

THIS DOCUMENT CONTAINS SENSITIVE DATA

CAUSE NO. \_\_\_\_\_

GUARDIANSHIP OF

§  
§  
§  
§  
§

IN THE PROBATE COURT

\_\_\_\_\_

NO.

INCAPACITATED PERSON

BEXAR COUNTY, TEXAS

COURT MONITOR REPORT

PURSUANT TO §1054.104 OF THE TEXAS ESTATES CODE

State of Texas §

County of Bexar §

Court Monitor Name: \_\_\_\_\_

Date of Visit: \_\_\_\_\_ Time of visit: \_\_\_\_\_

Ward's Ethnicity (Please circle African American Caucasian Hispanic Other

Ward's DOB: \_\_\_\_\_ Ward's Age: \_\_\_\_\_

REASON FOR GUARDIANSHIP:

- Intellectual Disabilities       Alzheimer's Disease       Chronic Alcohol/Drug Abuse
- Chronic Mental Illness       Head Injury       Senile Dementia
- Minor       Other \_\_\_\_\_

Briefly describe ward's medical history: \_\_\_\_\_

WARD INFORMATION:

Ward resides in:

- own home       group home \_\_\_\_\_
- guardian's home       State Supported Living Center
- relative's home       nursing home \_\_\_\_\_
- State hospital       personal care/foster home \_\_\_\_\_

Ward's Address: \_\_\_\_\_

Ward's Phone Number: \_\_\_\_\_

Date of Admission: \_\_\_\_\_ Reason for move if less than a year: \_\_\_\_\_

How much does ward receive per month?: \_\_\_\_\_

How much does ward pay per month? (If applicable): \_\_\_\_\_

**GUARDIAN INFORMATION:**

Guardian's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Guardian's Phone Number: \_\_\_\_\_ Relationship to ward: \_\_\_\_\_

How often does Guardian visit?: \_\_\_\_\_

Date of the most recent visit by the Guardian: \_\_\_\_\_

Date of last annual report filed: \_\_\_\_\_

**PHYSICAL AND MENTAL HEALTH OF WARD:**

The ward is: *(check all that apply)*

- able to communicate using voice
- able to communicate using non-verbal gestures
- able to walk with aid or assistance
- unable to communicate
- bedridden
- wheelchair-bound

List the name for ward's treating physician(s): \_\_\_\_\_  
\_\_\_\_\_

Date of ward's most recent medical exam: \_\_\_\_\_

Date of ward's most recent dental exam: \_\_\_\_\_

Date of ward's most recent eye exam: \_\_\_\_\_

List date and reason for hospitalization in last 12 months (if applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe any recommended treatment and did ward receive treatment?: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LIVING CONDITIONS OF THE WARD:**

Description of ward's living conditions and circumstances of ward: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is the living area cluttered? \_\_\_\_\_ If yes, is this a safety hazard? \_\_\_\_\_

Are there signs of rodent/insect infestation? \_\_\_\_\_

Are there any odors in the residence associated with animals or human feces, urine, sickness, rotting food, etc.? \_\_\_\_\_, if yes, please explain \_\_\_\_\_

\_\_\_\_\_

Is there an ample supply of food in the home? (pertains to group, private, foster and board and care homes) \_\_\_\_\_

Is the refrigerator clean? (pertains to group, private, foster and board and care homes) \_\_\_\_\_

If no, please explain \_\_\_\_\_

Are there working smoke alarms in the home? (pertains to group, private, foster and board and care homes) \_\_\_\_\_

**WARD'S SOCIAL, INTELLECTUAL, AND EDUCATIONAL CONDITION:**

Name of day program (if applicable): \_\_\_\_\_

Name of School (if applicable): \_\_\_\_\_

Name of Paid Work Programs (if applicable): \_\_\_\_\_

Interests: \_\_\_\_\_

\_\_\_\_\_

**LIST ALL INDIVIDUALS CONTACTED DURING VISIT AND THEIR RELATIONSHIP TO WARD:**

\_\_\_\_\_

\_\_\_\_\_

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

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

**COURT MONITOR RECOMMENDS THE FOLLOWING ACTION BY THE COURT:**

\_\_\_\_\_ No further action needed

\_\_\_\_\_ Ward should be visited again on \_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_ Letter or call advising guardian of resources

\_\_\_\_\_ Other: \_\_\_\_\_

Additional Comments: \_\_\_\_\_

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

**OATH OF COURT MONITOR**

I have personally visited or observed the Ward for the purpose of making this report. I hereby swear under penalty of perjury, that the information contained in this report is accurate to the best of my knowledge.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Court Monitor Signature

\_\_\_\_\_  
Court Monitor Name (Please Print)

SWORN TO AND SUBSCRIBED BEFORE ME, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

**FOR COURT USE ONLY**

**Notes on court action taken:**

- \_\_\_\_\_ No action needed
- \_\_\_\_\_ Send letter to attorney regarding
  - \_\_\_\_\_ Delinquent annual account
  - \_\_\_\_\_ Insufficient bond
  - \_\_\_\_\_ Need to file an Inventory
  - \_\_\_\_\_ Issue Show cause
- \_\_\_\_\_ Remove guardian/appoint new guardian
- \_\_\_\_\_ Refer to another agency (APS, DOS)
- \_\_\_\_\_ Termination of guardianship/restoration of ward

**It is ordered that the Court Visitor is hereby released.**

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Signature of Reviewer (Court Staff/Judge) \_\_\_\_\_ Date