

In the Guardianship of

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§In Probate Court No. C-1-PB-09-001594  
Travis County, Texas

Mark Potter, an Incapacitated Person

**GUARDIAN'S REPORT ON THE CONDITION AND WELL-BEING OF A WARD**Check One - ☐ INITIAL ☒ ANNUAL ☐ FINALCheck 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 Mark Potter Age 70/DOB 3.12.1955  
Address (no P.O. Box) 2517 McGregor Lane  
City/State/Zip Austin, Texas 78745  
Phone 512-789-4079 New Address? ☐ YES ☒ NO

2. GUARDIAN(s): Name(s) Family Eldercare, Inc. – Christi Johnson, Care Manager  
Age(s) N/A / DOB(s) N/A / Email cjohnson@familyeldercare.org\_\_  
Address (no P.O. Box) 1700 Rutherford Ln  
City/State/Zip Austin, TX 78754  
Phone 512.628.1693 New Address? ☐ YES ☒ NO  
Relationship to Ward: Public Guardianship Program

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 NA

If you are a private professional guardian, a guardianship program, or the Health and Human Services Commission, 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: 11 times. Date of last visit: 3.26.25

\* If zero visits, please explain: NA

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: Mark 1 Residential Services

6. How long has the Ward lived at this address? 8.15.23

Any change in residence in last year? ☐ Yes   ☒ No   If YES, explain: NA

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: RSDI

B. **Annual** amount of Ward's income: 2024 9 months (2024) x \$1,429.00 = \$12,861. 2025 3 months (2025) x \$1464.00 = \$4,392; Total = \$17, 253.00 (monthly x 12)

If zero, explain: NA

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 NA

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. Pena

Describe: Ongoing medical care

**Does the Ward see this doctor on a regular basis?** ☒ Yes ☐ No

☒ Psychiatrist. Name: Dr. Yang

Describe: Psychiatric medication management.

☒ Social Worker or other case worker. Name: Mark Henson

Describe: Mark 1 Residential Services provides coordination of services.

☒ Dentist. Name: Dr. Goehring

Describe: Ongoing dental care

☐ Other. Name: NA

Describe: NA

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: Mark enjoys country music, touching sensory items and holding blocks.

☐ Educational: NA

☒ Social: Mark enjoys walks around the neighborhood with staff, going on van rides and listening to country music. Mark attends ISS Monday – Friday.

☐ Occupational: NA

☐ 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): Austin Travis County Integral Case Service Coordination.

☒ Services from a Medicaid program, including a Medicaid waiver program (include name of provider and location where services are provided): HCS Medicaid Waiver program for residential and ISS services.

☐ Informal supports and services (include name of provider and location where services are provided): NA

☐ Other (include name of provider and location where services are provided): NA

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: NA  
☐ Deteriorated. Describe: NA
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: NA
16. During the past year the ward's physical health has:  
☒ Remained about the same  
☐ Improved. Describe: NA  
☐ Deteriorated. Describe: NA
17. As guardian, I believe the Ward's living arrangements are ☐ Excellent ☒ Average ☐ Below average  
If below average, explain: NA
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: NA
20. The power authorized by this guardianship should be:  
☒ Unchanged  
☐ Decreased (explain: NA)  
☐ Increased (explain: NA)
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: Mark does not have the mental capacity to  
understand his current medical and mental health diagnosis, nor understand his medical needs. Guardianship should  
not be modified for Mr. Potter.
22. As guardian, I am taking the following actions to encourage the development of the ward's maximum self-  
reliance and independent: Guardianship Specialist Christi Johnson, will work with Mark and his HCS provider to  
advocate for his medical, mental health and personal needs.

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.) Mark is happy and content in his home environment and ISS location. Mark loves visits and people he knows around him. Mark loves to engage with sensory items especially his toolbox of nuts and bolts, his soft sensory items. Mark likes for people to sing with him and if he likes the song being sung he will pretend to play the piano. Mark's favorite sweet treats are cookies.

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, Christi Johnson for FEC, the guardian of the person for Mark Potter,  
(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 March 29th 2025

Christi Johnson for FEC  
Guardian's signature

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***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:**



# Representative Payee Report Confirmation

PAYEE  
FAMILY ELDERCARE INC  
1700 RUTHERFORD LANE  
AUSTIN, TX 78754

REPORT PERIOD      BENEFICIARY  
01/01/2024 TO 12/31/2024      MARK POTTER    XXX-XX-6392

Your accounting records for MARK POTTER have been updated for the reporting period of 01/01/2024 TO 12/31/2024.

**There is no need to mail your paper form.** This information will be available for your review online for a period of 30 days.

Your Confirmation number is **1947145C0E009652**.

Today's Date is 01/16/25

The beneficiary **did continue** to live alone, or with the same person, or in the same residence or institution.

You (the payee) **did decide** how the **\$18,099** was spent or saved.

You (the payee) **did** charge the beneficiary a fee of \$540.

**\$8,576** was spent for food and housing for the beneficiary.

**\$6,092** was spent on other expenses for the beneficiary.

**\$2,891** was saved for the beneficiary.

The \$2,891 is being saved in a **Savings or Checking Account**.

The name listed on this account is **Beneficiary's Name by Your Name**.

Your title (the payee) is **Estate Supervis**

The daytime phone number where you can be reached is **5124833562**.