| Cause No.  |                                       |  |
|--|---------------------------------------|--|
| GUARDIANSHIP OF  | <b>§</b>                              | IN THE COUNTY COURT AT LAW OF  |
|  | §                                     |  |
| INCAPACITATED PERSON   | <b>§</b>                              | SAN PATRICIO COUNTY, TEXAS   |
| PROBATE COURT'S  | S REPRESENT                           | TATIVE PAYEE REPORT  |
| If you are the ward's representative payee,  | , you must do <u>or</u>               | ne of the following:   |
| (1) Complete this form and attach it to your annual account (if you are the  |                                       | ort (if there is no guardian of the estate) or to estate), $\underline{OR}$                    |
| - ·  | nual report (if th                    | yee Report that you received from the Social tere is no guardian of the estate) or to your e). |
| Yes No  If "No," explain:  |                                       | rd's funds were spent over the past year?  |
| A. During the last reporting period, what benefits that the Social Security Admirepresentative payee?                                | ninistration paid                     | you as the   |
| B. During that reporting period, how mu question A was spent on food and ho  |                                       | rd? \$   |
| C. During that reporting period, how mu question A was spent on other items to clothing, education, medical/dental expersonal items? | for the ward suc<br>xpenses, recreate | h as   |
| D. During that reporting period, how muquestion A was saved for the ward's   | •                                     | / from<br>\$   |
| E. Please account for any remaining fund   | ds:                                   |  |
|  |                                       |  |
|  |                                       |  |
| I declare under penalty of perjury statements are true and correct to the best   |                                       | rmation on this form and any accompanying ee.  |
| Guardian / Representative Payee  |                                       | Date   |