

**\*\*\*Please do not file this page\*\*\***

## **Annual Report of the Person Form**

Sections 1163.101 - 1163.105 of the Texas Estates Code sets out the requirements for the yearly filing of a written report that contains information about the Ward subject to a guardianship of the person.

- The Annual Report form must be completed in its entirety every year the guardianship of the person is active, and a Final Report is due at its conclusion.
- The Reporting Period is typically the month and day your guardianship was granted by the Court. Annual Reports need to be received by the Probate Clerk's Office within **two months** of the end of the Reporting Period. Please reach out to the Probate Court or Probate Clerk's Office if you have any questions about your Reporting Date or Due Date. We do not routinely send out notices for upcoming or late Annual Reports. Please make the appropriate arrangements to meet your deadline.
  - For example, if the Judge granted your guardianship on October 10, 2019, then your Reporting Period would likely be October 10 - October 10 of each year, and your Annual Report would be due between October 10 and December 10 of each year.
- Please report to the Court any substantial changes in the guardianship between Annual Reports, including a change of residence for the guardians or ward, the passing away of a Guardian or Ward involved in the guardianship, or anything else of which you believe the Court should be aware.
- The Annual Report of the Person form is occasionally updated to comply with updates to Texas law, and we do not routinely send notices regarding updates to this form. Before completing this form, we encourage you to confirm you are using the most up-to-date version of the document by comparing this document to the document uploaded to the Collin County Probate Court's webpage to ensure you are using the most recent edition available, as usage of outdated Annual Report forms can result in rejection of Annual Reports submitted to our Court. Our website can be found at the following web address:
  - <https://www.collincountytx.gov/Courts/Probate/Guardianship>
- **When form is complete, please either mail or bring to:**  
**Collin County Clerk, Stacey Kemp**  
**Office of Probate**  
**2100 Bloomdale Road, Suite 12360**  
**McKinney, Texas 75071**
- **Please print form single-sided before filing with the Probate Clerk's Office.**
- **Please note that this form cannot be accepted via email.**
- Notarization is NOT required.

Thank you,  
The Collin County Probate Court

**\*\*\*Please do not file this page\*\*\***

Cause No. \_\_\_\_\_

IN THE MATTER OF

IN THE PROBATE COURT

OF

AN INCAPACITATED PERSON

COLLIN COUNTY, TEXAS

ANNUAL REPORT OF GUARDIAN OF THE PERSON

The below-signed Guardian(s) presents the following annual report covering from

\_\_\_\_\_ , 20\_\_\_\_, to \_\_\_\_\_ , 20\_\_\_\_, for this Guardianship:

**1)** Has the address of the Ward or Guardian(s) changed during the past year?

No  Yes

If "Yes," please note the change(s) on #23 on page 4.

**2)** Have you paid a fee to a bonding company to renew your bond?

No  Yes

(An annual fee is sometimes, but not always, required.)

If "Yes," please state the amount and to whom:

**3)** Has there been a change in the mental health or physical health of the Ward during this reporting year, either improvement or deterioration?

No  Yes

If "Yes," please describe on #26 on page 4.

**4)** Are there any unmet needs of the Ward?

No  Yes

If "Yes," please describe on #27 on page 4.

**5)** Should the powers of the Guardian remain as they are now, or should the powers be either increased or decreased?

Remain as they are  Increased/ Decreased

If "Increased or Decreased," please describe on #27 on page 4.

**6)** The living arrangements of the Ward are:

Average to Excellent  Below Average

If "Below Average," please describe on #27 on page 4.

**7)** Is the Ward content or unhappy with his/her living arrangements?

Content  Unhappy

If "Unhappy," please describe on #27 on page 4.

**8)** Have you or the Ward been the subject of an investigation by Adult Protective Services, Child Protective Services, or the Texas Guardianship Certification Board this reporting year?

No  Yes

If "Yes," please describe on #27 on page 4.

**9)** Were any supports and services previously provided to the Ward discontinued this year (e.g. Medicaid, mental health support, community support, etc.)?

No  Yes

If "Yes," please describe on #27 on page 4.

**10)** Is there any additional information you think is important to share with the Court?

No  Yes

If "Yes," please describe on #27 on page 4.

**11)** Do you have control or possession of the Ward's Estate **other than (not including)** personal property, Trust Funds, SSDI, or SSI?

No  Yes

**12)** Does the ward have a representative payee for SSI or other supports?  No  Yes

If "Yes," please provide the name of that person:

**13)** Does the Ward reside/live with the Guardian(s)?

Yes  No

If "No," please state the number of times you visited the Ward in the past year and the date of your most recent visit: "I/We have visited the Ward \_\_\_\_\_ times in the past year."

The date of the most recent visit was \_\_\_\_\_ , 20\_\_\_\_."

**14) Has the Ward received **medical** evaluations/treatment by a **physician, physician's assistant, or nurse practitioner** during this **reporting year**? Please **describe** any such evaluations/treatment, and please also **state the name** of the treatment provider:**

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(continue on an additional page, if necessary)

**15) Has the Ward received **dental** evaluations/treatment by a **dentist, dentist's assistant, or dental hygienist** during this **reporting year**? Please **describe** any such evaluations/treatment, and please also **state the name** of the treatment provider:**

Yes  No

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(continue on an additional page, if necessary)

**16) Has the Ward received evaluations/treatment by a **psychiatrist, psychologist, or mental health care provider** this **reporting year**?**  
This includes services from local health authorities or local intellectual and developmental disability authorities, including Lifepath Systems.  
Please **describe** any such evaluations/treatment, and please also **state the name** of the treatment provider:

No  Yes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(continue on an additional page, if necessary)

**17) Has the Ward received evaluations/assistance by a **social worker or other caseworker or any other individual** this **reporting year**?**  
This includes services from local health authorities or local intellectual and developmental disability authorities, including Lifepath Systems.  
Please **describe** any such evaluations/assistance, and please also **state the name** of the provider/assistor:

No  Yes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(continue on an additional page, if necessary)

**18) Does the Ward receive services under **Medicaid, including a Medicaid waiver program?** If NO, please describe whether or not the Ward received Medicaid in the past or if attempts have been made in the past year to apply. If YES, please provide the name of the person who made the arrangements.**

No  Yes

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(continue on an additional page, if necessary)

**19) Briefly describe any **informal supports and services** being provided to the Ward within the **reporting year**, including assistance by friends, family, neighbors, and others in the community.**

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(continue on an additional page, if necessary)

**20) Briefly describe what opportunities have been provided to the Ward in the **reporting year** to encourage the development of the Ward's self-reliance and independence.**

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(continue on an additional page, if necessary)

**21) Briefly describe the activities of the Ward during the **reporting year**, including **recreational, educational, social, and occupational activities**, or a statement that no activities were available, or that the Ward was unable or unwilling to participate in activities.**

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(continue on an additional page, if necessary)

**22) Is it your opinion that there is a **need for the guardianship to continue?****

- If YES, then please use the space below to briefly describe **why a guardianship is still necessary**.
- If NO, then please use the space below to briefly describe **why a guardianship is no longer necessary**.

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(continue on an additional page, if necessary)

**23) ALL GUARDIANS** please provide the following information (regardless of whether it has or has not changed from prior Annual Reports):

(Note: If more space than provided below is necessary to complete this section, please provide the information on an additional page included with this Annual Report)

Please provide the complete street address, city, state, and zipcode of *all* Guardians and Ward, or specify "same as Guardian" for Ward)

Name(s) of **GUARDIAN(S)**: \_\_\_\_\_

Residence address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of **WARD**: \_\_\_\_\_ Date of Birth & Age: \_\_\_\_\_

Residence Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**If there have been changes in the above during the past year**, please state the reason(s):

**24) The type residence of the Ward is (Choose one):**

Guardian's home.  Group home.  Foster home.  
 Home owned by the Ward.  Home rented by the Ward.  Boarding home.  
 Nursing home or Assisted Living facility.  Hospital or medical facility.  
 Another type of residence \_\_\_\_\_  
 Another relative's home (describe relationship) \_\_\_\_\_

**25) The Ward has resided at the above residence since:** \_\_\_\_\_

**26) If you answered "Yes" to #3 (on page 1) that the Ward's mental health or physical health has changed** during the last year, please describe the changes:

\_\_\_\_\_ (continue on additional page, if necessary)

**27) If on page 1 you answered "Yes" to #4, #6, #8, #9, or #10, "Increased" or "Decreased" to #5, "Below Average" to #6, or "Unhappy" to #7, please describe the unmet needs; what the increase/decrease in powers should be; what the deficiencies in living arrangements are; what the circumstances of the unhappiness are; describe the nature of the APS, CPS, or TGCB investigation; explain the loss of the supports and services; and/or state whatever additional information you think is important to share.**

\_\_\_\_\_ (continue on an additional page, if necessary)

28) Did you receive or spend funds **belonging to the Ward** this year  
other than (not including) Trust Funds, SSDI, or SSI?

No

Yes

**ONLY ANSWER THIS QUESTION IF YOU ANSWERED "YES"**

Please DO NOT fill out this section UNLESS you received or spent funds belonging to the Ward **OTHER THAN Social Security Disability Income (SSDI), Supplemental Security Income (SSI), or money from Trust Funds**. SSDI, SSI, and money from Trust Funds do not qualify and should not be reported in this section. Examples of qualifying funds to note below include wages earned by the Ward, donations to the Ward, or any other source of income of the Ward other than SSDI, SSI, or Trust Funds.

If such qualifying funds of the Ward exist, please state: The amount of all such qualifying funds of the Ward in your possession at the beginning of the year, the amount of qualifying funds of the Ward that you received during the year, the amount of those qualifying funds expended during the year and the purpose of the expenditures, and the amount of all qualifying funds of the Ward in your possession at the end of the year.

**Please DO NOT include income or expenditures from Social Security Disability Income, Supplemental Security Income, or Trust Funds in any this section.**

**Funds of Ward on hand at beginning of reporting year:** \$ \_\_\_\_\_

Funds received, date, source: \_\_\_\_\_ \$ \_\_\_\_\_

Funds received, date, source: \_\_\_\_\_ \$ \_\_\_\_\_

Funds received, date, source: \_\_\_\_\_ \$ \_\_\_\_\_

**Total funds of Ward received by Guardian(s) during reporting year:** \$ \_\_\_\_\_

Funds of Ward expended by Guardian(s) this reporting year:

Expense, date, purpose: \_\_\_\_\_ \$ \_\_\_\_\_

Expense, date, purpose: \_\_\_\_\_ \$ \_\_\_\_\_

Expense, date, purpose: \_\_\_\_\_ \$ \_\_\_\_\_

**Total Funds of Ward expended by Guardian(s) this reporting year:** \$ \_\_\_\_\_

**Funds of Ward on hand at end of Reporting Year** \$ \_\_\_\_\_

(Note: If more space than provided above is necessary to complete this section, please provide the information on an additional page included with this Annual Report)

**State of Texas)**

**County of Collin)**

**I / We, the below signed the Guardian(s) of the Person for in this cause, declare  
under penalty of perjury that the foregoing is true and correct.**

**Signed / Executed on \_\_\_\_\_, 20\_\_\_\_.**

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**Signature of Guardian #1**

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**Signature of Guardian #2, if Co-Guardianship**