

CAUSE NO. GU-\_\_\_\_-\_\_\_\_\_

IN THE GUARDIANSHIP OF \_\_\_\_\_,  
AN INCAPACITATED PERSON

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IN COUNTY COURT AT LAW  
NO. 2 OF  
WISE COUNTY, TEXAS

**GUARDIAN'S (Check one)  INITIAL  ANNUAL  FINAL  
REPORT ON THE CONDITION OF A WARD**

**Check one: Guardianship of:**  Person Only  Estate Only  Person & 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(s) in this matter state 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: Name \_\_\_\_\_  
Address (no P O Box) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
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 the 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 (Home/Cell): \_\_\_\_\_ Phone: (Work): \_\_\_\_\_  
B. If because **Ward has turned eighteen**, attach birth certificate.  
C. If because the **Ward has died**, attach death certificate.

4. 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: \_\_\_\_\_

5. Ward resides in: (check **only one**):  
 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

Provide NAME of facility: \_\_\_\_\_

6. How long has the Ward lived at this address: \_\_\_\_\_  
Any change in residence in last year?     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 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 8  
➔

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

(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 expense worksheet to this Annual Report.** Forms are available on the Court's website at [www.co.wise.tx.us/cc12](http://www.co.wise.tx.us/cc12).


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

➔ **If YES, you MUST attach to this Annual Report EITHER:**

(1) A copy of your most recent Representative Payee report provided by Social Security.

**OR** (2) The Court's Representative Payee Report form. If you do not receive the form from Social Security, get the Court's form on the Court's website.

**OR**

If you answered "YES" to question 8  


**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: \$\_\_\_\_\_

9. **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 approve.**

10. During the past year Ward has been treated or evaluated by the following professionals:

*As a guardian, it is 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

Dentist Name \_\_\_\_\_  
Describe: \_\_\_\_\_

Psychiatrist Name \_\_\_\_\_  
Describe: \_\_\_\_\_

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

Other Name \_\_\_\_\_  
Describe: \_\_\_\_\_

11. 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 activities \_\_\_\_\_
- Educational activities \_\_\_\_\_
- Social activities \_\_\_\_\_
- Occupational activities \_\_\_\_\_
- 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 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 the Ward is:

- Happy/Content with living situation
- Unhappy with living situation

17. As Guardian, I believe the 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. 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.**

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 of 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.

**DADS guardianship** (Bond not required)

I am **not required to pay** a bond premium because:

The Bond was waived by the Court.

21. If possible, **please** attach a current photograph of the Ward.

22. Please state any additional information concerning the Ward that you would like to share with the Court: \_\_\_\_\_

\_\_\_\_\_

23. I HEREBY AGREE to immediately inform the Court of any change in my address or the Ward's address.

24. Remember to order fresh “Letters of Guardianship.”

A. **Fill out the request form on the next page.** 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. Call the Clerk’s office to verify: (940 627-1648.

(2) If there is also a guardianship of the estate, new Letters cannot be issued until the Annual Account is approved by the Court. (Note that an annual account cannot be approved until your attorney has submitted *everything* necessary to the Court.)

***Complete the following. The signature below does NOT require a notary.***

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

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

EXECUTED \_\_\_\_\_, 20\_\_\_\_\_  
(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 Wise County, Texas, declare under penalty of perjury that the foregoing is true and correct.

EXECUTED \_\_\_\_\_, 20\_\_\_\_\_  
(Co-Guardian’s Signature)

**Mail to:**  
Wise County Clerk, Probate Dept.  
P O Box 359  
Decatur, Tx 76234

**Or Deliver to:**  
Wise County Clerk  
200 North Market  
Decatur, Tx 76234

**OR Electronically file** with the Clerk’s Office  
through [www.efiletexas.gov](http://www.efiletexas.gov) .

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IN COUNTY COURT AT LAW

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NO. 2 OF

AN INCAPACITATED PERSON

WISE COUNTY, TEXAS

**ORDER APPROVING GUARDIAN’S ANNUAL REPORT  
AND ANNUAL DETERMINATION PURSUANT TO  
§§1163.101 & 1201.052, TEXAS ESTATES CODE**

On this day, came to be considered the Guardian’s Annual Report, and the Court, having reviewed the same, finds as follows:

1. the Report complies with §1163.101 of the Texas Estates Code;
2. the Report contains nothing extraordinary which warrants an unscheduled visit by an officer of the Court;
3. the Report contains no information which would require modification or termination of the guardianship;
4. the Report complies with §1201.052, Texas Estates Code for purposes of the required annual review and determination of the status of the guardianship;
5.  there is **NO** Guardianship of the Estate;  
 there **IS** a Guardianship of the Estate;
6. the Report should be approved pursuant to §1163.104, Texas Estates Code.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that the Guardian’s Annual Report be, and the same is hereby APPROVED. The Clerk may renew Letters of Guardianship according to the prior orders entered herein, which relate back to the date on which Original Letters of Guardianship were issued. These Letters shall remain in force and effect for one (1) year and four (4) months, unless otherwise ordered by the Court.

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that this Guardianship should CONTINUE.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Dana Manoushagian  
Judge, County Court at Law No. 2

**PROBATE GUARDIANSHIP LETTER REQUEST FORM**

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

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

Cause Number: GU- \_\_\_\_\_

**CUSTOMER REQUEST:**

\_\_\_\_\_ Guardianship Letters @ \$2.00 per letter

PLUS:

Copies (\$5.00 for certification and \$1.00 per page for copies)

\_\_\_\_\_ Certified Copy of Order Approving Annual Report of the Guardian

\_\_\_\_\_ Plain copies @ \$1.00 per page

\_\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

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**FOR COURT USE ONLY:**

**ORDER:** \_\_\_\_\_

**OATH:** \_\_\_\_\_

**BOND:** \_\_\_\_\_

**EXPIRE:** \_\_\_\_\_