

IN THE MATTER OF
THE GUARDIANSHIP OF

MINOR, INCAPACITATED PERSON

CAUSE No:-----

ANNUAL REPORT ON LOCATION, CONDITION, AND WELL-BEING OF WARD

I, the undersigned, represent that I am the guardian of the above named ward, and that my annual report to the Court is as follows:

1. Name of Guardian: -----
 - A. Guardian's Present Address-----
 - B. Guardian's Day Telephone Number: -----
Guardian's Evening Telephone Number: -----
 - C. Relationship to Ward: -----
2. Present Age of Ward -----
Date of Birth of Ward: -----
Telephone Number: -----
3. Current Address of Ward:

(If the Ward has died, please state the date and place of death, and attach a copy of the death certificate, sign and return this form do not complete the other sections.)

4. Ward's residence is:
---- Guardians' Home
---- Own Home
---- Foster or Boarding Home
---- Relative's Home:
Name/Address: -----

---- Hospital or Medical Facility
---- Nursing Home:
Name/Address: -----

---- Other:-----
5. Ward has been in present residence since (date): -----
If moved within past year, state reasons for change: -----

6. As Guardian, I rate my Ward's living arrangements as:

- ___ Excellent
- ___ Average
- ___ Below Average: If below Average, explain: _____

7. As Guardian, I believe my Ward is:

- ___ Content with living situation
- ___ Unhappy with living situation

8. During the last 12 months the Guardian has seen the Ward _____ times. The last date the guardian saw the Ward was _____.

9. During the past year, the Ward's mental health has:

- ___ Improved Describe: _____
- ___ Remained unchanged
- ___ Deteriorated Describe: _____

10. During the past year, the Ward's physical health has:

- ___ Improved. Describe: _____
- ___ Remained unchanged.
- ___ Deteriorated. Describe: _____

11. A. Ward is/is not under a regular physician's care. Doctor's name: _____

B. If the Ward has been treated or evaluated by any of the following persons in the last year, briefly describe the condition and treatment and give the name of the person.

- | | |
|------------------------------|----------------|
| Physician:_____ | Describe:_____ |
| Psychiatrist:_____ | Describe:_____ |
| Psychologist:_____ | Describe:_____ |
| Dentist:_____ | Describe:_____ |
| Social/OtherCaseworker:_____ | Describe:_____ |

12. Social conditions: During the past year, the Ward has participated in the following activities (Describe):

- ___ Recreational: _____
- ___ Educational: _____
- ___ Occupational: _____
- ___ None available or other: _____
- ___ Refuses or unable to participate.

13. Has Guardian paid bond premium for next reporting period ___Yes ___No

14. As Guardian, I believe my ward has the following unmet needs:

15. Annual Income of Ward: _____
Does Guardian have possession of control of the Ward's estate ___ Yes ___ No

16. Is there a separate guardian for the ward's estate ___ Yes ___ No

If yes, does Guardian of the Person receive allowance from Guardian of the Estate?

___ Yes annual amount received _____ ___ No

***** IF IN THE PAST YEAR THE GUARDIAN OF THE PERSON HAS RECEIVED FOR THE WARD ANY OTHER FUNDS FROM ANY OTHER SOURCES, INCLUDING BUT NOT LIMITED TO STATE OR FEDERAL BENEFIT LUMP SUM PAYMENTS, AWARDS, INHERITANCE, SETTLEMENTS, CLAIMS, JUDGMENTS, LOTTERY, TRUSTS, MONETARY GIFTS IN EXCESS OF \$500 OR FROM ANY OTHER SOURCE, REPORT THE SOURCE(S) AND TOTAL AMOUNTS RECEIVED:

SOURCE:

TOTAL INCOME:

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-----	*	-----
-----	*	-----

17. State whether the Guardian's powers should be:

- ___ Increased:_____
- ___ Decreased:_____
- ___ Remain unchanged.

If you request increased or decreased powers, the court will require a hearing. The Ward as well as other involved individuals/organizations (siblings, parents, hospitals, nursing homes, etc) must be notified of the hearing. An "Attorney Ad Litem" will be appointed to represent the best interest of the Ward.

18. Is there any other information that the Guardian desires to advise the Court of:

DATE: _____

Name: _____

Guardian (Printed)

Signature: _____

Address: _____

Phone: _____

OATH OF GUARDIAN

THE STATE OF TEXAS '
COUNTY OF _____ '

Before me, the undersigned authority, on this day personally appeared _____, who being first duly sworn, states on oath that the report above is a true and complete statement of the present location, condition, and well-being of _____, (a minor/an incapacitated person, as of the date stated in the report.

Signed: _____
Guardian

Signed: _____
Guardian

Sworn to and subscribed before me on this the ____ day of _____, 20__.

Notary in and for the State of Texas

CAUSE NO. _____

**ORDER ACKNOWLEDGING REVIEW OF ANNUAL REPORT ON LOCATION,
CONDITION, AND WELL BEING OF WARD**

On this the ____ day of _____, 20____, came on to be considered the Annual Report of the Guardian of the person, on the Location, Condition, and Well-Being of _____, Ward, and the Court having examined said report, it is Therefore ORDERED entered of record.

Letters shall be renewed until the ____ day of _____, _____.

Signed this _____ day of _____, 20____.

JUDGE, COUNTY COURT AT LAW
ERATH COUNTY, TEXAS