

Catholic Charities
Archdiocese of San Antonio, Inc.
Guardianship Services
Caritas Legal Services
Wills, Powers of Attorney



110 Bandera Rd.
San Antonio, TX 78228
Tel.: 210-455-6105
Fax: 210-568-2822
Toll Free: 800-222-1294
www.ccaosa.org

Annual Report Packet

Guardian acknowledges receipt of the following:

1. Bill of Rights of the Ward
2. JBCC Registration Form
3. Duties as Guardian of the Person
4. Sample Annual Report on Condition and Well-Being of Ward
5. Copy of blank Annual Report provided on the court's website, which includes where to file the annual report from the court's website.
6. **Your qualification date is _____.**
***You have a grace period of 60 days (and no later!!) after your qualification date to submit your annual report.**

Signed on _____ day of _____, 20____.

Guardian

Catholic Charities
Staff/Volunteer

No. _____

IN THE MATTER OF
THE GUARDIANSHIP OF

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IN THE PROBATE COURT

NO. _____

AN INCAPACITATED PERSON

BEXAR COUNTY, TEXAS

ANNUAL REPORT ON CONDITION AND WELL-BEING OF WARD

_____, Guardian of the
Person of _____, ("Ward"), in the above
case, presents this report as of _____, 20____, on the Ward's physical and
mental well-being and condition:

1. Guardian's present address: _____
Date Guardian qualified: _____
Day phone: (____) _____ Evening phone: (____) _____
E-mail address: _____
Relationship to Ward _____
Please Give an Emergency Contact for Guardian:
Name: _____
Address: _____
Telephone: _____

During the past reporting year have you (the guardian) been convicted of a felony or
a misdemeanor? ☐ Yes ☐ No

If YES, please explain _____

During the past reporting year have you (the guardian) been the subject of an
Investigation by Adult and/or Child Protective Services? ☐ Yes ☐ No

If YES, please explain _____

Are you a Texas Certified Guardian? ☐ Yes ☐ No

If YES, please provide your Texas CG Number _____

If you are a Private Professional Guardian, an employee of a guardianship program
or the Department of Aging and Disability Services, or required to be certified by the
Texas Judicial Branch Certification Commission (TJBCC), were you the subject of
an investigation by the TJBCC during the last reporting period? ☐ Yes ☐ No

If yes, please explain: _____

2. Ward's present address: _____
Phone number: (____) _____
Age: _____ Date of birth: _____

Name of facility or home where Ward lives:

3. Where does Ward live?
☐ Ward's own home ☐ Nursing Home ☐ Foster Home
☐ Guardian's Home ☐ Hospital/Medical Facility ☐ Boarding Home
☐ ICF/ID Group Home/HCS ☐ Other: Specify _____
☐ Relative's Home (relationship to Ward): _____

4. How long has Ward lived at above? _____
If there has been a change of residence in the past year, give reason for change:

5. The Ward's living arrangements are: ☐ Excellent ☐ Average ☐ Below average
If below average, please explain: _____

6. As guardian I believe the ward is:
☐ content with living situation ☐ unhappy with living situation
If unhappy with living situation, please explain: _____

7. Date Guardian last saw Ward: _____
How frequently has Guardian seen Ward in the past year? _____

8. Does Guardian have possession or control of Ward's estate? ☐ Yes ☐ No

Who is the Representative Payee of funds for Ward?

Amount and type of monthly funds and/or benefits received by the Ward:

<input type="checkbox"/> SSI or SSDI	\$ _____
<input type="checkbox"/> Social Security	\$ _____
<input type="checkbox"/> VA	\$ _____
<input type="checkbox"/> Civil Service/ OPM	\$ _____
<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> Private Retirement	\$ _____
<input type="checkbox"/> Other (Specify)	\$ _____

9. During the past year, the Ward's mental health has:
☐ improved ☐ deteriorated ☐ remained unchanged

If there has been a change, please explain: _____

During the past year, the Ward's physical health has:
☐ improved ☐ deteriorated ☐ remained unchanged

If there has been a change, please explain: _____

10. The Ward's primary physician is :

Name: _____

Address: _____

If the Ward has been treated or evaluated by any of the following persons in the last year, provide name and a brief description of the condition and treatment

Physician: _____	Describe: _____
Psychiatrist: _____	Describe: _____
Psychologist: _____	Describe: _____
Dentist: _____	Describe: _____
Social/other caseworker: _____	Describe: _____
Other: _____	Describe: _____

11. Briefly describe all recreational, educational, and occupational activities in which the Ward has participated during the last year:

☐ No activities available. ☐ Ward is unable or has refused to participate.

12. Describe the Supports and Services the Ward currently receives, for example: Provider services, Meals on Wheels, day habilitation, care management and/or companion care, senior center activities, etc:

13. As guardian, I believe that the Ward's unmet needs (if any) are:

14. The powers authorized by this guardianship should be:
☐ increased ☐ decreased ☐ unaltered

Please explain if a change is recommended: _____

15. Is the premium on the corporate surety bond been paid for the upcoming year-long reporting period? ☐ Yes ☐ No

If no, please explain. _____

16. Has the ward been involuntarily committed or subject to an emergency detention for mental health hospitalization and treatment during this reporting period?
☐ Yes ☐ No

If yes, please give the details: _____

17. Have you as the guardian provided the ward with the following information:

A copy of the guardianship order	<input type="checkbox"/> yes	<input type="checkbox"/> no
A copy of the letters of guardianship	<input type="checkbox"/> yes	<input type="checkbox"/> no
Contact Information for the Probate Court	<input type="checkbox"/> yes	<input type="checkbox"/> no
Contact information for Disability Rights Texas	<input type="checkbox"/> yes	<input type="checkbox"/> no
Contact information on an independent living center	<input type="checkbox"/> yes	<input type="checkbox"/> no
Contact information for Bexar Area Agency on Aging	<input type="checkbox"/> yes	<input type="checkbox"/> no
Contact information for the Center for Health Care Services	<input type="checkbox"/> yes	<input type="checkbox"/> no
Information for filing a complaint against a certified guardian	<input type="checkbox"/> yes	<input type="checkbox"/> no

18. On _____, I explained the rights in the "Ward's Bill of Rights" in the ward's native language, or preferred mode of communication, and in a manner accessible to the Ward.

19. Any additional information the Guardian wants to share with the Court:

If possible, please attach a current photograph of the ward.

THE REPORT ON THE CONDITION AND WELL BEING OF THE WARD MUST BE SWORN TO BEFORE A NOTARY PUBLIC OR DEPUTY COUNTY CLERK BEFORE IT WILL BE ACCEPTED FOR FILING, UNLESS IT IS ELECTRONICALLY FILED.

SWORN DECLARATION – CAN BE USED WITH ALL FILING METHODS

OATH OF GUARDIAN

STATE OF TEXAS §
 §
COUNTY OF BEXAR §

I (we), _____, as guardian(s) of the person in the above referenced cause, state under oath that the Report submitted is a true, correct, and complete statement of the present condition, welfare and well-being of the Incapacitated Person.

Signed: _____
Guardian

Signed: _____
Co-Guardian

SWORN TO AND SUBSCRIBED BEFORE ME on this the ____ day of _____, 20____.

Notary Public in and for the State of Texas
Deputy County Clerk

UNSWORN DECLARATION – USE ONLY IF FILING REPORT BY E-MAIL

I (we), _____, the guardian(s) of the person for _____, in _____ County, Texas, declare under penalty of perjury that the foregoing is true and correct.

EXECUTED on _____; 20____.

Signed: _____
Guardian

Signed: _____
Co-Guardian

No. _____

IN THE MATTER OF
THE GUARDIANSHIP OF

AN INCAPACITATED PERSON

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IN THE PROBATE COURT
NO. _____
BEXAR COUNTY, TEXAS

**ORDER ACCEPTING
ANNUAL REPORT ON THE CONDITION AND WELL BEING OF THE WARD**

On the date shown below, the Court considered the *Annual Report on the Condition and Well Being of the Ward*, and after examining the Report, **ORDERS** it entered of record.

It is **FURTHER ORDERED** that Letters of Guardianship shall be renewed with an expiration date of _____, 20____.

SIGNED this ____ day of _____, 20____.

JUDGE, PROBATE COURT NO. _____
BEXAR COUNTY, TEXAS

Number of Letters Requested: _____
Send to:

Name of Guardian: _____
Address: _____

Please mail all Report on Condition forms with the filing fee to:

LUCY ADAME-CLARKE, COUNTY CLERK
BEXAR COUNTY COURTHOUSE
100 DOLOROSA, STE 104
SAN ANTONIO, TX 78205-3083

You may also hand deliver reports and filing fee to the Probate Clerk's office in the basement of the old Bexar County Courthouse.

Make checks and money orders payable to: BEXAR COUNTY CLERK

The filing fee for the Report on Condition forms is \$10.00 effective 1/1/2018. The fee for new letter of guardianship is \$2.00 each. We recommend that you keep one copy on your person and one copy with your important papers for the ward. Fee schedule is subject to change. See Probate Clerk's office for complete listing of all filing fees.

You may enclose a letter with your report and checks requesting the clerk's office to mail you your updated letter(s) of guardianship. Please be sure to include your return mailing address on your letter.

Sample- Answer all Questions

File after
your
anniversary
date but no
later than 60
days after

No. Your Case Number

IN THE MATTER OF § IN THE PROBATE COURT
THE GUARDIANSHIP OF §
§
Name of Ward §
§
AN INCAPACITATED PERSON § BEXAR COUNTY, TEXAS

ANNUAL REPORT ON CONDITION AND WELL-BEING OF WARD

The
qualification
date can be
found on your
Letters of
Guardianship.
This date
does not
change.

Guardian's or Co-Guardians' Full Name(s), Guardian of the Person of
Name of Ward, ("Ward"), in the above case,
presents this report as of Anniversary Date of Qualification, 20 ,
on the Ward's physical and mental well-being and condition:

This changes each
reporting year.

If you have an
email address,
please provide
here.

1. Guardian's present address: Full Address- Street- City- State- Zip

Date Guardian qualified: Original Qualification Date

Day phone: () Evening phone: ()

E-mail address: _____

Relationship to Ward: Parent, Friend, Sibling, Attorney

Please Give an Emergency Contact for Guardian:

Name: **This must be someone who the Court can contact in the event of an**

Address: **emergency for you!**

Telephone: _____

* No PO Box
Addresses

During the past reporting year have you (the guardian) been convicted of a felony
or a misdemeanor? ☐ Yes ☐ No

If YES, please explain _____

During the past reporting year have you (the guardian) been the subject of an
Investigation by Adult and/or Child Protective Services? ☐ Yes ☐ No

If YES, please explain _____

Are you a Texas Certified Guardian? ☐ Yes ☐ No

If YES, please provide your Texas CG Number _____

If you are a Private Professional Guardian, an employee of a guardianship program
or the Department of Aging and Disability Services, or required to be certified by
the Texas Judicial Branch Certification Commission (TJBCC), were you the subject
of an investigation by the TJBCC during the last reporting period? ☐ Yes ☐ No
If yes, please explain: **This question only applies to paid Professional**
Guardians

Sample- Answer all Questions

2. Ward's present address: Full Address- Street- City- State- Zip
Phone number: (____) _____
Age: _____ Date of birth: _____

* No PO Box
Addresses

Name of facility or home where Ward lives: _____

3. Where does Ward live?
☐ Ward's own home ☐ Nursing Home ☐ Foster Home
☐ Guardian's Home ☐ Hospital/Medical Facility ☐ Boarding Home
☐ ICF/ID Group Home/HCS ☐ Other: Specify _____
☐ Relative's Home (relationship to Ward): _____

4. How long has Ward lived at above? _____
If there has been a change of residence in the past year, give reason for change:
You are required to notify the court of any change in address

5. The Ward's living arrangements are: ☐ Excellent ☐ Average ☐ Below average

If below average, please explain: _____

6. As guardian, I believe the ward is:

☐ content with living situation ☐ unhappy with living situation

If unhappy with living situation, please explain: _____

7. Date Guardian last saw Ward: **Please visit the Ward at least once a month**

How frequently has Guardian seen Ward in the past year? _____

8. Does Guardian have possession or control of Ward's estate? ☐ Yes ☐ No

Who is the Representative Payee of funds for Ward?

Amount and type of monthly funds and/or benefits received by the Ward:

<input type="checkbox"/> SSI or SSDI	\$ _____
<input type="checkbox"/> Social Security	\$ _____
<input type="checkbox"/> VA	\$ _____
<input type="checkbox"/> Civil Service/ OPM	\$ _____
<input type="checkbox"/> Pension	\$ _____
<input type="checkbox"/> Private Retirement	\$ _____
<input type="checkbox"/> Other (Specify)	\$ _____

Indicate all Sources

Sample- Answer all Questions

9. During the past year, the Ward's mental health has:
☐ improved ☐ deteriorated ☐ remained unchanged

If there has been a change, please explain: _____

- During the past year, the Ward's physical health has:
☐ improved ☐ deteriorated ☐ remained unchanged

If there has been a change, please explain: _____

10. The Ward's primary physician is:

Name: Complete as fully as possible

Address: _____

If the Ward has been treated or evaluated by any of the following persons in the last year, provide name and a brief description of the condition and treatment

Physician: _____	Describe: _____
Psychiatrist _____	Describe: _____
Psychologist: _____	Describe: _____
Dentist: _____	Describe: _____
Social/other caseworker: _____	Describe: _____
Other: _____	Describe: _____

11. Briefly describe all recreational, educational, and occupational activities in which the Ward has participated during the last year:

Indicate all activities of the Ward

☐ No activities available. ☐ Ward is unable or has refused to participate.

12. Describe the Supports and Services the Ward currently receives, for example: Provider services, Meals on Wheels, day habilitation, care management and/or companion care, senior center activities, etc:

Indicate all supports and services received

13. As guardian, I believe that the Ward's unmet needs (if any) are:

14. The powers authorized by this guardianship should be:
☐ increased ☐ decreased ☐ unaltered

Please explain if a change is recommended: _____

Sample- Answer all Questions

15. Is the premium on the corporate surety bond been paid for the upcoming year-long reporting period? ☐ Yes ☐ No

If no, please explain. **Bond premiums must be paid annually**

If you have a bond less than \$11,000.00, please contact the court. If you have the type of bond with no annual fee, please indicate that on the form and explain why.

16. Has the ward been involuntarily committed or subject to an emergency detention for mental health hospitalization and treatment during this reporting period? ☐ Yes ☐ No

If yes, please give the details: _____

17. Have you as the guardian provided the ward with the following information:

Contained within the Bill of Rights of Ward

- | | | |
|---|------------------------------|-----------------------------|
| A copy of the guardianship order | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| A copy of the letters of guardianship | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Contact Information for the Probate Court | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Contact information for Disability Rights Texas | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Contact information on an independent living center | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Contact information for Bexar Area Agency on Aging | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Contact information for the Center for Health Care Services | <input type="checkbox"/> yes | <input type="checkbox"/> no |
| Information for filing a complaint against a certified guardian | <input type="checkbox"/> yes | <input type="checkbox"/> no |

***Please Read Rights of Ward Annually**

If you need the Bill of Rights in Spanish, please contact the court.

18. On _____, I explained the rights in the "Ward's Bill of Rights" in the ward's native language, or preferred mode of communication, and in a manner accessible to the Ward.

Do Not Leave Blank

19. Any additional information the Guardian wants to share with the Court:

You must explain the Rights of Wards to the Ward even if you think they do not understand. They must receive a copy of these rights. If you do so, but do not believe they understand, please indicate that here.

If possible, please attach a current photograph of the ward.

THE REPORT ON THE CONDITION AND WELL BEING OF THE WARD MUST BE SWORN TO BEFORE A NOTARY PUBLIC OR DEPUTY COUNTY CLERK BEFORE IT WILL BE ACCEPTED FOR FILING, UNLESS IT IS ELECTRONICALLY FILED.
SWORN DECLARATION – CAN BE USED WITH ALL FILING METHODS

Sample- Answer all Questions

OATH OF GUARDIAN

STATE OF TEXAS §
 §
COUNTY OF BEXAR §

I (we), All Guardians must sign, as guardian(s) of the person in the above referenced cause, state under oath that the Report submitted is a true, correct, and complete statement of the present condition, welfare and well-being of the Incapacitated Person.

Signed:

_____ Guardian

Signed:

_____ Co-Guardian

SWORN TO AND SUBSCRIBED BEFORE ME on this the ____ day of _____, 20____.

Notary Public in and for the State of Texas
Deputy County Clerk

UNSWORN DECLARATION – USE ONLY IF FILING REPORT BY E-MAIL

I (we), _____, the guardian(s) of the person for _____, in _____ County, Texas, declare under penalty of perjury that the foregoing is true and correct.

EXECUTED on _____, 20____.

Signed:

_____ Guardian

Signed: _____
Co-Guardian

Sample- Answer all Questions

No. Case Number

IN THE MATTER OF
THE GUARDIANSHIP OF

Name of Ward

AN INCAPACITATED PERSON

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IN THE PROBATE COURT

NO. One

BEXAR COUNTY, TEXAS

ORDER ACCEPTING
ANNUAL REPORT ON THE CONDITION AND WELL BEING OF THE WARD

On the date shown below, the Court considered the *Annual Report on the Condition and Well Being of the Ward*, and after examining the Report, **ORDERS** it entered of record.

It is **FURTHER ORDERED** that Letters of Guardianship shall be renewed with an expiration date of Court Writes Here, 20____.

SIGNED this _____ day of _____, 2017.

JUDGE, PROBATE COURT NO. 1
BEXAR COUNTY, TEXAS

Number of Letters Requested: _____
Send to: Where you want letters sent to you
Name of Guardian: _____
Address: Complete address
P. O. Box is acceptable here

Guardian Can
Complete this
Section

Complete & sign before a notary,
and mail to:

Bexar County Clerk's Office
Attn: Probate Clerk
100 Dolorosa #108
San Antonio, TX 78205-3083

Filing Cost is \$10 payable to Bexar
County Clerks and \$2 per Letter of
Guardianship requested

(Updated: 06/01/18)

Office Use Only:

Date Filed: _____ File #: _____



JUDICIAL BRANCH CERTIFICATION COMMISSION

Office of Court Administration

Guardianship Registration Form

Please Type or Print Legibly

Registration Forms Can Be Submitted to One of the Following:

P O Box 12066, Austin, TX 78711-2066, or 205 W. 14th St., Ste. 600, Austin, TX 78701, or Fax # 512-463-1117, or

Email: jbccguardianregistration@txcourts.gov.

(All fields must be completed. Notifications to registrants will be sent via email.)

Guardian's Information			
Name of Guardian: (Last, First, Middle)			
Physical Address:			
City:	State:	Zip Code:	
Mailing Address:			
City:	State:	Zip Code:	
Primary Phone:		Cell Phone:	
Primary Email:		Alternate Email:	
All Former Names Used by Guardian:			
Were you appointed guardian before June 1, 2018? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Is this a temporary Guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Qualification Date:		Cause Number:	
Date of Birth (mm/dd/yyyy):			

Person Under Protection (Ward)			
Name of Proposed Ward:			
Physical Address:			
City:	State:	Zip Code:	
Primary Phone:		Alternate Phone:	
Gender:		Date of Birth (mm/dd/yyyy)	
<input type="checkbox"/> Female <input type="checkbox"/> Male			
Emergency Contact Information			
Name:	Relationship:	Phone Number:	

Guardian's Attorney			
Name of Attorney:			
Bar Number:			
Mailing Address:			
City:	State:	Zip Code:	
Primary Phone:		Alternate Phone:	Fax:
Primary Email:		Alternate Email:	

(Updated: 06/01/18)

Office Use Only:

Date Filed: _____ File #: _____

Name of Court with Jurisdiction over Guardianship:	Name of County:	Name of Judge:

Type of Guardianship: (Check One)	<input type="checkbox"/> Of the person	<input type="checkbox"/> Of the estate	<input type="checkbox"/> Both
Type of Guardian: (Check One)	<input type="checkbox"/> Certified	<input type="checkbox"/> Attorney	<input type="checkbox"/> Corporate Fiduciary
	<input type="checkbox"/> Friend	<input type="checkbox"/> HHSC	<input type="checkbox"/> Program (enter name below):
	<input type="checkbox"/> Family Member	<input type="checkbox"/> Other	
Type of Case: (Check One)	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor	<input type="checkbox"/> Minor Becoming Adult

Estimated Value of Liquid Assets of the Ward's Estate:	\$ _____
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Questions		
#:	Question:	Response:
1.	Have you ever been relieved of responsibilities as a guardian by a court, employer, or client for actions involving fraud, moral turpitude, misrepresentation, material omission, misappropriation, theft, assault, battery, abuse, neglect, breach of trust, breach of fiduciary duty or conversion? If Yes, please provide dates and explanation of circumstances	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation for #1:		
#:	Question:	Response:
2.	Has your authority to be a guardian ever been terminated, vacated, or sanctioned in Texas or any other jurisdiction by a court, regulatory authority, or other governmental entity? If Yes, please provide dates and explanation of circumstances.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation for #2:		
#:	Question:	Response:
3.	Have you ever been found civilly liable or settled a claim in an action, including but not limited to a surcharge action, involving allegations of fraud, misrepresentation, material omission, misappropriation, theft, assault, battery, abuse, neglect, breach of trust, breach of fiduciary duty or conversion on your part? If Yes, please provide dates and explanation of circumstances.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Explanation for #3:		

(Updated: 06/01/18)

Office Use Only:

Date Filed: _____ **File #:** _____

As part of the registration process, I understand and agree to the information below.

- Guardianships that existed before June 1, 2018 are not required to complete the guardianship training nor are they required to undergo a criminal history background check unless ordered to do so by the court.
- A name and date of birth criminal history background check will be performed by the JBCC if the liquid estate value of the guardianship is less than \$50,000.
- There will be a check of my criminal history records. If the value of the liquid assets of the estate is \$50,000 or more, I will submit my fingerprints in accordance with directions from JBCC. It is my responsibility to timely initiate the criminal history background check. I will pay the cost of running the check on my fingerprints and the fee for criminal history reports. I must submit a copy of my fingerprinting receipt to the JBCC at jbccguardianregistration@txcourts.gov. The JBCC is not notified when I am fingerprinted, so I will need to provide the receipt.
- I must submit complete information on the registration form for JBCC to process registration.
- After completing and submitting the registration information, I must also complete the Guardian Training Module available on the Guardianship Registration page of the JBCC website.
- If I am appointed and qualify as guardian, I have a continuing obligation to notify JBCC of any changes to registration information not later than 30 days after the change.
- Submitting false information or omitting any required disclosures may result in denial of my registration.
- If I have any questions I submit them to jbccguardianregistration@txcourts.gov.
- The JBCC does not approve or deny registrations for appointment as guardian. The JBCC conveys information from this form, criminal history record data, and confirmation of guardian training to the court with jurisdiction over the guardianship. It is the court, not the JBCC, that decides whether to approve my registration for appointment as guardian.

I declare under penalty of perjury that I have authority to sign this registration form and that the information provided in this registration form is true and correct.

Signature of Guardian

Date



BEXAR COUNTY PROBATE COURT #1

Oscar J. Kazen, Judge
(210) 335-2546

BEXAR COUNTY PROBATE COURT #2

Veronica Vasquez, Judge
(210) 335-2678

Bexar County Courthouse
100 Dolorosa Street
San Antonio, Texas 78205

RIGHTS OF WARDS

Texas Estates Code, Section 1151.351
Effective June 19, 2015

Unless limited by a Court or otherwise restricted by law, a Ward is authorized to the following:

1. to have a copy of the guardianship order and letters of guardianship and contact information for the probate court that issued the order and letters;
2. to have a guardianship that encourages the development or maintenance of maximum self-reliance and independence in the ward with the eventual goal, if possible, of self-sufficiency;
3. to be treated with respect, consideration, and recognition of the ward's dignity and individuality;
4. to reside and receive support services in the most integrated setting, including home-based or other community-based settings, as required by Title II of the federal Americans with Disabilities Act;
5. to consideration of the ward's current and previously stated personal preferences, desires, medical and psychiatric treatment preferences, religious beliefs, living arrangements, and other preferences and opinions;
6. to financial self-determination for all public benefits after essential living expenses and health needs are met and to have access to a monthly personal allowance;
7. to receive timely and appropriate health care and medical treatment that does not violate the ward's rights granted by the constitution and laws of Texas and the United States;
8. to exercise full control of all aspects of life not specifically granted by the court to the guardian;

9. to control the ward's personal environment based on the ward's preferences;
10. to complain or raise concerns regarding the guardian or guardianship to the court, including living arrangements, retaliation by the guardian, conflicts of interest between the guardian and service providers, or a violation of any rights under the bill;
11. to receive notice in the ward's native language, or preferred mode of communication, and in a manner accessible to the ward, of a court proceeding to continue, modify or terminate the guardianship and 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;
12. to have a court investigator, guardian ad litem, or attorney ad litem appointed by the court to investigate a complaint received by the court from the ward or any person about the guardianship;
13. to participate in social, religious, and recreational activities, training, employment, education, habilitation, and rehabilitation of the ward's choice in the most integrated setting;
14. to self-determination in the substantial maintenance, disposition, and management of real and personal property after essential living expenses and health needs are met, including the right to receive notice and object about the substantial maintenance, disposition, or management of clothing, furniture, vehicles, and other personal effects;
15. to personal privacy and confidentiality in personal matters, subject to state and federal law;
16. to unimpeded, private, and uncensored communication and visitation with persons of the ward's choice, except that if the guardian determines that certain communication or visitation causes substantial harm to the ward the guardian may limit, supervise, or restrict communication or visitation, but only to the extent necessary to protect the ward from substantial harm, and the ward may request a hearing to remove any such restrictions on communication or visitation imposed by the guardian;
17. to petition the court and retain certified counsel of the ward's choice to represent the ward's interest for capacity restoration, modification of the guardianship, the appointment of a different guardian, or for other appropriate relief, including a transition to a supported decision-making agreement, except as otherwise limited;
18. to vote in a public election, marry, and retain a license to operate a motor vehicle, unless restricted by the court;
19. to personal visits from the guardian or the guardian's designee at least once every three months, but more often if necessary, unless the court orders otherwise;

20. to be informed of the name, address, phone number, and purpose of Disability Rights Texas and to communicate and meet with representatives of that organization;

Disability Rights Texas
6800 Park Ten Blvd, Suite 208-N
San Antonio, Texas 78213
(800) 880-8401
www.disabilityrightstx.org

21. to be informed of the name, address, phone number, and purpose of an independent living center, an area agency on aging, an aging and disability resource center, and the local mental health and intellectual and developmental disability center, and to communicate and meet with representatives from these agencies and organizations;

Center on Independent Living
12414 Nacogdoches Road, Suite 150
San Antonio, Texas 78217
(210) 655-2333
Coil.org

Alamo Area Council of Government
Bexar Area Agency on Aging
8700 Tesoro Drive, Suite 700
(210) 477-3275
(800) 960-5201
Bexar.aging@aacog.com

Alamo Area Resource Center
303 N. Frio
San Antonio, Texas 78207
(210) 625-7200
(800) 308-2437
www.aarcsa.com

Center for Health Care Services
3031 IH 10 West
San Antonio, Texas 78201
(210) 261-1000
(210) 223-7233 Crisis Hotline

22. to be informed of the name, address, phone number and purpose of the Judicial Branch Certification Commission and the procedure for filing a complaint against a certified guardian;

Judicial Branch Certification Commission
205 West 14th Street, Suite 600
Austin, Texas 78701
P.O. Box 12066
Austin, Texas 78711
(512) 475-4368
jbcc@txcourts.gov

23. to contact the Department of Family and Protective Services to report abuse, neglect or exploitation, or violation of personal rights without fear of punishment, interference, coercion or retaliation,

Texas Department of Family and Protective Services
(800) 252-5400 Texas Abuse Hotline

and

24. to have the guardian, on appointment and on annual renewal of the guardianship, explain the rights of the ward in the ward's native language, or preferred mode of communication, and in a manner accessible to the ward.

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.

- **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 before a notary, and mail to**

Bexar County Clerk's Office
Attn: Probate Clerk
100 Dolorosa #108
San Antonio, TX 78205-3083

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, send a NOTICE OF ADDRESS CHANGE with the case number to

Bexar County Clerk's Office
Attn: Probate Clerk
100 Dolorosa #108
San Antonio, TX 78205-3083

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 Bexar County Clerk's Office to the address in box #2 Use the same Court- provided form as for the Annual Report, but write in near the top of the first page, "Final Report"

