

CAUSE NO. _____

IN RE: GUARDIANSHIP OF § IN THE PROBATE COURT
§
THE PERSON OF § OF
§
_____ § DENTON COUNTY, TEXAS

Please note that this document needs to be completed as fully and descriptively as possible. It will be returned to you if it is not completed according to the requirements mandated by the Texas Probate Code.

ANNUAL REPORT OF THE GUARDIAN OF THE PERSON

Now comes _____, Guardian of the Person Only of _____, Ward in the above entitled and numbered cause, and present herewith a report covering the time period of _____, 200__ thru _____, 200__, on the Ward's physical well-being, location, and condition pursuant to Section 743(b) of the Texas Probate Code.

GENERAL INFORMATION

1. Ward's Age: _____ Date of Birth: _____ SSN: _____
2. Ward's present address & phone: _____

3. The type of home in which the Ward resides can be described as:

(the Ward's own, a nursing/foster home, guardian's home, relative's home, and the Ward's relationship to the relative; a hospital/medical facility, or other type of residence.)
4. Guardians present address & phone: _____

5. Has the Ward's residence changed in the last twelve (12) months?
If so, state the date and reasons for such change. _____

6. The Ward's present living conditions are:

_____ above average _____ good _____ in need of
improvement

Please Describe. When improvement is needed, briefly describe all problems and your plan to seek improvement:

7. Does the Guardian believe the Ward is content or unhappy with his/her living arrangements? Please explain:

INDIVIDUAL CASE STATUS INFORMATION

1. 1. The day to day care presently provided to the Ward is:

_____ above average _____ good _____ in need of
improvement

Please Describe. When improvement is needed, briefly describe the problems and your plan to improve care:

2. The Ward's present physician and physician's address is:

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. (i.e. psychiatrist, social worker, dentist, etc.)

3. The Ward's physical and /or mental condition over the last twelve (12) months has:

_____ improved _____ remained unchanged
_____ deteriorated

Please describe any change in detail. If the Ward's condition has deteriorated, please attach a letter from Ward's treating physician briefly describing the Ward's condition and whether any improvement can be expected.

4. List the number of times that you have applied for emergency commitment of the ward. _____

5. As the Guardian, give your evaluation of the Ward's unmet needs.
- _____
- _____
6. If this Guardianship should be continued, then state reasons:
- _____
- _____
7. Should the Guardians power be increased, decreased, or unaltered? Explain change, if recommended. _____
- _____
8. Have the Guardians visited the Ward during the last twelve(12) months?
 _____ Yes _____ No _____ Ward lives with Guardian
 If yes, list the number of visitations and the dates.
 If no, Briefly explain why.
- _____
- _____
9. Are you the Guardian of the Ward's estate?
 _____ Yes _____ No
10. If, during the last twelve (12) months, the Guardians have received and/or 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. If the Guardians of the Person are also the Guardians of the Estate and has filed a current annual accounting, you may state here and make reference to the accounting.)
- a) Total funds received: \$ _____
- b) Source:
- _____
- c) Total funds spent for Ward's care: \$ _____
11. The Ward's present physical and/or mental condition is:
 _____ above average _____ good _____ in need of
 improvement
 Please describe any change in detail. When improvement is needed, briefly describe all

problems and your plan to seek improvement: _____

12. Briefly describe all social activities in which the Ward has participated during the last twelve (12) months:

13. Has the guardian paid the corporate bond premium for the next reporting period? Yes / No

Please use this space to provide any other relevant information that would aide the Court in determining continuation of this Guardianship.

OATH OF GUARDIAN

(This report must be sworn before an officer authorized to administer oaths before it will be accepted for filing.)

THE STATE OF TEXAS §

§

COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this the ____ day of _____, 200__, who duly sworn, states that the within and foregoing report is true, correct, and a complete statement of the present location, condition, and well-being of _____, an Incapacitated Person, as of the date stated herein.

Guardian (signature) _____
Printed Name: _____
Current Address: _____
County, State, Zip: _____

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

(Seal)

Notary Public in and for the State of Texas

ORDER APPROVING ANNUAL REPORT

On this ____ day of _____, 200__ came to be considered the Annual report of the Guardian of _____, Ward, pursuant to Secs. 743 and 744, Texas Probate Code, and the Court having examined said Report,

IT IS THEREFORE APPROVED AND ORDERED entered of record. Letters are **ORDERED** and will expire the ____ day of _____, 200__.

SIGNED this the ____ day of _____, 200__.

Judge Presiding
Probate Court of Denton County