

NO. _____

THE GUARDIANSHIP OF § IN THE COUNTY COURT
_____, § OF
AN INCAPACITATED PERSON § SMITH COUNTY, TEXAS

**ANNUAL REPORT ON THE LOCATION, CONDITION
AND WELL BEING OF WARD**

Now comes _____ Guardian of the person of _____, ward in the above and numbered cause, and presents herewith a report as of _____ (date) on the ward's physical and mental well-being and condition as follows:

1. Ward's Age: _____ Date of Birth: _____

2. Ward's Present Address: _____

3. Guardian's Present Address: _____

4. Has the Ward's residence changed in the last twelve (12) months? If so, state the date and reason for such change: _____

5. Briefly describe all social activities in which the ward has participated during the last twelve (12) months: _____

6. If during the last twelve (12) months the Guardian has received and 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)*.

a. Total funds received: \$ _____

b. Source of funds: _____

c. Total funds spent for ward's care: \$ _____

7. Compared to commonly accepted community standards, the ward's present living conditions are:

_____ Above Average _____ Good _____ Need Improvement

When improvement is needed, briefly describe all problems and your plan to seek improvement:

8. The ward's present physical and/or mental condition is:

_____ Above Average _____ Good _____ Need Improvement

When improvement needed, briefly describe all problems and your plan to seek improvement:

9. When the ward does not live with Guardian, please state the number of times you have visited the ward in the past twelve (12) months:

_____ # times

10. What is the day to day care presently provided to the ward?

Is this day to day care: _____ Above Average _____ Good _____ Needs Improvement

(describe briefly the problems and your plan to improve the care)

11. The ward's present physician is:

Name: _____

Address: _____

Telephone: _____

Is the ward presently receiving medical care for a physical or mental condition? _____

If so, briefly describe the condition and give the name and address of the care provider if it is not the ward's physician:

12. Has the ward's physical and/or mental condition over the last twelve (12) months?

_____ Improved or _____ Remained unchanged _____ become worse?

If the ward's condition has become worse, please attach a letter from the ward's treating physician briefly describing the ward's condition and whether any improvement can be expected.

13. If this guardianship should be continued then state your reasons:

STATE OF TEXAS §

COUNTY OF SMITH §

Before me, the undersigned authority, on this day personally appeared _____ who being first duly sworn, states on oath that the within and foregoing Annual Report is the true, correct and complete statement of the present condition, welfare, and well-being of _____, as of the date stated herein.

Signed: _____
Guardian

Address: _____

Telephone: _____

SWORN TO AND SUBSCRIBED BEFORE ME, on this _____ day of _____, 20____.

Notary Public, in and for
the State of Texas

