

Judicial Branch Certification Commission

Health & Human Services Commission January 1 through December 31, 2024

| HHSC Office | of |
|--------------|-----------|
| Guardianship | Reporting |
| <u>Form</u> | |

| 1. Name of person completing this form: | 2. Title: | 3. Phone: |
|---|-----------|-----------|
| | | |

Not later than January 31 of each year, the Health & Human Services Commission Office of Guardianship shall submit to the Commission a statement containing:

- 1. the name, address and telephone number of each employee who is or will be providing guardianship services to a ward or a proposed ward on behalf of the Office of Guardianship;
- 2. the name of each county or counties in which each employee named in Subdivision (1) of this subsection is providing or is authorized to provide those services;
- 3. the total number of wards receive guardianship services from the Office of Guardianship.

Please provide the following information:

| 4. Employee Name and Certification #: | 5. Address (Street, City, State, ZIP) | 6. Phone Number | 7. County(ies) in which employee provides services |
|---------------------------------------|---------------------------------------|-----------------|--|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Please return this form no later than January 31, 2025 to: Melinda Saucedo

(E-mail submissions are preferred.) Compliance Manager

Office of Court Administration

E-mail: compliancedepartment@txcourts.gov or Mail: P.O. Box 12066, Austin TX 78711-2066