

CAUSE NO. _____

IN THE GUARDIANSHIP OF § IN THE _____
_____ § OF _____
AN INCAPACITATED PERSON § CORYELL COUNTY, TEXAS

ANNUAL REPORT OF GUARDIAN OF THE PERSON

Now comes _____, Guardian of the Person of _____,
and presents the following annual report covering the time period of _____
to _____.

1. Guardian's name and current address:

Phone Number: _____
Email: _____

2. Ward's name and current address:

Phone number: _____ How long at this address? _____
Ward's age: _____ Date of Birth: _____ SNN: XXX-XX-_____ (last 4 digits only)

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 & address) _____

(f) Other (specify) _____

4. Has the Ward's residence changed with the past year? Yes _____ No _____ 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. _____ Date of last visit _____

6. Does the Ward have an estate other than nominal sums of money and personal effects?
Yes _____ No _____
Do you have possession of the Ward's Estate Yes _____ No _____
During the past year _____ (guardian or caregiver) has received and
spent funds for the care and maintenance of the Ward as described below. (State all funds
received from all sources, including social security. Please attach Representative Payee
Report for SSA)

1. Total funds received annually: _____
2. Source of funds: _____
3. Total funds spent for Ward's care: _____
4. Who had possession or control of 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. During the past year has the ward had regular medical care? Yes _____ No _____
 The Ward should have, at least, an annual checkup with the doctor. If the Ward has not had an annual checkup, please list the reasons why. _____

The Ward's present physician is:
 Name: _____
 Address: _____
 Phone Number: _____
 During the past year has the Ward received treatment or evaluation by a psychiatrist, psychologist, or other mental health provider? Yes _____ No _____
 Name: _____
 Address: _____
 Treatment involved: _____

9. The Ward should have, at least, an annual checkup with a dentist, give the date of the Ward's last annual checkup. _____
 If the Ward had not had an annual checkup, please list the reasons why: _____

The Ward's present dentist is:
 Name: _____
 Address: _____
 Phone Number: _____

During the past year the Ward received any other treatment or evaluation by a dentist other than an annual checkup? Yes _____ No _____

Name: _____

Treatment Involved: _____

10. During the past year has the Ward seen a Social Worker or other case worker?

Yes _____ No _____

Name: _____

Treatment Involved: _____

11. During the past year has the Ward seen another individual who provided treatment?

Yes _____ No _____

Name: _____

Treatment Involved: _____

12. 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 had refused to participate, please state so. _____

13. The Ward's present living arrangements are:

Excellent _____ Average _____ Below Average _____

If below average, please explain: _____

14. If the Ward content or unhappy with the living arrangements? _____

15. Are there any unmet needs of the Ward? _____

16. Should your powers or duties be:

Increased _____ Decreased _____ Remain Unchanged _____

If change is recommended, please state change and reasons: _____

17. If there are any additional information you wish to share with the court please state or attach to this report. _____

18. If the Bond in this guardianship is a corporate surety bond, has the bond premium for the next reporting year been paid? Yes _____ No _____ N/A _____

If the Bond in this guardianship is a personal surety bond, has there been a change in the status of the sureties on the bond? (ex: address, death, financial).

Yes _____ No _____ N/A _____ If so, please explain. _____

Is the current bond a personal bond? Yes _____ No _____ N/A _____

19. Please include a current photograph of the Ward for the court records.

OATH OF GUARDIAN

STATE OF TEXAS }

COUNTY OF CORYELL }

Before me, the undersigned authority, on this date personally appeared

_____, Guardian, 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 _____, an Incapacitated Person, as of the date herein.

Guardian Signature

SWORN TO AND SUBSCRIBED BEFORE ME
ON THIS _____ DAY OF _____, 20__

Notary Public in and for the State of Texas

ATTACH WARD'S CURRENT PICTURE HERE

PLEASE USE CLEAR TAPE ONLY

DO NOT USE STAPLES

Cause No. _____

IN THE GUARDIANSHIP OF	§	IN THE COUNTY COURT AT LAW
_____	§	OF
AN INCAPACITATED PERSON	§	CORYELL COUNTY, TEXAS

**ORDER ACKNOWLEDGING REVIEW OF ANNUAL
REPORT ON CONDITION, WELFARE, AND WELL-BEING OF WARD**

On this _____ day of _____, 20____, came on to be considered the Annual Report of the Condition, Welfare, and Well-Being of _____, Ward, and the Court having examined said report and finds it should be entered of record and the Guardianship of the Person should be continued.

IT IS THEREFORE ORDERED that the foregoing Annual Report on Condition, Welfare, and Well-Being of the Ward be entered of record.

IT IS FURTHER ORDERED that the Guardianship of the Person of _____, An Incapacitated Person, be continued.

SIGNED this _____ day of _____, 20____.

JUDGE PRESIDING