



Judicial Branch Certification Commission
Certified and Provisionally Certified Guardians
January 1 through December 31, 2020

Other Certified
Guardians
Reporting Form

| | | | |
|---|-------------------|-----------|-----------|
| 1. Name of Certified or Provisionally Certified Guardian: | 2. Business Name: | 3. Title: | 4. Phone: |
|---|-------------------|-----------|-----------|

The Health & Human Services Commission (HHSC), guardianship programs and private professional guardians are required to report certain information to the Commission. This form is for use by certified and provisionally certified guardians who are not employed by HHSC or a guardianship program and who are not private professional guardians, as defined by Government Code § 155.001(6):

“Private professional guardian” means a person, other than an attorney or a corporate fiduciary, who is engaged in the business of providing guardianship services.

Please choose the appropriate category:

5. I do not meet the definition of a private professional guardian, and did not provide guardianship services to any ward during calendar year 2020.

6. I provided guardianship services during calendar year 2020, but do not meet the definition of a private professional guardian.

Certification or Provisional Certification Number:

Signature: _____ Date: _____

Please return this form no later than January 31, 2021 to:
(E-mail submissions are preferred)

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