

CAUSE NO. _____

IN THE GUARDIANSHIP OF

§

IN THE COUNTY COURT

§

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OF

§

AN INCAPACITATED PERSON/MINOR

§

PARKER COUNTY, TEXAS

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: _____

Email: _____

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:
Last three digits of Social Security number of guardian: _____
Last three digits of Social Security number of ward: _____
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

Cell Telephone Number

Work 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

CAUSE NO. _____

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IN THE COUNTY COURT

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PARKER COUNTY, TEXAS

ORDER APPROVING ANNUAL REPORT OF THE PERSON

On this day came on to be considered the Annual Report of _____,
Guardian of the Person of _____, and the Court finds that the above
Annual Report complies with the terms and provisions of the Texas Estate Code.

IT IS, THEREFORE, ORDERED, ADJUDGED AND DECREED that the above
Annual Report of the Person be hereby approved.

SIGNED this _____ day of _____, 20__.

PAT DEEN, COUNTY JUDGE
PARKER COUNTY, TEXAS