

No. C-1-PB- 17 - 000729

In the Guardianship of

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§  
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In Probate Court No. \_\_\_\_\_

Travis County, Texas

Abigail Grace Dennis, an Incapacitated Person**GUARDIAN'S REPORT ON THE CONDITION AND WELL-BEING OF A WARD**Check One - ☐ INITIAL☒ ANNUAL☐ FINAL

Dates covered by report: \_\_\_\_\_

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 Abigail Dennis Age 26 / DOB 04/23/1999  
Address (no P.O. Box) 11508 Shoreview Overlook  
City/State/Zip Austin TX 78732  
Phone 512-202-9638 New Address? ☐ YES ☒ NO

2. GUARDIAN(s): Name(s) Joe and Lisa Dennis  
Age(s) 53 and 53 / DOB(s) 7/5/1971 / 2/14/1972 Email ljdenhis214@gmail.com  
Address (no P.O. Box) 11508 Shoreview Overlook  
City/State/Zip Austin TX 78732  
Phone 512-808-8823 and 512-808-8821 New Address? ☐ YES ☒ NO  
Relationship to Ward: parents

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? 5 years

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: SSI

B. Annual amount of Ward's income: 11604.00 (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: Dr. Marty Molina, Dr. Opina

Describe: PCP, cardiologist

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: Dr. Liliانا Lucas, Austin Pediatric Dentistry

Describe: dental check-up + cleaning every 6 months

☐ 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: music videos on phone/tv, playing cards, going to movies, coffee dates with friends

☐ Educational: \_\_\_\_\_

☒ Social: Best Buddies SU chapter every other Weds during school year

☒ Occupational: Citizen at BIG ATX

☐ 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): HCS waiver - provider Wellness Healthcare (Patricia Wiley)  
Medicaid - UHC Community Plus

☐ 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): Waiver program - no longer receives CLASS waiver due to becoming eligible for HCS from waitlist
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: Abigail has an intellectual disability and ongoing medical management she remains incapable of being responsible for, requires around the clock supervision + assistance with ADLs. Abigail's diagnosis of Down Syndrome will not change/improve.

22. As guardian, I am taking the following actions to encourage the development of the ward's maximum self-reliance and independent: We transport Abby to/from her supported workplace center 4 days/week where she completes a full work day with support; pay monthly tuition for this.
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:

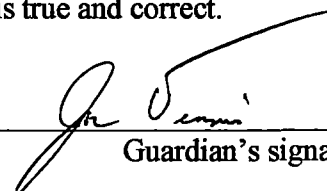
- (1) There may be fees required by the clerk. You can call the clerk's call center to verify: (512) 854-9188.
- (2) If there is also a guardianship of the estate, new Letters cannot be issued until the annual account is approved. (Note that an annual account cannot be approved until your attorney has submitted *everything* necessary to the Court, including required back-up.)

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

I, Joe Dennis, the guardian of the person for Abigail Dennis,  
(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 June 11 20 25


  
Guardian's signature

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

I, Lisa Dennis, the guardian of the person for Abigail Dennis,  
(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 June 11 20 25

  
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.**