

Appendix Ah: TO BE FILED BY THE GUARDIAN OF THE PERSON WITHIN THIRTY DAYS OF APPOINTMENT.

GUARDIANSHIP OF _____ No. _____ § _____ IN THE PROBATE COURT
§ _____
§ _____ NUMBER ONE FOR
§ _____
AN INCAPACITATED PERSON § _____ TARRANT COUNTY, TEXAS

INITIAL REPORT OF GUARDIAN OF THE PERSON

Under penalty of perjury, I provide the following information to the best of my knowledge:

1. GUARDIAN: _____
Date of Birth: _____ (Last) (First) (Middle) (Maiden)
Place of Birth: _____
Social Security No. _____ Drivers' Lic-State _____ # _____
Relationship to Ward: _____
Home Address: _____

(Street) (City) (State) (Zip Code)
Employer: _____ Occupation: _____
Bus. Address: _____

(Street) (City) (State) (Zip Code)
Home Ph () _____ Work Ph () _____

2. GUARDIAN'S SPOUSE: _____
Date of Birth: _____ (Last) (First) (Middle) (Maiden)
Place of Birth: _____
Social Security No. _____ Drivers' Lic-State _____ # _____
Relationship to Ward: _____
Home Address: _____

(Street) (City) (State) (Zip Code)
Home Ph () _____ Work Ph () _____

3. RELATIVES WHO WILL ALWAYS KNOW HOW TO CONTACT GUARDIAN:
Name: _____ Phone: () _____
Address: _____

(Street) (City) (State) (Zip Code)
Name: _____ Phone: () _____
Address: _____

(Street) (City) (State) (Zip Code)

4. WARD: _____
SSN: _____ (Last) (First) (Middle) (Maiden)
Date of Birth: _____ Age _____
Address: _____

(Street) (City) (State) (Zip Code)
Home Ph () _____ Work Ph () _____

YOU MUST IMMEDIATELY INFORM THE COURT OF ANY CHANGE IN YOUR ADDRESS OR THE WARD'S.

5. LIVING CONDITIONS AND CIRCUMSTANCES: The Ward resides in:
 the Ward's home the guardian's home A relative's home (explain below)
 a nursing home a hospital/medical facility foster/boarding/group home
 other _____
Facility Name: _____ Phone: _____
Other comments: _____

6. PROPERTY MANGEMENT

If "YES", give name of employer or workshop and describe employment. _____

B. The Ward is able to participate in planned activities such as outings. YES NO

If "YES", describe: _____

C. Transportation to activities is being provided for the Ward. YES NO

D. The Ward goes to a senior citizen facility or adult care facility. YES NO

E. Ward's unmet social needs: _____

F. Guardian's Plan for meeting Ward's unmet social needs: _____

10. The INTELLECTUAL/EDUCATIONAL CONDITION of the Ward is as follows:

A. The Ward responds to his/her name YES NO

B. The Ward can communicate verbally. YES NO

If "NO", how does the Ward communicate? _____

C. The Ward is able to read. YES NO

D. The Ward is able to write. YES NO

E. The Ward is attending school. YES NO

If "YES", name the school and the program of study: _____

F. The Ward participates in the following programs: _____

G. Ward's unmet intellectual needs: _____

H/. Guardian's Plan for meeting Ward's unmet intellectual needs: _____

11. ADDITIONAL CONCERNS, recommendations and/or comments concerning the Ward which I wish to share with the Court: _____

12. If possible, please attach a current photograph of the Ward.

DECLARATION

"My name is _____, my date of birth is _____, and my
(First) (Middle) (Last)

address is _____
(Street & Apt #) (City) (State) (Zip Code) (Country)

"I declare under penalty of perjury that the foregoing is true and correct."

Executed in _____ County, State of _____, on the _____ day of _____, _____.

Declarant

Printed Name of Declarant

ORDER APPROVING INITIAL REPORT OF GUARDIAN OF THE PERSON

On this day, came on to be considered the Initial Report of the Guardian of the Person, and the Court, having considered the same, finds the Report complies with the requisites and policies of the Court and should be approved;

It is therefore ORDERED, ADJUDGED AND DECREED that the Initial Report of the Guardian of the Person be and it is hereby APPROVED;

SIGNED _____

Judge Presiding

Rev: 6/15/13