

BASTROP COUNTY COURT
REPORT ON THE CONDITION AND WELL-BEING OF WARD

Cause No. _____

In the Guardianship of _____ § COUNTY COURT
§
§
an Incapacitated Person § BASTROP COUNTY, TEXAS

INITIAL ANNUAL FINAL

(check one) Guardian of Person Guardian of Person and Estate

Complete this form, answering every question, except when directed otherwise. "Not Applicable" is not a proper response. This form must be signed in the presence of a NOTARY.

On this day, the undersigned, Guardian in this matter, personally appeared before me and after being duly sworn, stated the following:

1. **Ward's Name:** _____ Date of birth: _____

Address (no P. O. Box): _____

City/State/Zip: _____

Telephone Number: _____

2. Guardian

Co-Guardian (if applicable)

Name: _____

Date of Birth: _____

Physical Address: _____

Mailing Address: _____

Telephone Number: _____

Relationship to Ward: _____

During the past reporting year, have you been convicted of a felony or a misdemeanor, other than a minor traffic offense?

Guardian

Co-Guardian (if applicable)

Yes No

Yes No

If yes, explain

BASTROP COUNTY COURT
REPORT ON THE CONDITION AND WELL-BEING OF WARD

3. Visits with Ward:

During the past year I have visited the Ward in person _____ times (*if Ward lives with you, put 365*)

Date of last visit: _____.

If less than six (6) visits, please explain:

4. Where does the Ward Live? Guardian's Home Ward's Home

Relative's Home (give relative's name): _____

Other facility (type) _____ (name) _____

How long has Ward resided at present residence? _____

Has Ward's residence change within the past year? Yes No

If yes, explain: _____

5. Ward's Income: You MUST report the source and amount of all the Ward's income, regardless of whether the income is received by the Ward, the Guardian, or the Ward's facility (*Social Security benefits are income, child support is not*).

Source 1: _____ Amount 1 _____ Wk / Mo / Yr

Source 2 _____ Amount 2 _____ Wk / Mo / Yr

If zero, please explain: _____

6. Ward's Estate:

Has the Court Appointed a Guardian for Ward's Estate? Yes No

If yes, please provide the following information:

(a) Name and Address of Guardian of the Estate: _____

(b) Do you as Guardian of the Person, receive an allowance from the Guardian of the Estate? Yes No

If Yes, annual amount received: _____

If No, please provide the following information:

(a) Has the Court ordered you to manage any funds other than Social Security Disability? Yes No

If Yes, YOU MUST REPORT on your management of those funds on an income and expenses worksheet and attach it to this report.

BASTROP COUNTY COURT
REPORT ON THE CONDITION AND WELL-BEING OF WARD

- (b) Are you the representative payee of the Ward's Social Security Disability or Social Security Retirement Benefits? Yes No
**IF Yes, YOU MUST attach a copy of the most recent Representative Payee Report or complete a Payee Report Form.

7. **Ward's Health:**

- (a) Ward is under regular physician's care? Yes No
If yes, please list name and address of that physician: _____

- (b) During the past year, Ward has been treated or evaluated by the following professionals (As guardian, it is your DUTY to know this information and provide it to the Court, even if the Ward resides in a residential facility with arranged services):

Physician's Name & Office
Address: _____
Treatment provided: _____

Physician's Name & Office
Address: _____
Treatment provided: _____

Dentist's Name & Office
Address: _____
Treatment provided: _____

Other Name & Address: _____
Treatment provided: _____

- (c) Ward's mental health has: *(check one)*
 Remained the same
 Improved. Describe _____
 Deteriorated. Describe _____
- (d) Ward's physical health has: *(check one)*
 Remained the same
 Improved. Describe _____
 Deteriorated. Describe _____

BASTROP COUNTY COURT
REPORT ON THE CONDITION AND WELL-BEING OF WARD

- (e) As Guardian of the Person, I HAVE FILED HAVE NOT FILED for an Emergency Detention of the Ward, pursuant to the Texas Health & Safety Code. If you HAVE FILED, please list the number of times, reasons and dates:_____

8. Ward's Social Conditions: *(check one)*

- (a) I believe the Ward's living arrangements are Excellent Average Below average; Explain:_____

- (b) Ward has participated in the following activities *(check all that apply)*
(Please describe the activities, e.g. movies, eating out, Special Olympics, church, etc.)

Recreational:_____

Educational:_____

Social:_____

Occupational:_____

Other:_____

OR

Refuses or is unable to participate.

- (c) As Guardian, I believe that the Ward is: *(check one)*

Happy/Content with living situation

Unhappy with living situation. Please explain:_____

-
- (d) As Guardian, I believe the Ward DOES DOES NOT have unmet needs (needs =food, shelter, medical).

- (e) **Please attach a current photograph of the Ward.** Photo attached

9. Guardianship Duties:

- (a) Bond (choose one).

I am not required to pay a bond premium, because

_____.

I have paid the bond premium. Bond amount is _____.

I have paid a cash bond on file with Court. Amount _____.

- (b) If a successor Guardian needed to be appointed, please list the names, addresses and telephone numbers of at one or two people you believe would be worthy candidates for the Court to consider for such appointment. Please also include their relationship to the Ward:

BASTROP COUNTY COURT
REPORT ON THE CONDITION AND WELL-BEING OF WARD

Name: _____ Age: _____

Address: _____

Telephone Number: _____

Relationship to Ward: _____

Name: _____ Age: _____

Address: _____

Telephone Number: _____

Relationship to Ward: _____

(c) Do you need additional Letters of Guardianship? Yes No
If yes, please indicated the number of new Letters needed: _____

(d) Please state any additional information concerning the Ward that you would like to share with the Court.

10. Final Reports. Only complete this section if this is a Final Report.

a. I am filing this FINAL REPORT because:
 I am resigning
 the Ward has turned 18 (please attach birth certificate)
 the Ward had died (please attach a death certificate)
 other, please explain: _____

b. If you are resigning, has a successor guardian been identified?
 Yes No
If yes, please provide the following information:
Name: _____ Date of Birth: _____
Address: _____

Telephone: _____
Relationship to Ward: _____

**BASTROP COUNTY COURT
REPORT ON THE CONDITION AND WELL-BEING OF WARD**

(please do not sign until you are in the presence of the Notary Public)

GUARDIAN'S SIGNATURE

DATE SIGNED

STATE OF TEXAS §
 §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the Guardian of the Person described in the foregoing Annual Report, and whose name is subscribed in the foregoing report, who, being by me first duly sworn, did on his or her oath depose and state as follows:

“I hereby swear, under penalty of perjury, that the information contained in this report is accurate to the best of my knowledge.”

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20____, to certify which witness my hand and seal of office.

(seal)

NOTARY PUBLIC
Printed Name: _____
Commission Expires: _____

**BASTROP COUNTY COURT
REPORT ON THE CONDITION AND WELL-BEING OF WARD**

(If Co-Guardian, please sign in the presence of a Notary)

CO-GUARDIAN'S SIGNATURE

DATE SIGNED

STATE OF TEXAS §
 §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared _____, known to me to be the Co-Guardian of the Person described in the foregoing Annual Report, and whose name is subscribed in the foregoing report, who, being by me first duly sworn, did on his or her oath depose and state as follows:

"I hereby swear, under penalty of perjury, that the information contained in this report is accurate to the best of my knowledge."

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20____, to certify which witness my hand and seal of office.

(seal)

NOTARY PUBLIC
Printed Name: _____
Commission Expires: _____

Please file your signed report with:
Bastrop County Clerk's Office
P. O. Box 577
803 Pine Street, Room 112
Bastrop, Texas 78602

BASTROP COUNTY COURT
REPORT ON THE CONDITION AND WELL-BEING OF WARD

Cause No. _____

In the Guardianship of	§	COUNTY COURT AT LAW
	§	
_____	§	
an Incapacitated Person	§	BASTROP COUNTY, TEXAS

**ORDER APPROVING GUARDIAN'S REPORT
ON THE CONDITION AND WELL-BEING OF WARD**

On this _____ day of _____, 20___, the annual review of the guardianship and the annual report of the guardian in the above referenced and styled case came on to be considered. The Court, having examined said report finds that:

1. The report complies with Texas Probate Code §743;
2. The report contains nothing extra ordinary that would warrant an unscheduled visit by an officer of the Court; and
3. The report should be approved pursuant to Texas Probate Code §743(e).

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED, that:

1. The annual review and the guardian's annual report are hereby APPROVED;
2. The review is hereby Ordered recorded;
3. The Clerk of this Court may renew Letters of Guardianship according to law;
4. Such letters shall remain in effect in accordance with law; and
5. The Letters of Guardianship expire one (1) year and 120 days after the anniversary date of the appointment of the Guardian, that date being _____, 20_____.

SIGNED this _____ day of _____, 20_____.

JUDGE PRESIDING