

CAUSE NO. _____

IN THE GUARDIANSHIP § IN THE COUNTY COURT AT LAW

 § OF
AN INCAPACITATED PERSON § SAN PATRICIO COUNTY, TEXAS

GUARDIAN'S REPORT ON THE CONDITION AND WELL-BEING OF THE WARD

ANNUAL REPORT FOR THE PERIOD OF _____ TO _____

On this day, the undersigned, known to be the Guardian in this matter, personally appeared before me and after being duly sworn, stated the following:

1. **Ward:** Name: _____ Age/DOB: _____
Address: _____
Phone: _____

2. **Guardian:** Name: _____ Age/DOB: _____
Address: _____
Phone: _____

3. During the last year, I have visited the Ward in person _____ times.
The date of my last personal visit with the Ward was _____.

4. Ward's residence is: _____ Ward's home _____ Guardian's home _____ Nursing home
_____ Hospital/Medical Facility _____ Relative's home: (explain below)
_____ Group Home _____ Other: _____

5. Length of time Ward has resided in present home _____
any change in residence in last year? Explain: _____

6. Does Guardian have possession or control of Ward's estate? ___yes ___no

Annual Income of Ward _____

7. Is there a separate Guardian for the Ward's estate? yes no If Yes, does Guardian of the Person receive an allowance from the Guardian of the Estate? yes no

8. Ward ___is/___ is not under regular physician's care. Doctor's name: _____

9. During the past year ward has been treated or evaluated by the following:

_____ Physician. Name _____

Describe: _____

_____ Psychiatrist. Name _____

Describe: _____

_____ Social or Other Case Worker. Name _____

Describe: _____

_____ Dentist. Name _____

Describe: _____

_____ Other. Name _____

Describe: _____

11. Social conditions: During the past year the ward has participated in the following activities:
(Describe)

_____ Recreational: _____

_____ Educational: _____

_____ Social: _____

_____ Occupational: _____

_____ None Available: _____ Refuses or unable to participate.

12. During the past year the ward's mental health has:

_____ Remained about the same.

_____ Improved. Describe: _____

_____ Deteriorated. Describe: _____

13. As Guardian of the person, I HAVE FILED/ HAVE NOT FILED for Emergency Detention of the Ward pursuant to the Texas Health & Safety Code. If answered "HAVE FILED," please list the number of times and dates:

14. During the past year the ward's physical health has:

_____ Remained about the same.

_____ Improved. Describe: _____

_____ Deteriorated. Describe: _____

15. As Guardian, I believe the Ward's living arrangements are:

_____ Excellent _____ Average _____ Below Average (explain below)

16. As Guardian, I believe my ward is: _____ Content with living situation _____ Unhappy with living situation

17. As Guardian, I believe my ward has the following unmet needs:

18. The power authorized by this guardianship should be: _____ Decreased _____

Unaltered _____ Increased for the following reasons: _____

19. As Guardian of the Person, I HAVE PAID/ HAVE NOT PAID/ AM NOT REQUIRED TO PAY a bond premium for the next reporting period. If answered "AM NOT REQUIRED TO PAY, please explain: _____

20. Please state any additional information concerning the ward, which you would like to share with the Court: _____

21. If possible please attach a current photograph of the Ward.

THE STATE OF TEXAS §
COUNTY OF SAN PATRICIO §

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, known to me to be the Guardian of the Person describing in the foregoing Annual Report, and whose name is subscribed in the foregoing Annual Report who, being by me first duly sworn, did on his or her oath, depose and state as follows: "I hereby swear, under penalty of perjury, that the information contained in this report is accurate to the best of my knowledge."

Signed on _____ 20____.

Guardian

SUBSCRIBED AND SWORN TO BEFORE ME on _____, 20____,
to certify which witness my hand and seal of office.

Notary Public in and for the State of Texas