

CAUSE NO.: \_\_\_\_\_

IN RE: GUARDIANSHIP § IN THE PROBATE COURT  
OF THE PERSON OF § OF  
\_\_\_\_\_ §  
\_\_\_\_\_ § DENTON COUNTY, TEXAS

Please answer each question as completely as possible. All questions must be answered, use n/a if question does not apply. Incomplete reports will delay the issuance of Letters of Guardianship.

**ANNUAL REPORT OF CO-GUARDIANS OF THE PERSON**

Now comes \_\_\_\_\_ and \_\_\_\_\_, Co-Guardians of \_\_\_\_\_, Ward (hereinafter referred to as "Protected Person") in the above entitled and numbered cause, and files this report covering the time period of \_\_\_\_\_, 20\_\_\_\_ **through** \_\_\_\_\_, 20\_\_\_\_ concerning the Protected Person's physical well-being, location, and condition pursuant to Section 1163.101 of the Texas Estates Code.

- 1. Protected Person's name: \_\_\_\_\_
- 2. Protected Person's date of birth and age: \_\_\_\_\_
- 3. Protected Person's address: \_\_\_\_\_

- 4. Protected Person's phone number: \_\_\_\_\_
- 5. Co-Guardians' name: \_\_\_\_\_
- 6. Co-Guardians' address: \_\_\_\_\_

(If Co-Guardians reside separately, provide both addresses.)

- 7. Co-Guardians' phone number(s): \_\_\_\_\_
- 8. Co-Guardians' email address(es): \_\_\_\_\_
- 9. Co-Guardians' relationship to Protected Person: \_\_\_\_\_

- 10. Check the type of residence in which the Protected Person lives:
  - Guardian's home (If Co-Guardians reside separately, identify which Co-Guardian is the custodial Co-Guardian.) \_\_\_\_\_
  - Protected Person's own home
  - Denton State Supported Living Center
  - Nursing home (Name of facility): \_\_\_\_\_
  - Group home (Company Name): \_\_\_\_\_

Other (adult foster-care, etc.): \_\_\_\_\_

11. How long has the Protected Person resided at his/her current residence? \_\_\_\_\_

12. Has the Protected Person's residence changed in the last twelve months?

No       Yes

If yes, please provide the date of change and the reason for the change:

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

13. As the Co-Guardians do you believe the Protected Person is content with his/her living arrangements?

Yes       No

If no, please provide a brief explanation: \_\_\_\_\_

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

14. As the Co-Guardians do you believe the Protected Person has any unmet needs?

No       Yes

If yes, please provide brief explanation: \_\_\_\_\_

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

15. As the Co-Guardians we rate the Protected Person's living conditions as:

Excellent       Average       Below Average

If below average, please explain: \_\_\_\_\_

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

As the Co-Guardians we have taken the following steps to improve the living conditions:

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

16. As the Co-Guardians we rate the Protected Person's day to day care as:

Excellent       Average       Below Average

If below average, please explain: \_\_\_\_\_

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

As the Co-Guardians I have taken the following steps to improve the day to day care:

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

17. The Protected Person's primary physician is: \_\_\_\_\_

18. Check the appropriate box if the Protected Person has been seen by any of the following health care providers within the last year:

Psychiatrist: Name \_\_\_\_\_ Treated for: \_\_\_\_\_

Psychologist: Name \_\_\_\_\_ Treated for: \_\_\_\_\_

Dentist: Name \_\_\_\_\_ Treated for: \_\_\_\_\_

Other: Name \_\_\_\_\_ Treated for: \_\_\_\_\_

19. During the past year the Protected Person's physical health has:

- remained the same
- improved
- deteriorated

If improved or deteriorated, please explain: \_\_\_\_\_

20. During the past year the Protected Person's mental health has:

- remained the same
- improved
- deteriorated

If improved or deteriorated, please explain: \_\_\_\_\_

21. Does the Protected Person have an estate? (SSI benefits are not an estate)

- No  Yes

If yes, are you the Co-Guardians of the Protected Person's estate?  Yes  No

If yes, have you filed your Annual Account?  Yes  No

22. Do you receive money for acting as the Protected Person's Co-Guardians?

- Yes  No

23. Do you or the Protected Person receive any funds for the Protected Person's care? Please identify all that apply.

SSI: Amount: \_\_\_\_\_ SS Survivor Benefits: Amount: \_\_\_\_\_

SSDI: Amount: \_\_\_\_\_ Trust Account: Amount: \_\_\_\_\_

VA: Amount: \_\_\_\_\_ Other: Amount: \_\_\_\_\_

24. Are you the representative payee and/or the person that handles the Protected Person's funds?  Yes  No

If No, please state who the rep. payee is: \_\_\_\_\_

25. If you handle funds for the Protected Person's care, in what kind of account are the funds maintained?

Separate designated account:  Yes  No

Joint account with Protected Person:  Yes  No

Other: Please identify: \_\_\_\_\_

26. When the Guardianship was granted, we as the Co-Guardians posted a:

- personal surety bond  cash bond  corporate bond

If a corporate bond was posted have you paid the premium for the next reporting period?

- Yes  No

27. As the Co-Guardians we believe our Guardianship powers should:

- remain the same
- be increased
- be decreased

If increased or decreased is selected please explain: \_\_\_\_\_

28. The Denton County Probate Court has a standing requirement for all Guardians to have face-to-face visits at the Protected Person's residence a minimum of four times per year spread throughout the year.

As the Co-Guardians have you met this requirement? (If the Co-Guardians reside separately, identify how often each Co-Guardian visits the Protected Person.)

Yes  No: Please explain why you have not visited: \_\_\_\_\_

We  reside with the Protected Person; or we visit  weekly  every other week  monthly

Please list the dates of visits if different from the choices above. \_\_\_\_\_

29. During the past year the Protected Person has participated in the following activities:

Recreational: (list activities) \_\_\_\_\_

Educational: (list activities) \_\_\_\_\_

Social: (list activities) \_\_\_\_\_

Occupational: (list activities) \_\_\_\_\_

Limited ability to participate but enjoys: (list activities) \_\_\_\_\_

30. Does the Protected Person receive any community services and/or resources (i.e. Denton County MHMR Waiver Programs, STAR+ Waiver, Private/Insurance Pay)?

Yes  No: If yes, please provide a case manager name and contact number: applicable: \_\_\_\_\_

31. Texas Estates Code §1151.351 requires Guardians each year on annual renewal of the Guardianship to explain the rights delineated in the "Ward's Bill of Rights" in the Protected Person's native language, or preferred mode of communication, and in a manner accessible to the Protected Person. In addition to explaining those rights, the Court requires Guardians each year to provide a copy of the Bill of Rights to the Protected Person. Have you, as Co-Guardians, explained the rights delineated in the Bill of Rights and provided the Protected Person a copy of the Bill of Rights?

Yes  No

32. In 2017, the Texas Legislature enacted a new law requiring all guardianships to be registered with the Judicial Branch Certification Commission (JBCC). Effective June 1, 2018, each guardianship in Texas must be registered.

Have you registered your guardianship?

a. Yes

b. No  Explain why: \_\_\_\_\_

33. Please use this space to share any other information that you would like the Court to know about the Protected Person and/or your role as Co-Guardians, including any new medical issues or concerns, and whether you the Co-Guardians have filed an Application for Emergency Detention of the Protected Person, and if applicable, the number of times and dates of the applications):

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

**UNSWORN DECLARATION**

We \_\_\_\_\_ and \_\_\_\_\_, Co-Guardians of the Person for \_\_\_\_\_ in Denton County, Texas declare under penalty of perjury that the foregoing is true and correct.

Executed on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
(date) (month)

\_\_\_\_\_  
**Signature** of Declarant/Guardian

\_\_\_\_\_  
**Signature** of Declarant/Co-Guardian

\_\_\_\_\_  
**Printed Name** of Declarant/Guardian

\_\_\_\_\_  
**Printed Name** of Declarant/Co-Guardian

**Notarization is NOT required.**