

NO. _____

THE GUARDIANSHIP OF _____ § _____ IN THE COUNTY COURT
_____, § _____ OF
MINOR § _____ SMITH COUNTY, TEXAS

**ANNUAL REPORT ON 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 plans to seek improvement:

8. In your opinion, what is the ward's present physical and/or mental condition is:

____ Above Average ____ Good ____ Need Improvement

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

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

_____ # of 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: _____

Phone: (____) _____

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. Is the ward presently attending school? ___ Yes ___ No

State the name of the school and present grade, or reason ward is not attending:

The ward's progress in school is: ___ Above Average ___ Good ___ Needs Improvement
(when improvement needed, briefly describe all problems and your plan to seek improvement.)

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 location, condition, welfare, and well-being of _____, as of the date stated herein.

Signed: _____

Guardian of the person

Address: _____

Telephone: _____

SWORN TO AND SUBSCRIBED to before me by _____
on the _____ day of _____, 20____.

Notary Public, in and for
the State of Texas

