



# Your Duties as Guardian of the Person

## #1: Be the Ward's Advocate

You are often required to speak on behalf of your Ward. You should protect your Ward by:

- **Meeting the Ward's Needs.** Make **all final decisions** for the Ward in residential, medical, and other matters. (As a Guardian, you **cannot** place the Ward in an in-patient psychiatric hospital.) By statute, you have a duty to provide care, supervision, and protection for your Ward and to provide your Ward with clothing, food, medical care, and shelter as completely as the Ward's resources permit.
- **Visiting Regularly.** The Court expects guardians to visit their wards **at least** once a month.

## #2: Submit Annual Report \*

The Guardian of the Person's Annual Report reports the Ward's condition to the Court. When completing the report, remember:

- **The Annual Report is required by law.**
- Failure to file this report can result in your removal as Guardian.
- **Provide as many details as possible,** using the form provided by the Court.
- **Complete, sign under penalty of perjury, and mail to Travis County Clerk's Office.** Address is on the form.
- Texas law requires a \$25.00 fee for the processing of each Annual Report to determine whether the Guardianship continues to be appropriate, unless an affidavit of inability to pay costs is on file.

← **Annually** →

## #3: Cooperate with the Court Visitor

The Court's goal is to have a Court Visitor visit the Ward once a year to assess the Ward's physical condition & living conditions. The Ward may be visited more or less frequently.

- **The Court Visitor will want to speak with the Guardian, too.**
- If you can't meet with the Court Visitor during the Court visit, the Court Visitor will attempt to contact you by phone.

## #4: Report Address Change

The Court needs the current address and phone number for the Ward & the Guardian.

**If the you or the Ward moves,** call the Court at 512-854-9359 to report the address change, or mail the information to  
Travis County Probate Court No. 1  
P.O. Box 1748, Austin, TX 78767

You cannot move the ward into a more restrictive care facility unless you first give at least 7 business days' notice to the Court except in case of emergency.

You may not move to another state or be absent from this state for more than three months without Court permission. If the Ward moves from this County, consult with the Court about whether the guardianship should be transferred.

## #5: Submit Final Report \*

**A Final Report must be filed:**

- **when the Ward dies** (include a copy of the death certificate);
- **when a minor Ward turns 18 years old;**
- if the Court accepts your **resignation as Guardian.**

**Complete, sign under penalty of perjury, and mail a Final Report to the Travis County Clerk's Office.** The address is on the Report form. Use the same Court-provided form as for the Annual Report, but check the "Final" Report box near the top of the first page.

\* You may complete and file your Annual or Final Report without the assistance of an attorney. Forms for your Annual or Final Report of the Person are available on the Court's website, <https://www.traviscountytexas.gov/probate/guardianship> or at the Court's office. If you have questions, call the Guardianship Legal Assistant at 512-854-9359. If you are also Guardian of the Estate, note that Texas law requires that you work with your attorney to prepare your Annual or Final Accounts.

No. C-1-PB- \_\_\_\_\_ - \_\_\_\_\_

In the Guardianship of \_\_\_\_\_, an Incapacitated Person § In Probate Court No. 1 § Travis County, Texas

**GUARDIAN'S REPORT ON THE CONDITION AND WELL-BEING OF A WARD**

Check One -  INITIAL  ANNUAL  FINAL

Check one:  Guardianship of Person Only  Guardianship of Person and Estate

Please fill out this form completely, answering every question, except when directed otherwise. "Not applicable" is not a proper response and can delay processing and approval.

On this day, the Guardian in this matter stated the following under penalty of perjury, declaring that each statement is true and correct:

1. WARD: Name \_\_\_\_\_ Age \_\_\_\_ /DOB \_\_\_\_\_ Address (no P.O. Box) \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_ New Address?  YES  NO

2. GUARDIAN(s): Name(s) \_\_\_\_\_ Age(s) \_\_\_\_\_ / DOB(s) \_\_\_\_\_ / Email \_\_\_\_\_ Address (no P.O. Box) \_\_\_\_\_ City/State/Zip \_\_\_\_\_ Phone \_\_\_\_\_ New Address?  YES  NO Relationship to Ward: \_\_\_\_\_

If co-guardians, both must be listed.

During the past reporting year, have you been convicted of a felony or a misdemeanor other than a minor traffic offense?  YES  NO If YES, explain \_\_\_\_\_

If you are a private professional guardian, a guardianship program, or the Department of Aging and Disability Services, have you been the subject of an investigation conducted by the Judicial Branch Certification Commission during the past reporting year?  YES  NO

3. If this is your final report, answer the questions in box below. **If this is not your final report, skip to #4.**

FINAL REPORTS ONLY

I am filing a Final Report because (check one)

I am resigning  the ward has turned 18 (attach copy of birth certificate)

the ward has died (attach copy of death certificate)

other; if "other," please explain: \_\_\_\_\_

If you are **resigning**, has a successor guardian been identified?  YES  NO

Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

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

4. Do you reside with the ward?  YES  NO If NO, please state how many times during the last year that you visited the Ward in person: \_\_\_\_\_ times. Date of last visit: \_\_\_\_\_

\* If zero visits, please explain: \_\_\_\_\_


5. Ward's residence is (check **only one**):
- Ward's home     Foster home  
 Guardian's home     Boarding home  
 Relative's home (give relative's name and relationship) \_\_\_\_\_
- Or in the type of facility checked below:*
- Nursing Home     Group home     Hospital/Medical facility  
 State Supported Living Center (State School)     Other
- Please provide NAME of facility: \_\_\_\_\_

6. How long has the Ward lived at this address? \_\_\_\_\_  
Any change in residence in last year?  Yes     No    If YES, explain: \_\_\_\_\_

7. **All guardians must** report on the amount and source of the Ward's income, regardless of whether the income comes to someone other than the guardian (such as the Ward's residence). Note that Social Security benefits are considered income, but that child support is not.
- A. Source of Ward's income: \_\_\_\_\_  
B. **Annual** amount of Ward's income: \_\_\_\_\_ (monthly x 12)  
If zero, explain: \_\_\_\_\_

8. In addition to the Guardian of the Person, is there a **Court-appointed** Guardian of the Ward's **estate**?  
 Yes     No    Note: just because you are the Rep Payee does not necessarily mean there is a guardianship of the estate.

*Depending on your answer, please answer the questions in only one of the boxes below:*

If you answered "NO" to question 8  



**A. If there is NOT a Guardian for the Ward's estate**, please answer the following questions and attach additional information as directed:

(1) Has a Court Order directed you to manage funds up to \$20,000 of the Ward **other than Social Security funds**?     Yes     No

→ **If YES, you MUST report on your management of those funds by attaching an income and expenses worksheet to this Annual Report.** Forms are available on the Court's website or at the Court (200 W. 8th Street, Second Floor).

(2) Are you the **representative payee** of the Ward's Social Security Disability (SSI) or Social Security Retirement Benefits?     Yes     No

**OR**

If you answered "YES" to question 8  


**B. If there IS a Guardian for the Ward's estate**, please answer the following two questions:

(1) Are you the Guardian for the Ward's estate?     Yes     No

(2) Do you as Guardian of the Person receive an allowance from the Guardian of the Estate?  
 Yes     No  
If YES, annual amount of allowance received \_\_\_\_\_

9. **Has the Court approved a formal "Case Management Agreement" for case management services to the Ward?** A Case Management Agreement is a signed contract with a professional case manager *that has been formally approved by the Court.* (This is not the same as a "Care Plan" from a medical provider.)  
 Yes     No
- **If YES, you MUST attach an updated copy of the case manager's care plan for the Ward for the Court's approval.**

10. During the past year ward has been treated or evaluated by the following professionals.

*As a guardian, it's your duty to know this information and to provide the information to the Court even if the Ward's residential facility arranges the services.*

Physician. Name: \_\_\_\_\_

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

**Does the Ward see this doctor on a regular basis?**  Yes  NO

Psychiatrist. Name: \_\_\_\_\_

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

Social Worker or other case worker. Name: \_\_\_\_\_

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

Dentist. Name: \_\_\_\_\_

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

Other. Name: \_\_\_\_\_

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

11. Social Conditions: During the past year the ward has participated in the following activities.

*What does your ward do all day? Note that for each type of activity checked, **you must describe the activities** (e.g., movies, bowling, Special Olympics, church, eating out, etc.). Don't leave blank or simply write the name of the residential facility.*

Recreational: \_\_\_\_\_

Educational: \_\_\_\_\_

Social: \_\_\_\_\_

Occupational: \_\_\_\_\_

None available.

Refuses or is unable to participate.

12. Supports and Services: During the past year the ward received the following supports and services:

Representative Payee for Social Security benefits

Services from a local mental health/intellectual and developmental disability authority (include name of provider and location where services are provided): \_\_\_\_\_

Services from a Medicaid program, including a Medicaid waiver program (include name of provider and location where services are provided): \_\_\_\_\_

Informal supports and services (include name of provider and location where services are provided): \_\_\_\_\_

Other (include name of provider and location where services are provided): \_\_\_\_\_

13. During the past year the ward stopped receiving or attempted to receive the following supports and services (provide reason the support or service listed was not received or was discontinued): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. During the past year the ward's mental health has:  
 Remained about the same  
 Improved. Describe: \_\_\_\_\_  
 Deteriorated. Describe: \_\_\_\_\_

15. As Guardian of the Person, I  HAVE FILED  HAVE NOT FILED for **Emergency Detention of the Ward** pursuant to the Texas Health & Safety Code. (An example of emergency detention is a request for an emergency hospitalization of the Ward for mental health or safety reasons.) If you answered HAVE FILED, please list the number of times and the dates: \_\_\_\_\_

16. During the past year the ward's physical health has:  
 Remained about the same  
 Improved. Describe: \_\_\_\_\_  
 Deteriorated. Describe: \_\_\_\_\_

17. As guardian, I believe the Ward's living arrangements are  Excellent  Average  Below average  
If below average, explain: \_\_\_\_\_  
\_\_\_\_\_

18. As guardian, I believe that my ward is:  
 Happy/Content with living situation  Unhappy with living situation

19. As guardian I believe my ward  DOES  DOES NOT have unmet needs.  
(Unmet needs = problems with food, shelter, medical care)  
If you answered DOES, please explain: \_\_\_\_\_  
\_\_\_\_\_

20. The power authorized by this guardianship should be:  
 Unchanged  
 Decreased (explain: \_\_\_\_\_)  
 Increased (explain: \_\_\_\_\_)

21. As guardian, it is my opinion that the Ward DOES HAVE capacity or sufficient capacity with supports and services for (check one):  
1. complete restoration of the Ward's capacity  Yes  NO  
or  
2. modification of the guardianship  Yes  NO

If no, state the reason/s why the Ward does not have capacity or sufficient capacity with supports and services for a complete restoration of their capacity or modification of the guardianship: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. As guardian, I am taking the following actions to encourage the development of the ward's maximum self-reliance and independent: \_\_\_\_\_

23. Check each box immediately below to affirm that you already have taken care of the specified duty or that you will do so within the time indicated. **These duties are required by Texas law.**

**I affirm that I already have done the following or will do so within one week of the date I sign this Report:** I have communicated or will communicate to the ward that (1) I am seeking to continue, modify, or terminate the guardianship and (2) the ward has the opportunity to appear before the court to express the ward's preferences and concerns regarding whether the guardianship should be continued, modified, or terminated.

**I affirm that I will give the ward a copy of this annual report within 30 days of the date I sign the Report.**

24. **Guardian's Bond:** Check the appropriate box below, adding an explanation if requested.

*Note: Even if Ward's residential facility pays your bond premium for you, it is your responsibility to verify that the bond payment is current and then mark "have paid." If you are not sure, you can look for a statement that the premium was paid on one of the accountings the facility sends you, or you can call the facility and ask.*

I have a corporate surety bond with a yearly premium and **HAVE PAID** the bond premium for the next reporting period.

I have a corporate surety bond with a yearly premium and **HAVE NOT PAID** the bond premium for the next reporting period (explain: \_\_\_\_\_)

I have a corporate surety "forever" bond and I have paid the one-time bond premium.

I have a **CASH BOND** on file with the Court.

**HHSC** guardianship.

25. Please state any additional information concerning the ward that you would like to share with the Court. (You may continue on another page.)

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26. Remember to order fresh "Letters of Guardianship."

A. **Fill out the request form on the next page.** Letters are **not** sent automatically; you must complete and submit the following form for the clerk's office to issue Letters.

B. **Please note two additional things:**

(1) There may be fees required by the clerk. You can call the clerk's call center to verify: (512) 854-9188.

(2) If there is also a guardianship of the estate, new Letters cannot be issued until the annual account is approved. (Note that an annual account cannot be approved until your attorney has submitted *everything* necessary to the Court, including required back-up.)

***Complete the following. The signature below does not require a notary.***

I, \_\_\_\_\_, the guardian of the person for \_\_\_\_\_,  
(insert name of guardian of the person) (insert name of ward),

in Travis County Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_ 20 \_\_\_\_\_  
Guardian's signature

***If this report is for Co-Guardians, also complete the following:***

I, \_\_\_\_\_, the guardian of the person for \_\_\_\_\_,  
(insert name of co-guardian of the person) (insert name of ward),

in Travis County Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_ 20 \_\_\_\_\_  
Co-Guardian's signature (if any)

**Mail to:**  
Travis County Clerk's Office, Probate Division  
P.O. Box 149325  
Austin, TX 78714-9325

**Or deliver to:**  
Travis County Clerk's Office  
200 W. 8<sup>th</sup> Street, First Floor  
Austin, TX 78701

**Or electronically file** with the Clerk's office.



# Probate Guardianship Letter Request Form

Customer Name (s): \_\_\_\_\_

Guardianship of: \_\_\_\_\_

Cause Number: C-1-PB- \_\_\_\_\_ - \_\_\_\_\_

## Customer Request:

\_\_\_\_\_ Number of Letters Requested

\_\_\_\_\_ Check here if you would like a copy of the Order Approving Annual Report

## Please note:

- Filing and issuance fees for guardianship documents are subject to frequent change.
- **If you are planning to pay in advance**, please contact the Probate Division of the Travis County Clerk's Office at (512) 854-9188, and a clerk will calculate your total. Otherwise, a clerk will contact you once your request has been completed with the total amount due.
- ***If you have an affidavit of inability to pay costs on file with the Clerk's Office, you do not have to pay any fees.***

## For Court Use Only:

Order: \_\_\_\_\_

Oath: \_\_\_\_\_

Bond: \_\_\_\_\_

Expires: \_\_\_\_\_