CAUSE NO. _____-G

In the Guardianship of	§	**In the County Court**
_____,	§	**at Law No. _____**
an Incapacitated Person	§	**Brazos County, Texas**

GUARDIAN'S AMENDED ❒ INITIAL ❒ ANNUAL ❒ FINAL
REPORT ON THE CONDITION AND WELL-BEING OF A WARD

Annual Report Period: _____
(fill in the dates this report covers)

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_____
   Residence Address _____
   City/State/Zip _____
   Phone _____New Address? ❒ YES ❒ NO
   Email _____
   Diagnosis _____
2. Type of Residence:
   ❒ 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
   a) Facility Name _____
      Owner of Facility _____
      Amount paid for care $_____ / month Source of Payment _____
3. How long has the ward lived at this address? _____
4. If this is a private residence, please list the other residents in the home.
   _____
   _____
5. Information For 1st Guardian: Name _____Age _____/DOB _____
   Address (no P.O. Box) _____
   City/State/Zip _____
   Phone _____New Address? ❒ YES ❒ NO
   Email _____
   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 Health and Human Services Commission, have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past reporting year?❒ YES❒ NO

Information For 2nd Guardian: (if applicable)

Name _____ Age _____/DOB _____
Address (no P.O. Box) _____
City/State/Zip _____
Phone _____ New Address? ☐ YES ☐ NO
Email _____
Relationship to Ward: _____

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 Health and Human Services Commission, 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 #7.

6. **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 the **Ward has turned eighteen**, attach birth certificate (with social security # deleted).
   C. If because the **Ward died**, attach death certificate (with social security # deleted).

7. 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: _____

8. **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)
   ❒ Earned Income Employer _____ **Annual** amount: _____
   ❒ Social Security Income **Annual** amount: _____
   ❒ Other: _____ **Annual** amount: _____

9. 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 to question # 9, please answer the questions in only one of the boxes below:

If you answered "**NO**" to question 9.

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 at www.brazoscountytx.gov.

OR

If you answered "**YES**" to question 9.

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
If yes, you must file an Annual Accounting in addition to the Annual Report.

(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 _____

10. **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.**

11. **During the past year ward has been treated or evaluated by the following professionals:**
** Note: It is your duty to know this information and provide it to the Court even if the Ward's residential facility arranges the services.**

❒ Physician. Name:_____
Describe care and frequency:_____

❒ Psychiatrist. Name:_____
Describe care and frequency:_____

❒ Social Worker or other case worker. Name:_____
Describe care and frequency:_____

❒ Dentist. Name:_____
Describe care and frequency:_____

❒ Other. Name:_____
Describe care and frequency:_____

12. Supports and Services:

> *Supports and services may be formal and/or informal and may provide resources and assistance* ***that enable an individual to meet their needs, such as food, clothing, shelter, healthcare, financial, making personal decisions and/or alternatives to guardianship.***
>
> ***The Court is required to identify supports and services that increase independence and autonomy and that may be an alternative to guardianship.***

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

- **If YES, you <u>MUST</u> attach** to this Annual Report either

  1. a copy of your most recent Representative Payee Report provided by Social Security
     OR
  2. Complete the Court's Representative Payee Report Form on ***page 8*** of this report.

Does the Ward have a representative payee other than yourself? ❒ Yes ❒ NO
If yes, please state their name _____

Does the Ward receive services from a local mental health authority or a local intellectual and disability authority?

❒ Yes ❒ NO If yes, explain: _____

Does the Ward receive supports and services under Medicaid, including under a Medicaid waiver program?

❒ Yes ❒ NO If yes, explain: _____

Does the Ward receive any supports and services informally?

❒ Yes ❒ NO If yes, explain: _____

Does the Ward receive any additional supports and services not previously mentioned?

❒ Yes ❒ NO If yes, explain: _____

Where does the Ward receive supports and services?

_____

_____

Who provides the supports and services for the Ward?

_____

_____

If supports and services have ended, what supports and services did the Ward previously receive and/or attempt to receive?

Why was the support or service discontinued and/or not received?

As guardian, I believe that my ward has the capacity or sufficient capacity with supports and services for complete restoration of the Ward's capacity.

❒ Yes ❒ NO, explain:

As guardian, I believe that my ward has the capacity or sufficient capacity with supports and services for modification of the guardianship.

❒ Yes ❒ NO, explain:

As guardian, I believe that my ward does not have the capacity or sufficient capacity with supports and services for complete restoration of the Ward's capacity or for modification of guardianship.

❒ Yes ❒ NO, explain:

As guardian, I believe the following supports and services would improve my Ward's independence and autonomy. Please list.

Please describe the actions you are taking as guardian to improve your Ward's independence and autonomy.

13. 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.

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

❒ Remained about the same

❒ Improved. Describe:_____

❒ Deteriorated. Describe:_____

15. 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: _____

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

❒ Remained about the same

❒ Improved. Describe:_____

❒ Deteriorated. Describe:_____

17. As guardian, I believe the Ward's living arrangements are ❒ Excellent ❒ Average ❒ Below average

If below average, explain: _____

_____

18. As guardian, I believe that my ward is

❒ Happy/Content with living situation

❒ Unhappy with living situation

19. 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: _____

_____

20. The power authorized by this guardianship should be:

❒ Unchanged (explain):_____

❒ Decreased (explain):_____

❒ Increased (explain):_____

21. 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 the Report.**

❒ **I affirm that the Bill of Rights attached on *page 9* has been explained to my ward in his/her native**

language or his her/preferred mode of communication in a manner accessible to him/her.

❒ **I affirm that I have provided the ward's spouse, parents, children, and adult siblings, if any, notification that the relative must elect in writing in order to receive notice of (1) the ward's death, (2) admission of the ward to a medical facility for three or more days, (3) change in the ward's residence, or (4) the ward's stay at a location other than his/her residence for a period that exceeds one calendar week.** ***(You MUST notify the Court if this has not been done or if an exception applies under Texas Estates Code §1151.056.)***

22. **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 (attach receipt as proof of payment).
❒ I **HAVE NOT PAID** the bond premium for 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.
❒ My bond was **WAIVED** by the Court.

23. **Please** attach a current photograph of the ward.

24. Please state any additional information concerning the ward that you would like to share with the Court. (You may continue on another page.)

_____

_____

25. If you are required to take the annual training for Alzheimer's, dementia or other neurocognitive impairments, attach a copy of your certificate of completion.

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

A. To request new letters of guardianship, call (979) 361-4128. Letters are **not** sent automatically; you must renew your letters of guardianship annually.

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: (979) 361- 4128.

(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* necessary to the Court, including required back-up.)

You will only complete this form if ***you are*** the ***representative payee*** of the Ward's Social Security Disability (SSI) or Social Security Retirement Benefits.

CAUSE NO. _____

IN THE GUARDIANSHIP OF	*	IN THE COUNTY COURT
	*	
_____	*	AT LAW NUMBER ONE OF
	*	
AN INCAPACITATED PERSON	*	BRAZOS COUNTY, TEXAS

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 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 the 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

Bill of Rights for Persons under Guardianship

From Texas Estates Code Section 1151.351

Texas law provides a bill of rights to you as a person under a guardianship. Your guardian will explain these rights to you, which are listed below.

A person under a guardianship retains all the rights, benefits, responsibilities, and privileges granted by the constitution and laws of this state and the United States, except where specifically limited by a court-ordered guardianship or where otherwise lawfully restricted.

Unless limited by a court or otherwise restricted by law, you have the following rights:

(1) to have a copy of the guardianship order and letters of guardianship and contact information for the probate court that issued the order and letters;

(2) to have a guardianship that encourages the development or maintenance of maximum self-reliance and independence in the ward with the eventual goal, if possible, of self-sufficiency;

(3) to be treated with respect, consideration, and recognition of the ward's dignity and individuality;

(4) to reside and receive support services in the most integrated setting, including home-based or other community-based settings, as required by Title II of the Americans with Disabilities Act (42 U.S.C. Section 12131 et seq.);

(5) to consideration of the ward's current and previously stated personal preferences, desires, medical and psychiatric treatment preferences, religious beliefs, living arrangements, and other preferences and opinions;

(6) to financial self-determination for all public benefits after essential living expenses and health needs are met and to have access to a monthly personal allowance;

(7) to receive timely and appropriate health care and medical treatment that does not violate the ward's rights granted by the constitution and laws of this state and the United States;

(8) to exercise full control of all aspects of life not specifically granted by the court to the guardian;

(9) to control the ward's personal environment based on the ward's preferences;

(10) to complain or raise concerns regarding the guardian or guardianship to the court, including living arrangements, retaliation by the guardian, conflicts of interest between the guardian and service providers, or a violation of any rights under this section;

(11) to receive notice in the ward's native language, or preferred mode of communication, and in a manner accessible to the ward, of a court proceeding to continue, modify, or terminate the guardianship and 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;

(12) to have a court investigator, guardian ad litem, or attorney ad litem appointed by the court to investigate a complaint received by the court from the ward or any person about the guardianship;

(13) to participate in social, religious, and recreational activities, training, employment, education, habilitation, and rehabilitation of the ward's choice in the most integrated setting;

(14) to self-determination in the substantial maintenance, disposition, and management of real and personal property after essential living expenses and health needs are met, including the right to receive notice and object about the substantial maintenance, disposition, or management of clothing, furniture, vehicles, and other personal effects;

(15) to personal privacy and confidentiality in personal matters, subject to state and federal law;

(16) to unimpeded, private, and uncensored communication and visitation with persons of the ward's choice, except that if the guardian determines that certain communication or visitation causes substantial harm to the ward:

(A) the guardian may limit, supervise, or restrict communication or visitation, but only to the extent necessary to protect the ward from substantial harm; and

(B) the ward may request a hearing to remove any restrictions on communication or visitation imposed by the guardian under Paragraph (A);

(17) to petition the court and retain counsel of the ward's choice who holds a certificate required by Subchapter E, Chapter 1054 of the Texas Estates Code, to represent the ward's interest for capacity restoration, modification of the guardianship, the appointment of a different guardian, or for other appropriate relief under this subchapter, including a transition to a supported decision-making agreement, except as limited by Section 1054.006 of the Texas Estates Code;

(18) to vote in a public election, marry, and retain a license to operate a motor vehicle, unless restricted by the court;

(19) to personal visits from the guardian or the guardian's designee at least once every three months, but more often, if necessary, unless the court orders otherwise;

(20) to be informed of the name, address, phone number, and purpose of Disability Rights Texas, an organization whose mission is to protect the rights of, and advocate for, persons with disabilities, and to communicate and meet with representatives of that organization;

(21) to be informed of the name, address, phone number, and purpose of an independent living center, an area agency on aging, an aging and disability resource center, and the local mental health and intellectual and developmental disability center, and to communicate and meet with representatives from these agencies and organizations;

(22) to be informed of the name, address, phone number, and purpose of the Judicial Branch Certification Commission and the procedure for filing a complaint against a certified guardian;

(23) to contact the Department of Family and Protective Services to report abuse, neglect, exploitation, or violation of personal rights without fear of punishment, interference, coercion, or retaliation;

(24) to have the guardian, on appointment and on annual renewal of the guardianship, explain the rights delineated in this subsection in the ward's native language, or preferred mode of communication, and in a manner accessible to the ward;

(25) to make decisions related to sexual assault crisis services, including consenting to a forensic medical examination and treatment, authorizing the collection of forensic

evidence, consenting to the release of evidence contained in an evidence collection kit and disclosure of related confidential information, and receiving counseling and other support services; and

(26) to have private communications with the ward's physicians or other medical professionals, unless the court, after a hearing requested by the ward's guardian, orders the private communications to be limited due to:

(A) the risk of substantial harm to the ward; or

(B) the communications being unduly burdensome to the physician or medical professional.

This bill of rights does not replace or repeal other remedies you have under the law.

Complete the following. The signature below does <u>not</u> require a notary.

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

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

Executed on _____20_____ _____
Guardian's signature

<u>If this report is for Co-Guardians</u>, the Co-Guardian must also complete the following:

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

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

Executed on _____20_____ _____
Co-Guardian's signature (if any)

Mail or deliver to:
Brazos County Clerk's Office
300 E. 26th St., Ste. 1430
Bryan, TX 77803

Or electronically file with the Clerk's office.