

**Stacey Kemp**  
**Collin County Clerk**  
Probate Department  
2100 Bloomdale Road, Suite 12360  
McKinney, Texas 75071  
(972) 424-1460 Ext. 6463  
(972) 548-6463

### **Annual Report of Guardian of the Person**

Pursuant to Texas Probate Code § 743, a person appointed as *Guardian of the Person* of an Incapacitated person is required to file an Annual Report on the well being of that Incapacitated person. The following form can be used to comply with this requirement.

#### Instructions:

- Form must be filled out completely and to the best of your knowledge.
- If you are unsure of your *Cause Number, Reporting time period, or Bond type* please call the Probate Office at at 972-548-6463 for assistance.
- Reporting time period should always cover the *previous* year.
- All guardians appointed *Guardian of the Person* need to be included in the report.
- All guardians must sign the report in front of a Notary Public.
- Attach a current picture of the ward.
- Reports may be filed in person or by mail along with any applicable fee.
- Unless there is an *Affidavit of Indigence* or *Affidavit of Inability to Pay* on file, the fee to file the Report is \$12.00 and the fee for renewed Letters of Guardianship is \$8.00.
- Failure to file the required Annual Report in a timely manner could result in the setting of a hearing before the court and/or the abatement of the guardian's authority.

**PLEASE NOTE: THIS FORM IS NOT A SUBSTITUTE FOR LEGAL ADVICE**

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

GUARDIANSHIP OF § IN THE PROBATE COURT  
\_\_\_\_\_ § NUMBER 1  
AN INCAPACITATED PERSON § COLLIN COUNTY, TEXAS

ANNUAL REPORT OF GUARDIAN OF THE PERSON

Now comes \_\_\_\_\_, Guardian(s) of the person of  
\_\_\_\_\_ (Ward's name), and presents the following annual  
report covering the time period of \_\_\_\_\_ to \_\_\_\_\_.

1. Guardian's name and current address:

\_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
Email: \_\_\_\_\_

2. Ward's name and current address:

\_\_\_\_\_  
\_\_\_\_\_  
Phone number: \_\_\_\_\_  
How long at this address? \_\_\_\_\_  
Ward's age: \_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_ (last 4 digits only)

3. The ward lives in: (a) own home \_\_\_\_ (b) guardian's home \_\_\_\_ (c) foster home \_\_\_\_ (d)  
relative's home (describe relationship) \_\_\_\_\_ (e)  
Hospital or Medical Facility (name & address) \_\_\_\_\_ (f)  
Other (specify) \_\_\_\_\_

4. Has the ward's residence changed within the past year? Yes \_\_\_\_ No \_\_\_\_ If so, state the  
date and reason. \_\_\_\_\_  
\_\_\_\_\_

5. If the ward does not live with you, please state the number of times you have visited the  
ward in the past year. \_\_\_\_\_ Date of last visit \_\_\_\_\_

**PLEASE NOTE: THIS FORM IS NOT A SUBSTITUTE FOR LEGAL ADVICE**

6. Does the ward have an estate other than nominal sums of money and personal effects?  
Yes \_\_\_\_\_ No \_\_\_\_\_

Do you have possession of the ward's estate? Yes \_\_\_\_\_ No \_\_\_\_\_

During the past year \_\_\_\_\_ (**guardian or caregiver**) has received and spend funds for the care and maintenance of the ward as described below. (state all funds received from all sources, including social security or welfare)

1. Total funds received annually: \_\_\_\_\_
2. Source of funds: \_\_\_\_\_
3. Total funds spent for ward's care: \_\_\_\_\_
4. Who has possession or control of ward's estate? (name and address)  
\_\_\_\_\_

7. The ward's **physical** health has:

Improved \_\_\_\_\_ Deteriorated \_\_\_\_\_ Remained Unchanged \_\_\_\_\_

The ward's **mental** health has:

Improved \_\_\_\_\_ Deteriorated \_\_\_\_\_ Remained Unchanged \_\_\_\_\_

If the ward's condition has changed, please describe all changes.

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

8. During the past year has the ward had regular medical care? Yes \_\_\_\_\_ No \_\_\_\_\_

The ward should have, at least, an annual checkup with the doctor. If the ward has not had an annual checkup, please list the reasons why.

The ward's present physician is:

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

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

Phone Number: \_\_\_\_\_

During the past year has the ward received treatment or evaluation by a doctor other than an annual checkup? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Treatment Involved: \_\_\_\_\_

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

During the past year has the ward received treatment or evaluation by a psychiatrist, psychologist, or other mental health provider? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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

Treatment Involved: \_\_\_\_\_

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

**PLEASE NOTE: THIS FORM IS NOT A SUBSTITUTE FOR LEGAL ADVICE**

9. The ward should have, at least, an annual checkup with a dentist  
Give the date of the ward's last annual checkup. \_\_\_\_\_  
If the ward has not had an annual checkup, please list the reasons why.

\_\_\_\_\_

The ward's present dentist is:

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

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

Phone: \_\_\_\_\_

During the past year has the ward received any other treatment or evaluation by a dentist other than an annual checkup? Yes \_\_\_\_ No \_\_\_\_

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

Treatment Involved: \_\_\_\_\_

\_\_\_\_\_

10. During the past year has the ward seen a Social Worker or other case worker?

Yes \_\_\_\_ No \_\_\_\_

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

Treatment Involved: \_\_\_\_\_

\_\_\_\_\_

11. During the past year has the ward seen another individual who provided treatment?

Yes \_\_\_\_ No \_\_\_\_

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

Treatment Involved: \_\_\_\_\_

\_\_\_\_\_

12. Briefly describe all recreational, educational, occupational, and social activities in which the ward has participated during the past year. If the ward is unable or has refused to participate, please state so. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

13. The ward's present living arrangements are:

Excellent \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_

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

\_\_\_\_\_

**PLEASE NOTE: THIS FORM IS NOT A SUBSTITUTE FOR LEGAL ADVICE**

14. Is the ward content or unhappy with the living arrangements? \_\_\_\_\_  
\_\_\_\_\_

15. Are there any unmet needs of the ward? \_\_\_\_\_  
\_\_\_\_\_

16. Should your powers or duties be:  
Increased \_\_\_\_ Decreased \_\_\_\_ Remain Unchanged \_\_\_\_  
If change is recommended, please state change and reasons: \_\_\_\_\_  
\_\_\_\_\_

17. If there is any additional information you wish to share with the court please state or  
attach to this report. \_\_\_\_\_  
\_\_\_\_\_

18. If the Bond in this guardianship is a corporate surety bond, has the bond premium for the  
next reporting year been paid? Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_  
If the Bond in this guardianship is a personal surety bond, has there been a change in the  
status of the sureties on the bond? (ex: address, death, financial)  
Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_ If so, please explain. \_\_\_\_\_  
\_\_\_\_\_

The current bond is a personal bond. Yes \_\_\_\_ No \_\_\_\_ N/A \_\_\_\_

19. Please include a current photograph of the ward for the court's records.

**OATH OF GUARDIAN**

STATE OF TEXAS        }  
COUNTY OF COLLIN    }

Before me, the undersigned authority, on this date personally appeared \_\_\_\_\_, Guardian(s), who being first duly sworn, states on oath that the foregoing report is a true, correct, and complete statement of the present condition, welfare, and well being of \_\_\_\_\_, an Incapacitated Person, as of the date stated herein.

Signed: \_\_\_\_\_  
Guardian Signature  
Signed: \_\_\_\_\_  
Guardian Signature

**SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.**

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

**PLEASE NOTE: THIS FORM IS NOT A SUBSTITUTE FOR LEGAL ADVICE**

**ATTACH WARD'S CURRENT PICTURE HERE**

Please Use Clear Tape Only  
**Do Not** Use Staples

**PLEASE NOTE: THIS FORM IS NOT A SUBSTITUTE FOR LEGAL ADVICE**