

CAUSE NO. _____

IN THE GUARDIANSHIP OF
OF PERSON OF

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IN THE COUNTY COURT
OF
PARKER COUNTY, TEXAS

Incapacitated/Minor Person

GUARDIAN'S ANNUAL REPORT OF THE PERSON

I, the undersigned, represent that I am the guardian of _____, and that my Annual/Final Report to the Court is as follows: This report covers the period of (date) _____ through _____, 20__.

1. Present condition of Ward: _____ living; _____ deceased. If deceased, please provide death certificate or if not available, indicate date and place of death, if known _____ and file Final Report. If you are filing a Final Report because of your resignation, has a successor been appointed? (Name of successor: _____) If no successor has been appointed, is there an interested person willing to serve as guardian? (Name of interested person: _____)

2. Current name, address and phone number of guardian: _____

3. Age of Ward: _____ Date of Birth: _____

4. Current address and phone number of Ward: _____

5. Ward's residence is:
_____ own home _____ guardian's home
_____ nursing home _____ hospital or medical facility
_____ relative's home (relationship) _____
_____ foster or boarding home _____ other (describe) _____

6. Ward has been in present residence since _____ (date)
If Ward moved within past year, state reasons for change: _____

7. During the past year, how frequently have you seen the Ward? _____

8. What was the last date you saw the Ward? _____

9. During the past year the Ward's mental health has:
_____ remained about the same.
_____ improved. Describe: _____
_____ deteriorated. Describe: _____

10. During the past year the Ward's physical health has:
_____ remained about the same.
_____ improved. Describe: _____
_____ deteriorated. Describe: _____

11. During the past year the Ward has been treated or evaluated by the following: Physician/s (name, address and phone number): _____

Treatment involved: _____

Psychiatrist/s (name, address and phone number):

Treatment involved: _____

Social or case worker (name, address and phone number):

Treatment involved: _____

Dentist (name, address and phone number):

Treatment involved: _____

Any other individual who provided treatment (name, address and phone number):

Treatment involved: _____

12. Ward is/is not under physician's care. If yes, give name, address and phone number of physician:

13. 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.

14. As guardian, I rate my Ward's living arrangements as:
_____ excellent _____ average _____ below average
If below average explain: _____

15. As guardian, I believe my ward is:
_____ content with living situation _____ unhappy with living situation.

16. As guardian, I believe my ward has the following unmet needs: _____

17. The powers authorized by this guardianship should be:
_____ decreased _____ unaltered _____ increased for the following
reasons: _____

18. I **DO/DO NOT** have possession or control of the ward's estate. If yes and you are not a probate court estate guardian, please indicate:

Social Security number of guardian-Last 3 numbers _____

Social Security number of ward-Last 3 numbers: _____

Amount of S.S.I. received by ward per month: _____

Other income: _____

19. Please state any additional information concerning the ward which you would like to share with the Court.

Dated this _____ day of _____, 20____.

Signature of Guardian Street Address

City, State, Zip Code

Home Telephone Number

Work Telephone Number

AFFIDAVIT OF GUARDIAN

I, the undersigned, first being duly sworn, upon oath, state that I am the guardian of the person of _____, and that the foregoing Annual Report be true and correct to the best of my knowledge and belief.

Signature of Guardian

STATE OF TEXAS §
 §
COUNTY OF _____ §

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

(seal)

Notary Public

Notary's Printed Name