_

14. As guardian, I believe the Ward's living arrangements  Excellent  Average  Below average  
If below average, explain:

15. As guardian, I believe that my ward is  
 Happy/Content with living situation  
 Unhappy with living situation

16. As guardian I believe my ward  DOES  DOES NOT have unmet needs. (Unmet needs = problems with food, shelter, medical care) If you answered DOES, please explain:

17. 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. **These duties are required by Texas law.**

- 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 this Report**
- I affirm that I have registered this guardianship with the Judicial Branch Certification Commission at <http://www.txcourts.gov/jbcc/register-a-guardianship>.**

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 your 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 for the next reporting period (explain: \_\_\_\_\_ )  
 I have a **CASH BOND** on file with the Court.  
 **HHSC** guardianship.

21. Please state any additional information concerning the ward that you would like to share with the Court:

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

A. **Fill out the request form attached to this Report.** 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. You can call the clerk's call center to verify: (806) 647-3338.  
(2) If there is also a guardianship of the estate new Letters cannot be issued until the annual account is approved. (Note that an annual account cannot be approved until your attorney has submitted *everything* to the Court, including required back-up.)

***Print this page to be filled out by hand.***

I, \_\_\_\_\_, the guardian of the person for \_\_\_\_\_,  
(insert name of guardian of the person) (insert name of ward),

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

Executed on \_\_\_\_\_ 20\_\_\_\_\_ \_\_\_\_\_  
Guardian

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***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 \_\_\_\_\_ County Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_ 20\_\_\_\_\_ \_\_\_\_\_  
Co-Guardian

**Mail to:**

Castro County Clerk's Office,  
100 East Bedford, RM 101  
Dimmitt, TX 79027

**Deliver to:**

Castro County Clerk's Office  
100 East Bedford, RM 101  
Dimmitt, TX 79027

**Or electronically file with the Clerk's office.**

# Probate Guardianship Letter Request Form

Customer Name (s): \_\_\_\_\_

Guardianship of: \_\_\_\_\_

Cause Number: G- \_\_\_\_\_

## Customer Request:

\_\_\_\_\_ Number of Letters Requested

\_\_\_\_\_ Check here if you would like a copy of the Order Approving Annual Report

### Please note:

- Filing and issuance fees for guardianship documents are subject to frequent change.
- **If you are planning to pay in advance**, please contact the Castro County Clerk's Office at (806) 647-3338, and a clerk will calculate your total. Otherwise, a clerk will contact you once your request has been completed with the total amount due.
- ***If you have an affidavit of inability to pay costs on file with the Clerk's Office, you do not have to pay any fees.***

### For Court Use Only:

Order: \_\_\_\_\_

Oath: \_\_\_\_\_

Bond: \_\_\_\_\_

Expires: \_\_\_\_\_