

NO. _____

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

**ANNUAL REPORT ON THE LOCATION, CONDITION
AND WELL BEING OF WARD (EST §1163.101)**

Now comes _____ Guardian of the person of _____, ward in the above and numbered cause, and presents herewith a report which covers the term of _____ (date) through _____ (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:

How long has the ward resided at the current address:

What type of facility does the ward reside:

Facility phone number:

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. Has the guardian filed for emergency detention of the ward under Sub Chapter A Ch. 573 of the Health & Safety Code? *(mark one)* ____ Yes ____ No
If so, how many times?

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

Yes No

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

14. Other individuals who provide treatment for the ward: *(list name and what type of treatment the individual provides)*

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

Improved 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.

16. Guardian's evaluation of the ward: *(please mark yes or no where applicable)*

Is the ward happy? Yes No

Is the ward unhappy? Yes No

Are there any needs of the ward that are not being provided? Yes No
(if needs are not being provided, please describe)

17. Guardian's evaluation of the guardianship: *(please mark yes or no where applicable)*

Do you feel your guardianship powers should be altered? Yes No
If yes, please describe:

18. Guardian's Bond:

Has your bond premium been paid for the next reporting period? ___ Yes ___ No

If no, please state why:

19. If this guardianship should be continued, please state your reasons:

20. On what date did you deliver to the ward a copy of the Bill of Rights for Wards during this reporting period? (*A copy of the Bill of Rights for Wards is required to be delivered to the Ward each year.*) _____

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: _____

Email: _____

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

Notary Public, in and for the State of Texas

Signed: _____
Co-Guardian (if applicable)

Address: _____

Telephone: _____

Email: _____

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

Notary Public, in and for the State of Texas

**** You must provide the court with your email address in order to receive a signed and file marked copy of the Order Approving this Annual Report ****

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ORDER APPROVING ANNUAL REPORT

On this day came on to be considered the Annual Report of the location, condition, welfare and well-being of _____, for the period beginning on _____ and ending on _____. The Court has examined the aforementioned report and finds that it complies with Texas Estates Code §1163.101, and that there is a need for the guardianship of the person to continue. IT IS THEREFORE ORDERED that the Annual Report is approved, entered of record, and the Clerk is authorized to renew and issue letters of guardianship for one (1) year and four (4) months from the anniversary of the date of qualification.

Signed this ____ day of _____, 20____.

JUDGE, COUNTY COURT
SMITH COUNTY, TEXAS

RETURN TO: Karen Phillips, Smith County Clerk
Attn: Probate Dept.
200 E. Ferguson, Ste. 300
Tyler, Texas 75702
(enclose required filing fee of \$12.00)