

NO. \_\_\_\_\_

**GUARDIANSHIP OF** § **IN THE PROBATE COURT**  
§ **OF**  
**INCAPACITATED** § **DALLAS COUNTY, TEXAS**

**ANNUAL REPORT OF GUARDIAN  
OF THE PERSON**

Now comes the Guardian(s) of the Person of \_\_\_\_\_

Incapacitated, and presents the following information as of \_\_\_\_\_ (date)

1. Guardian's name and address \_\_\_\_\_  
\_\_\_\_\_

(City) \_\_\_\_\_ (State) \_\_\_\_\_ Zip code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number at Work \_\_\_\_\_

2. Ward's current address: \_\_\_\_\_  
\_\_\_\_\_

How long at this Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Ward's age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

3. The Ward lives in:

\_\_\_ a) Own Home

\_\_\_ b) Guardian's Home

\_\_\_ c) Foster Home

\_\_\_ d) Relative's home (describe relationship): \_\_\_\_\_

\_\_\_ e) A Hospital or Medical Facility: \_\_\_\_\_

\_\_\_ f) Other (specify): \_\_\_\_\_

4. Has the Ward's residence changed in the past year? If so, state the date and reason for such change:

\_\_\_\_\_

5. When the Ward does not live with you, Please state the number of times you have visited the ward in the past year. \_\_\_\_\_ times.

Date of the last visit: \_\_\_\_\_

6. If during the past year 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. Source of funds: and total received \_\_\_\_\_

b. Total funds spent for wards care: \$ \_\_\_\_\_

c. Who has possession or control of the Ward's Estate (If any)?

\_\_\_\_\_

7. The Ward's Physical Health has:

\_\_\_\_\_ Improved    \_\_\_\_\_ Deteriorated    \_\_\_\_\_ Remained Unchanged

The Ward's Mental Health has:

\_\_\_\_\_ Improved    \_\_\_\_\_ Deteriorated    \_\_\_\_\_ Remained Unchanged

\_\_\_\_\_

If the ward's condition has changed in any way, please describe

\_\_\_\_\_

\_\_\_\_\_

8. The ward's present physician is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Phone Number: \_\_\_\_\_

9. Has the ward been treated or evaluated in the past year by a:
- a) Physician
  - b) Psychiatrist, psychologist or other mental health care provider
  - c) Dentist
  - d) Social or other Caseworker
  - e) Other

If so, list the name of the person(s) and the treatment involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. Were there any emergency detentions done for the ward during the year? \_\_\_\_\_  
If so, how many? \_\_\_\_\_

11. Briefly describe all recreational, educational, occupational, and social activities in which the ward has participated during the past year: (If the ward is unable or refused to participate, please so state.)

\_\_\_\_\_

\_\_\_\_\_

12. The ward's present living arrangements are:

Excellent     Average     Below Average

(If below average, please explain.)

\_\_\_\_\_

\_\_\_\_\_

13. Is the ward content with the living arrangement? \_\_\_\_\_

14. Are there any unmet needs for the ward? If so, please state \_\_\_\_\_

\_\_\_\_\_ (Use back of page if more space required)

15. Should your powers/duties be:

Increased     Decreased     Unchanged

If a change is recommended, state reasons: \_\_\_\_\_

\_\_\_\_\_

16. If there is additional information you want to share with the court, please state. You may use the back of this sheet or attach another page if necessary.

STATE OF TEXAS       §  
COUNTY OF DALLAS   §

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_  
\_\_\_\_\_ who being first duly  
sworn, states on oath that the foregoing 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(s)  
\_\_\_\_\_

**SWORN TO AND SUBSCRIBED BEFORE ME**, on this \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, in and for the State of Texas

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**RETURN TO: Cynthia Figueroa Calhoun, County Clerk, Probate Dept.  
2<sup>nd</sup> Floor, Records Bldg. 509 Main Street  
Dallas, TX 75202-3504**

**(Unless an Affidavit of Inability to Secure Court Costs has been filed, please include \$10.00  
filing fee)**