

NO. _____ -P2

GUARDIANSHIP OF

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PROBATE COURT

NUMBER 2 OF

AN INCAPACITATED PERSON

DALLAS COUNTY, TEXAS

**ANNUAL REPORT OF GUARDIAN
OF THE PERSON**

Now comes _____, Guardian of the Person of
_____, and presents the following information as of
_____ [date]:

1. Guardian's current Name and Address: _____
_____ Phone number: (_____)

2. Ward's current Name and Address _____
_____ Phone number: (_____)

How long at this address? _____ Wards' 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)
Hospital or medical facility (name and address) _____ (f)
Other (specify)

4. Has the Ward's residence changed within the past year? If so, state the date and reason.

5. If 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 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 all sources, including social security or welfare payments):

- a. Total funds received: _____
- b. Source of funds: _____
- c. Total funds spent for Ward's care: _____
- d. Who has possession or control of the Ward's estate (name and address):

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, please describe all changes:

8. The Ward's present physician is:

Name:

Address: _____

Phone: _____

Has the Ward been treated or evaluated in the past year by a:

- _____ a) Physician
- _____ b) Psychiatrist, psychologist, or other mental health provider
- _____ c) Dentist
- _____ d) Social or other case worker
- _____ e) Other

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

9. 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 has refused to participate, please so state):

10. Are the Ward's present living arrangements are:

_____ Excellent _____ Average _____ Below Average

If below average, please explain:

11. Is the Ward content or unhappy with the living arrangements?

12. Are there any unmet needs of the Ward?

13. Should your powers/duties be:

_____ Increased _____ Decreased _____ Remain Unchanged

If change is recommended, please state change and reasons:

14. If there is additional information you wish to provide the court, please state or attach to this report.

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 a true, correct, and complete statement of the present condition, welfare, and well-being of _____, as of the date stated herein.

Signed:

GUARDIAN

SWORN TO AND SUBSCRIBED BEFORE ME on this _____ day of _____, 200_____.

Notary Public in and for the State of Texas

No. _____-P2

ORDER APPROVING ANNUAL REPORT

On this day came on to be considered the Report of the condition, welfare and well-being of _____, and the Court, having examined the Report, is satisfied that the Report should be approved and Letters of Guardianship should be renewed. It is **ORDERED** that the Report is approved and that the Clerk renew the Letters of Guardianship as of _____, which shall be the beginning date for the next annual report.

Signed this _____ day of _____, 200_____.

JUDGE, Probate Court No. 2

**WHEN REPORT COMPLETED BY GUARDIAN,
FOR SUBMISSION TO JUDGE PLEASE RETURN TO:**

Cynthia Figueroa Calhoun, County Clerk, Probate Department
2nd Floor, Records Building
Dallas, Texas 75202-3504

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