

Cause No.: \_\_\_\_\_

In the Matter of

In County Court at Law

The Guardianship of

No. \_\_\_\_\_

\_\_\_\_\_, Ward

Cameron County, Texas

GUARDIAN'S  INITIAL  ANNUAL  FINAL

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

FOR THE PERIOD \_\_\_\_\_ THROUGH \_\_\_\_\_

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

1. WARD: Name \_\_\_\_\_ Age \_\_\_ DOB \_\_\_\_\_  
Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_

2. GUARDIAN(s): Guardian's Name \_\_\_\_\_  
Co-Guardian's Name \_\_\_\_\_  
Age(s) \_\_\_\_\_ / \_\_\_\_\_ DOB(s) \_\_\_\_\_ / \_\_\_\_\_  
Address (no P.O. Box) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone 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 \_\_\_\_\_

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



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 necessarily mean there is a guardianship of the estate.

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

**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.**

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

→ **If YES, you MUST attach** to this Annual Report either:

1. A letter of the Ward's Social Security benefits.

Or

2. A copy of your most recent Representative Payee Report provided by the Social Security Administration.

**OR**

**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 \_\_\_\_\_

**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.**

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

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

*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.

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 health 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 that my ward is

Happy/Content with living situation

Unhappy with living situation

17. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

18. The power authorized by this guardianship should be:

Unchanged

Decreased Explain: \_\_\_\_\_

Increased Explain: \_\_\_\_\_

19. **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 \_\_\_\_\_

I am **not required to pay** a bond premium because \_\_\_\_\_

I have a **Personal Recognizance Bond** \_\_\_\_\_

I have a **Surety Bond** \_\_\_\_\_

20. If possible, **please** attach a current photograph of the ward.

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

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

22. Would you want fresh "Letter of Guardianship" once the report is approved?  Yes  NO

If "yes," fill out the request form provided at the County Clerk's Office. Letters are not sent automatically; you must complete and submit the following form for the clerk's office to issue Letters.

**If you want fresh Letters, please note two additional things:**

1.) If you want fresh Letters of Guardianship, there may be fees required by the clerk. You can call the County Clerk's to verify: (956) 544-0867.

2.) If there is also a guardianship of the estate, new Letters cannot be issued until the annual account is approved.

**Complete the following: The signature(s) below DO NOT require a notary.**

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

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

Executed on \_\_\_\_\_ 20 \_\_\_\_\_ X \_\_\_\_\_  
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 Cameron County Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_ 20 \_\_\_\_\_ X \_\_\_\_\_  
Co-Guardian's Signature (if any)

**Mail to:**  
Cameron County Clerk's Office  
Ref: Guardianship  
974 E. Harrison  
Brownsville, TX 78520  
(Or this form can be electronically filed with the Clerk's Office.)