

ANNUAL REPORT OF GUARDIAN(S) OF THE PERSON

1. GUARDIAN INFORMATION

NAME

NAME

ADDRESS

ADDRESS

CITY / STATE / ZIP

CITY / STATE / ZIP

2. WARD INFORMATION

WARD'S NAME

WARD'S DATE OF BIRTH

ADDRESS

CITY / STATE / ZIP

PHONE

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) _____

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:

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: _____

If so, give names and address of ALL care givers: _____

If so, describe ALL treatment being given: _____

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: _____

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 _____.

Paul Lovier
Probate Court of Franklin County