



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:

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

Yes  No

If no, please explain: \_\_\_\_\_

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14. As the Guardian do you believe the Protected Person has any unmet needs?

No  Yes

If yes, please explain: \_\_\_\_\_

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15. As the Guardian I rate the Protected Person's living conditions as:

Excellent  Average  Below Average

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

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As the Guardian I have taken the following steps to improve the living conditions:

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16. As the Guardian I rate the Protected Person's day to day care as:

Excellent  Average  Below Average

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

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As the Guardian I have taken the following steps to improve the day to day care:

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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:

Doctor: Name \_\_\_\_\_ Treated for: \_\_\_\_\_

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)?

- Yes  No

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 Guardian?  Yes  NO

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

SSI: Amount: \_\_\_\_\_

SSDI: Amount: \_\_\_\_\_

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

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

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

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

24. If you receive 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: \_\_\_\_\_

25. When the Guardianship was granted as the Guardian I 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

26. As the Guardian I believe my Guardianship powers should:

- remain the same
- be increased
- be decreased

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

27. The Austin County Probate Court has a standing requirement for Guardians to have face-to-face visits in the Protected Person's residence a minimum of four times per year spread throughout the year. As the Guardian have you met this requirement?  
 Yes       No

27. Cont'd.) Please explain why you have not visited: \_\_\_\_\_

- Yes,  I reside with the Protected Person or I visit     weekly     every other week  
 monthly

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

28. 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) \_\_\_\_\_

29. Texas Estates Code Section 1151.351 (enacted 6.21.15) requires the Guardian 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 the Guardian each year to provide a copy of the Bill of Rights to the Protected Person. Have you, as Guardian, explained the rights delineated in the Bill of Rights and provided the Protected Person a copy of the Bill of Rights?

- Yes       No

30. 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 Guardian including any new medical issues or concerns:

This Annual Report must be sworn before an officer authorized to administer oaths before it will be accepted for filing.

**OATH OF GUARDIAN**

**THE STATE OF TEXAS** §  
§  
**COUNTY OF** \_\_\_\_\_ §

BEFORE ME, the undersigned authority, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who duly sworn, states that the within and foregoing report is true, correct, and a complete statement of the present location, condition, and well-being of **WARD**, an Incapacitated Person, as of the date stated herein.

Guardian: (signature) \_\_\_\_\_

Printed Name: \_\_\_\_\_

Current Address: \_\_\_\_\_

County, State, Zip: \_\_\_\_\_

**SWORN TO AND SUBSCRIBED BEFORE ME**, on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(Seal)

\_\_\_\_\_  
Notary Public in and for the State of Texas

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

IN RE: GUARDIANSHIP                    §    COUNTY COURT AT LAW  
  §  
OF THE PERSON OF                       §                                    OF  
  §  
\_\_\_\_\_                                   §    AUSTIN COUNTY, TEXAS

**ORDER APPROVING ANNUAL REPORT  
OF THE GUARDIAN OF THE PERSON**

On the date indicated below came on to be considered the Annual Report of the  
Guardian of the Person on the Location, Condition and Well-being of \_\_\_\_\_  
\_\_\_\_\_ and the Court having examined said report, it is THEREFORE  
APPROVED

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

\_\_\_\_\_  
JUDGE PRESIDING