

No. C-1-PB-21 - 000066

In the Guardianship of

In Probate Court No. 1§§

Travis County, Texas

Mason Todd Mosonye, an Incapacitated Person**GUARDIAN'S REPORT ON THE CONDITION AND WELL-BEING OF A WARD**Check One - INITIAL ANNUAL FINALDates covered by report: 05/03/24 - 05/03/25Check 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 Mason Todd Mosonye Age 22 / DOB 3/14/03
 Address (no P.O. Box) 12836 Texas Sage Court
 City/State/Zip Austin, TX 78732
 Phone 737-230-6831 New Address? YES NO

2. GUARDIAN(s): Name(s) Michael and Joslyn Mosonye Age(s) 54/52 / DOB(s) 11/13/70 / 3/21/73 / Email jem0801@gmail.com
 Address (no P.O. Box) 12836 Texas Sage Court
 City/State/Zip Austin, TX 78732
 Phone 512-494-6202 / 512-711-1695 New Address? YES NO
 Relationship to Ward: parents

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 NO3. 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? 22 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: Social Security
B. Annual amount of Ward's income: 7136.04 (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

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: Sean Coughlin, MD

Describe: Annual Checkup

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: Stephen Sherwood

Describe: Dentis

Other. Name: Michael Kasper, MD

Describe: Hematologist

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: Bowling, golf

Educational: _____

Social: Concerts

Occupational: _____

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): CLASS - Jan Malloy in representative

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): N/A

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: Mason has been diagnosed with Down Syndrome. He will need life long support both financially + functionally.

22. As guardian, I am taking the following actions to encourage the development of the ward's maximum self-reliance and independent: *He works on life skills at home & job skills he learned from 18+ Services.*

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:

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.)

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, Joslyn Mogonye, the guardian of the person for Mason Mogonye
(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 25 20 25

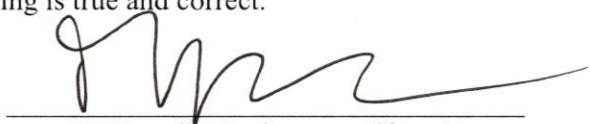

Guardian's signature

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

I, Michael Mogonye, the guardian of the person for Mason Mogonye,
(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 25 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. 8th Street, First Floor
Austin, TX 78701

Or electronically file with the Clerk's office.

No. C-1-PB- 21-00066

IN THE GUARDIANSHIP OF § IN PROBATE COURT NO. 1
Mason Todd Mogenau § OF
AN INCAPACITATED PERSON § TRAVIS COUNTY, TEXAS

PROBATE COURT'S REPRESENTATIVE PAYEE REPORT

If you are the ward's representative payee, you must do one of the following:

- (1) Complete this form and attach it to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate), OR
- (2) Attach a copy of the most recent Representative Payee Report that you received from the Social Security Administration to your annual report (if there is no guardian of the estate) or to your annual account (if you are the guardian of the estate).

Did you, as the representative payee, decide how the ward's funds were spent over the past year?

Yes No

If "No," explain: _____

- A. During the last reporting period, what was the total amount of benefits that the Social Security Administration paid you as the representative payee? \$ 7424.04
- B. During that reporting period, how much of the money from question A was spent on food and housing for the ward? \$ 3333.03
- C. During that reporting period, how much of the money from question A was spent on other items for the ward such as clothing, education, medical/dental expenses, recreation, or personal items? \$ 3269.62
- D. During that reporting period, how much of the money from question A was saved for the ward's future use? \$ 1021.39
- E. Please account for any remaining funds: _____

I declare under penalty of perjury that all the information on this form and any accompanying statements are true and correct to the best of my knowledge.

Jaslu Mogenau
Guardian / Representative Payee

6/24/25

Date

Automated Certificate of eService

This automated certificate of service was created by the efiling system. The filer served this document via email generated by the efiling system on the date and to the persons listed below. The rules governing certificates of service have not changed. Filers must still provide a certificate of service that complies with all applicable rules.

Megan Austin on behalf of Ellen Stewart

Bar No. 797499

maustin@bls-legal.com

Envelope ID: 102438449

Filing Code Description: PLD:PB ANNUAL REPORT OF THE PERSON

Filing Description: Annual Report-Mogonye

Status as of 6/26/2025 9:54 AM CST

Case Contacts

Name	BarNumber	Email	TimestampSubmitted	Status
Ellen Stewart	797499	estewart@bls-legal.com	6/25/2025 5:02:38 PM	SENT