

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

**GUARDIANSHIP OF**

\_\_\_\_\_,

**AN INCAPACITATED PERSON**

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**IN THE COUNTY COURT AT LAW**

**NO.** \_\_\_\_\_

**HAYS COUNTY, TEXAS**

**ORDER APPROVING ANNUAL ACCOUNT**

On this day, the Court considered the Annual Account filed by \_\_\_\_\_,  
Guardian of the Estate of \_\_\_\_\_, an Incapacitated Person, covering the period  
from \_\_\_\_\_ to \_\_\_\_\_.

The Court, having reviewed the pleadings and evidence on file, finds as follows:

1. The Court has jurisdiction and venue over this matter.
2. Notice of the filing of the Annual Account was properly given in accordance with the Texas Estates Code.
3. The Guardian has properly and lawfully accounted for all assets, income, disbursements, and liabilities of the Ward's estate during the accounting period.
4. The Annual Account accurately reflects the financial status of the Ward's estate.
5. The Guardian has faithfully performed all duties required by law.
6. The Guardian has posted and maintained the bond as required by the Court.
7. The Court finds the Annual Account to be in proper form and that it should be approved.

**IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that:**

1. The Annual Account of \_\_\_\_\_, Guardian of the Estate of \_\_\_\_\_, for the period from \_\_\_\_\_ through \_\_\_\_\_, is hereby APPROVED.
2. The Guardian is authorized to continue managing the Ward's estate in accordance with the Texas Estates Code and prior orders of this Court.

3. The Guardian shall file the next Annual Account on or before \_\_\_\_\_, or as otherwise ordered by the Court.

4. The letters of Guardianship terminate, pursuant to section 1106.002(b) of the Texas Estates Code on \_\_\_\_\_, 202\_\_, unless renewed by the Court's order approving the next account and annual report as provided under section 1106.003 of the Texas Estates Code.

5. \_\_\_\_\_ The Bond, previously set in the amount of \$\_\_\_\_\_ (\_\_\_\_\_ Dollars), conditioned as required by law, is hereby continued.

SIGNED on \_\_\_\_\_.

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JUDGE PRESIDING

APPROVED AS TO FORM:

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State Bar No.

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Name: \_\_\_\_\_

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Email: \_\_\_\_\_

**Attorneys for \_\_\_\_\_,  
Guardian of the Estate of \_\_\_\_\_, an Incapacitated Person**