

IN THE MATTER OF

IN THE PROBATE COURT  
OF

AN INCAPACITATED PERSON

COLLIN COUNTY, TEXAS

**ANNUAL REPORT OF GUARDIAN OF THE PERSON**

The below-signed Guardian(s) presents the following annual report covering from

\_\_\_\_\_, 20\_\_\_, to \_\_\_\_\_, 20\_\_\_, for this Guardianship:

**1) Have you registered as a Guardian with the Judicial Branch Certification Commission?**

Yes  No

**2) Has the address of the Ward or Guardian(s) changed during the past year? If "yes", please note the change(s) on #19 on page 3.**

No  Yes

**3) Has there been a change in the mental health or physical health of the Ward during this reporting year, either improvement or deterioration? If "yes", please describe on #21 on page 3.**

No  Yes

**4) Have you paid a fee to a bonding company to renew your bond? (An Annual fee is sometimes, but not always, required.)**

No  Yes

If so, please state the amount and to whom: \_\_\_\_\_

**5) Are there any unmet needs of the Ward?**

No  Yes

If "yes", please describe on #22 on page 3.

**6) Should the powers of the Guardian remain as they are now, or should the powers be either increased or decreased?**

Remain as they are  Increased or Decreased

If "Increased or Decrease", please describe on #22 on page 3.

**7) The living arrangements of the Ward are:**

Average to Excellent  Below Average

If "Below Average", please describe on #22 on page 3

**8) Is the Ward content or unhappy with the living arrangements?**

Content  Unhappy

If "Unhappy", please describe on #22 on page 3.

**9) Have you or the Ward been the subject of an investigation by Adult Protective Services, Child Protective Services, or the Texas Guardianship Certification Board this reporting year?**

No  Yes

If "Yes", please describe on #22 on page 3.

**10) Is there any additional information you think is important to share with the Court? If "Yes", please describe on #22 on page 3**

No  Yes

**11) Did you receive or spend funds belonging to the Ward this year other than (not including) Trust Funds, SSDI, or SSI?**

No  Yes

If "Yes", please note income and expenses on #23 on page 4.

**12) Do you have control or possession of the Ward's Estate other than (not including) personal property, Trust Funds, SSDI, or SSI?**

No  Yes

**13) Does the Ward reside/live with the Guardian(s)?**

Yes  No

If "No", please state the number of times you visited the Ward in the past year and the date of your most recent visit.

I/We have visited the Ward \_\_\_\_\_ times in the past year.

The date of the most recent visit was \_\_\_\_\_, 20\_\_\_.

**14) Has the Ward received medical evaluations / treatment by a physician, physician's assistant, or nurse practitioner during this reporting year?**

Yes  No

Please describe any such evaluations/treatment. Please state the name of the treatment provider and a description of the treatment:

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(continue on additional page, if necessary)

**15) Has the Ward received dental evaluations / treatment by a dentist, dentist's assistant, or dental hygienist during this reporting year?**

Yes  No

Please describe any such evaluations/treatment. Please state the name of the treatment provider and a description of the treatment:

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(continue on additional page, if necessary)

**16) Has the Ward received evaluations / treatment by a psychiatrist, psychologist, or mental health care provider this reporting year?**

No  Yes

Please describe any such evaluations/treatment. Please state the name of the treatment provider and a description of the treatment:

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(continue on additional page, if necessary)

**17) Has the Ward received evaluations / assistance by a social worker or other caseworker or any other individual this reporting year?**

No  Yes

Please describe any such evaluations/assistance. Please state the name of the provider/assistor and a description of the assistance:

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(continue on additional page, if necessary)

**18) Briefly describe the activities of the Ward during the past year, including recreational, educational, social, and occupational activities, or a statement that no activities were available, or that the Ward was unable or unwilling to participate in activities.**

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(continue on additional page, if necessary)

**19)** Please provide the following information:

Name(s) of **GUARDIAN(S)**: \_\_\_\_\_

Residence address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of **Ward**: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_

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

If there have been changes in the above during the past year, please state the reason(s):

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

**20)** The type residence of the Ward is (Chose one):

Guardian's home.  Group home.  Foster home.

Home owned by the Ward.  Home rented by the Ward.  Boarding home.

Nursing home or Assisted Living facility.  Hospital or medical facility.

Another type of residence \_\_\_\_\_

Another relative's home (describe relationship) \_\_\_\_\_

The **Ward** has resided at the above residence since: \_\_\_\_\_

If the Ward changed address during the reporting year, please state the reason for the change.

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

**21)** If you answered "yes" to #3 (on page 1) that the **Ward's** mental health or physical health has changed during the last year, please describe the changes:

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

\_\_\_\_\_ (continue on additional page, if necessary)

**22)** If you answered "yes" to #5, #9, or #10 (on page 1), or if you answered "Increased" or "Decreased" to #6, or if you answered "Below Average" to #7, or if you answered "Unhappy" to #8, please describe the unmet needs, what the increase/decrease in powers should be, what the deficiencies in living arrangements are, what the circumstances of the unhappiness are, state whatever additional information you think is important to share, and/or describe the nature of the APS, CPS, or TGCB investigation: \_\_\_\_\_

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

\_\_\_\_\_ (continue on additional page, if necessary)

**23) DO NOT ANSWER THIS QUESTION UNLESS YOU ANSWERED "YES" TO #11.**

If you received or spend funds belonging to the Ward **OTHER THAN Social Security Income or Supplemental Security Income**, please state the amount of all funds of the Ward in your possession at the beginning of the year, the amount of funds of the Ward that you received during the year other than Social/Supplemental Security, the amount of those funds expended during the year, and the purpose of the expenditures, and the amount of all funds of the Ward in your possession at the end of the year. Do not include Trust Income or expenditures of Trust Funds. **DO NOT include income from Social Security or Supplemental Security. Do not include expenditures of Social Security or Supplemental Security funds.**

**Funds of Ward on hand at beginning of reporting year** \$ \_\_\_\_\_

Funds received, date, source: \_\_\_\_\_ \$ \_\_\_\_\_

**Total funds of Ward received by Guardian(s) during reporting year:** \$ \_\_\_\_\_

**Funds of Ward expended by Guardian(s) this reporting year:**

Expense, date, purpose: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Funds of Ward expended by Guardian(s) this reporting year:** \$ \_\_\_\_\_

**Funds of Ward on hand at end of Reporting Year** \$ \_\_\_\_\_

(Continue on additional page, if necessary)

State of Texas)

County of Collin)

I / We, the below signed the Guardian(s) of the Person for in this cause, declare under penalty of perjury that the foregoing is true and correct.

Signed / Executed on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Guardian #1

\_\_\_\_\_  
Signature of Guardian #2, if Co-Guardianship

***Notarization is NOT required.***

**When completed, please return to:**

**Collin County Clerk, Stacey Kemp  
Office of Probate  
2100 Bloomdale Road, Suite 12360  
McKinney, Texas 75071**