

No. _____

IN THE MATTER OF
THE GUARDIANSHIP OF
_____,
AN INCAPACITATED PERSON

IN THE COUNTY COURT
AT LAW NUMBER ONE
BRAZOS COUNTY, TEXAS

**GUARDIAN OF THE PERSON'S ANNUAL REPORT ON THE
CONDITION OF AN ADULT INCAPACITATED PERSON**

INSTRUCTIONS: Please fill out the report as thoroughly as possible. Place a check mark in the appropriate boxes and give details if necessary. If you are unsure or the information is not available please indicate accordingly. When completed, have this report notarized and return to the Court.

A. Information About Incapacitated Person ("IP")

1. IP's Name: _____

2. Age: _____ Date of Birth: _____

3. Incapacity:

Mental Retardation Chronic Mental Illness Head Injury Stroke

Alzheimer's Dementia Other: (describe) _____

List any secondary medical conditions:

4. IP's residence is: Guardian's home IP's own home Nursing home

Group home State School other:(describe) _____

5. Name of Residence (if applicable): _____

Address: _____

Phone No. (if any): _____

6. List date IP moved to present residence: _____

7. Has IP changed residences within last 12 months? Yes No

If "Yes", state the reason for the move:

5. Injuries to or hospitalizations within the last 12 months:

6. During the past year, IP has been treated or evaluated by the following:

Physician's Name: _____

Describe: _____

Psychiatrist's or Psychologist's Name: _____

Describe: _____

Social or other Case Worker's Name: _____

Describe: _____

Dentist's Name: _____

Describe: _____

Other Name: _____

Describe: _____

7. Does IP have a **primary doctor**? Yes No

Primary Doctor's Name: _____

Address: _____ Phone: _____

8. I believe my IP has the following **unmet medical needs**:

9. What is being done to address these unmet needs?

E. Information About IP's Social Conditions

1. During the past year, IP engaged in the following activities: (Describe)

Recreational: _____

Educational: _____

Social: _____

Occupational: _____

None available: _____

IP refuses or is unable to participate: _____

2. What accomplishments, successes, goals, if any, has the IP achieved this year?

3. I believe my IP has the following **unmet social needs**:

4. What is being done to address these unmet needs?

F. Information About IP's Living Conditions

1. I rate my IP's **living arrangements** as: (check one)

- Excellent Average Below Average

If Below Average is marked, please explain:

2. I believe my IP is Content Unhappy with his or her living arrangements.

3. I believe my IP has the following **unmet basic needs**:

4. What is being done to address these unmet needs?

G. Information About IP's Assets and Income

1. Does the IP have a Guardianship of the Estate? Yes No

2. Does the IP have a Trust account in a nursing home or other residential facility? Yes No

If yes, what is the current balance: \$_____

3. Does IP have a Management Trust managed by the Trust Department of a bank? Yes No

4. Does IP receive Supplemental Security Income (SSI)? Yes No

If "Yes," how much per month? \$_____

List name of Payee: _____

5. Does IP receive Social Security benefits? Yes No

If "Yes," how much per month? \$_____

List name of Payee: _____

6. List source and amount of any other benefits you receive on IP's behalf:

7. List any assets of IP, other than personal effects, that you possess and that you have not listed on Guardian of the Estate's Annual Account:

8. Has any of the IP's property been sold in the past year? Yes No

If yes, explain: _____

9. Has IP inherited anything in the past year? Yes No

If yes, what was inherited: _____

10. Have any lawsuits been filed on behalf of the IP? Yes No

If yes, explain: _____

11. Has a pre-need burial plan been purchased for IP? Yes No

If yes, provide the name of the funeral home: _____

12. Do you handle IP's assets using a Power of Attorney? Yes No

If yes, has your Power of Attorney previously been filed with the court?

Yes No

If your Power of Attorney **has never** been filed with the court, please attach a copy to this Annual Report.

H. Additional Information

1. Has IP **regained capacity** to make decisions as would a reasonably prudent person in any of the areas over which you have been given power to make decisions for IP as Guardian? Yes No

If "Yes," please describe:

2. My **powers** as Guardian should:

Remain the same

Be decreased as follows:

Be increased as follows:

I wish to resign as Guardian. Explain:

3. I believe the Court should be aware of the following **additional information** that concerns my IP:

Please attach a recent photograph of the IP to this report if available.

I hereby **swear** that the answers set forth above are true and correct to the best of my knowledge and belief, and that I am giving such answers subject to the penalties of making a false affidavit or declaration.

Signature of Guardian

Signature of Co-Guardian (if applicable)

SWORN TO AND SUBSCRIBED before me by _____
_____ on this ____ day of _____, 20____.

Notary Public, State of _____

Name (print): _____

My commission expires: _____