

**1. GUARDIAN INFORMATION**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**NAME**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**CITY / STATE / ZIP**

\_\_\_\_\_  
**CITY / STATE / ZIP**

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**2. WARD INFORMATION**

\_\_\_\_\_  
**WARD'S NAME**

\_\_\_\_\_  
**WARD'S DATE OF BIRTH**

\_\_\_\_\_  
**ADDRESS**

\_\_\_\_\_  
**CITY / STATE / ZIP**

\_\_\_\_\_  
**PHONE**

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**3. Type of home in which Ward resides (such as: own, nursing, guardian's, foster, boarding home, relative's home, (identify relative), hospital or medical facility, or other (identify):**

\_\_\_\_\_  
\_\_\_\_\_

**4. Length of time Ward has resided at above mentioned home:** \_\_\_\_\_

**5. Has there been a change of residence during the past year?**

Yes \_\_\_\_\_ No \_\_\_\_\_

*(If yes, state the reason for the change)* \_\_\_\_\_

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**6. Has Guardian(s) visited the Ward during the last twelve (12) months?**

**Yes** \_\_\_\_\_ **Date of most recent visit** \_\_\_\_\_

**No** \_\_\_\_\_ **If no visits, explain why:** \_\_\_\_\_

**Number of visits and dates:** \_\_\_\_\_

**7. The Ward's present living conditions are: (if below average, briefly describe the problems and your plan to see improvement.)**

**Excellent** \_\_\_\_\_ **Average** \_\_\_\_\_ **Below Average** \_\_\_\_\_

**8. Is the Ward content or unhappy with his/her living arrangements:**

**Content** \_\_\_\_\_ **Unhappy** \_\_\_\_\_

**If unhappy, state the reasons why:** \_\_\_\_\_

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

**Improved** \_\_\_\_\_ **Remained the same** \_\_\_\_\_ **Deteriorated** \_\_\_\_\_

**Describe any changes:** \_\_\_\_\_

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

**Improved** \_\_\_\_\_ **Remained Unchanged** \_\_\_\_\_ **Deteriorated** \_\_\_\_\_

**Describe any changes:** \_\_\_\_\_

**11. Does the Ward receive regular medical care? Yes \_\_\_\_\_ No \_\_\_\_\_**

**The Ward's primary physician's name and address:**

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**12. During the past year, has the Ward received medical care for any physical and or mental conditions? (Including treatment from any physician, psychiatrist, psychologist, mental health care provider, dentist, social worker, caseworker, or other.)**

**Yes \_\_\_\_\_ No \_\_\_\_\_**

**If so, briefly describe ALL conditions:** \_\_\_\_\_

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**If so, give names and address of ALL care givers:** \_\_\_\_\_

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**If so, describe ALL treatment being given:** \_\_\_\_\_

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**13. Describe the Ward's activities during the past year, including recreational, education, social and occupational activities, If minimal activities are available or if the Ward is unable or has consistently refused to participate in offered activities, please describe:** \_\_\_\_\_

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**14. Describe the unmet needs of the Ward:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**15. Should the Guardian's power over the Ward be:**

**Increased** \_\_\_\_\_ **Decreased** \_\_\_\_\_ **Remain Unaltered** \_\_\_\_\_

**Explain any recommended changes:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**16. Does the Guardian have possession or control of the Ward's estate?**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**17. If during the last twelve (12) months, the guardian(s) have received and or spent funds for the care and maintenance of the ward, provide the amounts below. State all funds received from any source, including social security or welfare payments. (If the guardians of the person are also guardians of the estate and have filed a current annual accounting, they may state so here and made reference to such accounting.)**

**a) Total funds received:** \_\_\_\_\_

**b) Source(s):** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**c) Total funds spent for Ward's care:** \_\_\_\_\_

**18. Additional information the Guardian desires to share with the court regarding the Ward:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OATH OF GUARDIAN(S)**

**THE STATE OF TEXAS**

**COUNTY OF Franklin County**

**BEFORE ME, the undersigned authority, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, who being duly sworn, state(s) that the within foregoing Report is true, correct, and a complete statement of the present location, condition, and well being of \_\_\_\_\_, an Incapacitated Person as of the date stated herein.**

\_\_\_\_\_  
**Guardian signature**

\_\_\_\_\_  
**Guardian signature**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Printed Name**

\_\_\_\_\_  
**Current Address**

\_\_\_\_\_  
**Current Address**

\_\_\_\_\_  
**City / State / Zip**

\_\_\_\_\_  
**City / State / Zip**

**SWORN TO AND SUBACRIBED BEFORE ME, on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.**

*Seal*

\_\_\_\_\_  
**Notary Public in and for the State of Texas**

**ORDER APPROVING ANNUAL REPORT**

**On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,**  
**came on to be considered the Annual Report of the Guardian of**  
**the Person of \_\_\_\_\_, Ward, pursuant**  
**to Secs. 743 and 744, Texas Probate Code and the Court having**  
**examined said Report.**

**IT IS THEREFORE APPROVED AND ORDERED entered of**  
**record, Letters are ORDERED renewed until the \_\_\_\_\_ day of**  
**\_\_\_\_\_, 20 \_\_\_\_.**

\_\_\_\_\_  
**Gerald Hubbell**

**Probate Court of Franklin County**