**nO. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |
| --- | --- | --- |
| **IN THE GUARDIANSHIP OF** | **§** | **IN THE PROBATE COURT** |
|  | **§** |  |
|   | **§** | **NUMBER TWO**  |
|  | **§** |  |
| **AN INCAPACITATED PERSON** | **§** | **TARRANT COUNTY, TEXAS** |

 **GUARDIAN OF THE PERSON'S ANNUAL REPORT ON THE**

 **CONDITION OF AN *MINOR* INCAPACITATED PERSON**

**A. Incapacitated Person ("IP")**

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

 **IP's residence is:**  [ ]  Guardian's home **[ ]** Other describe:

 Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **How long**:

City, State, Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:

 **Has IP changed residences in the past 12 months?** [ ]  Yes [ ]  No

**B.** **Incapacity:** Is IP’s “Minor Status” their only incapacity?  Yes  No

 Other medical conditions, describe:

**C. Guardian – Name:**

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

 City, State, Zip:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Home Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Work Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_Cell:\_\_\_\_\_\_\_\_\_\_\_\_\_

 E-mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relation to IP:\_\_\_\_\_\_\_\_\_\_\_

 **Has address, phone #’s, or email changed in the past 12 months?** [ ] Yes [ ]  No

**D. Visitation/Phone Contact**

IP  Does  Does Not live with the Guardian.

 *(If the IP “****Does****” live with the Guardian, skip to section “E”)*

 List the number of times you personally visited IP during the last 12 months:\_\_\_\_\_\_

 List date of your last personal visit to IP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If you have not visited IP frequently, have you had telephone contact?Yes No

 Who is main telephone contact? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **E.** **IP’s Medical Condition:**

 During the past year, IP's **physical health** has:

  Remained the same  Improved  Deteriorated

 *Describe:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 During the past year, IP's **mental health** has:

  Remained the same  Improved  Deteriorated

 *Describe:*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Injuries or hospitalizations within the last 12 months: [ ]** Yes  **[ ]** No

 *If yes, briefly describe what happened: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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

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

 Primary Care Physician’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Psychiatrist’s or Psychologist’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Social or other Case Worker’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dentist’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Specialists/Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Describe Treatment or Services:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 I believe IP has **unmet medical needs: [ ]** Yes **[ ]** No

 If yes, what is being done?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**F. IP’s Social Conditions**

 During the past year, IP participated in the following activities:

  Educational – Name of School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Average Grades: A’s B’s C’s D’s Failing (please circle)

 If grades are below a “C”, describe IP’s challenges in school, tutoring and any

 additional help being sought: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

  Recreational/Sports:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Social/Family Activities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Employment: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Driver’s License [ ]  Yes [ ]  No If yes, auto liability insurance? [ ]  Yes [ ]  No

 Has the Minor experienced any significant events in the past year which should be brought

 to the attention of the court? [ ]  Yes [ ]  No

 Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 What accomplishments, successes, goals has the IP achieved this year?

 Describe:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 I believe IP has **unmet social needs:** [ ]  Yes [ ]  No

 If yes, what is being done?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **G. IP’s Living Conditions**

 I rate my IP's **living arrangements** as:  Excellent  Average  Below Average

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

 I believe IP is  Content  Unhappy with these living arrangements

 I believe IP has **unmet basic needs:** [ ]  Yes [ ]  No

 If yes, what is being done?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **H. IP’s Assets and Income**

 Does the IP have a Guardian of the Estate?  Yes  No

 Does IP receive Social Security **(SS)** benefits?  Yes  No

 If "Yes," how much per month? $\_\_\_\_\_\_\_ Payee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are there any other benefits or income you receive on IP's behalf?  Yes  No

 *If yes, describe:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Has IP inherited anything in the past year?  Yes  No

 *If yes, explain:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Are there any lawsuits pending or filed that will affect or involve IP?  Yes  No

 *If yes, explain:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **I. Additional Information**

 My **powers** as Guardian should:

  Remain the same

  Be decreased as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  Be increased as follows: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

  I wish to resign as Guardian. Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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).

 **J. In case of an emergency ~**

Name, Address & Phone # of a friend or family member who knows how to reach you:
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNSWORN DECLARATION**

I/we\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_the Guardian(s) of the Person for\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Tarrant 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,

 if applicable

Printed Name of Declarant/Guardian Printed Name of Declarant/Co-Guardian

*Revised Dec 2016*

**REQUEST FOR NEW LETTERS OF GUARDIANSHIP**

Re: Cause # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IN RE: GUARDIANSHIP OF

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

AN INCAPACITATED PERSON

CLERK:

PLEASE SEND ME \_\_\_\_\_ NEW LETTERS OF GUARDIANSHIP.

\_\_\_\_\_\_I AM REQUIRED TO PAY FILING FEES FOR THE ANNUAL RENEWAL:

*Fees*

**$12.00** ANNUAL GUARDIAN OF THE PERSON’S REPORT

**$ 2.00** FOR EACH NEW LETTER OF GUARDIANSHIP REQUESTED

$\_\_\_\_\_ TOTAL AMOUNT OF CHECK MADE PAYABLE TO:

***MARY LOUISE NICHOLSON, COUNTY CLERK***

 **------------------------------ OR ------------------------------**

\_\_\_\_\_I HAVE AN *AFFIDAVIT OF INABILITY TO PAY* ON FILE WITH THE COURT AND **NO** FEES ARE REQUIRED

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

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

Guardian

***\*\* Guardian: Please complete, sign and return this form in the envelope with your Annual Report. New Letters of Guardianship will be mailed to you once Judge Allen has signed an Order approving the Annual Report.***

***Note:*** *Letters of Guardianship* ***expire*** *a year and four months from the anniversary date of your guardianship and must be updated yearly.*

Probate Clerks

100 W. Weatherford Street

Room 233

Fort Worth, Texas 76196