

NO. _____

IN THE GUARDIANSHIP OF

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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
Revised Dec 2016

Printed Name of Declarant/Co-Guardian

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