

No. _____

IN THE MATTER OF § IN THE PROBATE COURT
THE GUARDIANSHIP OF § NO. T W O
§ BEXAR COUNTY, TEXAS
_____ §
A minor/Incapacitated Person

ANNUAL REPORT ON CONDITION AND WELL-BEING OF WARD

_____, Guardian of the Person of _____, (“Ward”), in the above case, and presents this report as of _____, 20_____, on the Ward’s physical and mental well-being and condition:

I. Guardian’s present address: _____
Day phone: (_____) _____ Evening phone: (_____) _____
Relationship to Ward: _____

II. Ward's present address: _____
Phone number: (_____) _____
Age: _____ Date of birth: _____

Reason for Guardianship:
 Minor Mental Retardation Alzheimer’s disease Head Injury
 Senile Dementia V. A. Chronic alcohol/drug use Other _____

III. Where does Ward live?
 Ward’s own home Nursing Home Foster Home
 Guardian’s Home Hospital/Medical Facility Boarding Home
 State School State Hospital ICF/MR Facility
 Group Home Other: _____
 Relative’s Home (relationship to Ward: _____)

If Ward is in a nursing home or hospital/medical facility, give name of facility:

IV. How long has Ward lived at above? If there has been a change of residence in the past year, give reason for change: _____

V. Date Guardian last saw Ward: _____
How frequently has Guardian seen Ward in the past year? _____

VI. Does Guardian have possession or control of Ward’s estate? yes no

VII. A. During the past year, the Ward's mental health has:
 improved deteriorated remained unchanged
If there has been a change, please explain: _____

B. During the past year, the Ward's physical health has:
 improved deteriorated remained unchanged

If there has been a change, please explain: _____

VIII. A. Is Ward under regular physician's care? yes no

If so, give name of doctor: _____

B. If the Ward has been treated or evaluated by any of the following persons in the last year, briefly describe the condition and treatment, and give the name of the person.

Physician: _____ Describe: _____
Psychiatrist: _____ Describe: _____
Psychologist: _____ Describe: _____
Dentist: _____ Describe: _____
Social/other caseworker: _____ Describe: _____
Other: _____ Describe: _____

IX. Briefly describe all recreational, educational, and occupational activities in which the Ward has participated during the last year: _____

No activities available. Ward is unable or has refused to participate.

X. The Ward's living arrangements are: Excellent Average Below average

If below average, please explain: _____

XI. As guardian I believe the ward is: content with living situation unhappy with living situation

If unhappy with living situation, please explain: _____

XII. As guardian, I believe that the Ward's unmet needs (if any) are:

XIII. If during the year, the Guardian has 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.)
Total funds received: \$ _____
Total funds spent: \$ _____

XIV. If the Ward is a minor, is the Ward presently attending school? yes no
If so, give the school name and attach a certificate from the school verifying attendance. Describe the Ward's progress in school. (Grades, participation, etc.) _____

XV. The powers authorized by this guardianship should be:
 increased decreased unaltered

Please explain if a change is recommended: _____

XVI. Is the premium on the corporate surety bond been paid for the upcoming year-long reporting period? yes no

XVII. Any additional information the Guardian wants to share with the Court: _____

XVIII. If this guardianship should be continued, then state why below; if it should not be continued, contact your attorney about closing it. _____

If possible, please attach a current photograph of the ward.

THE REPORT ON THE CONDITION AND WELL BEING OF THE WARD MUST BE SWORN TO BEFORE A NOTARY PUBLIC OR DEPUTY COUNTY CLERK BEFORE IT WILL BE ACCEPTED FOR FILING.

OATH OF GUARDIAN

STATE OF TEXAS §
COUNTY OF BEXAR §

Before me, the undersigned authority, on this the _____ day of _____ 20____, personally appeared _____, who being first duly sworn on oath that the within and foregoing Report is a true, correct and complete statement of the present condition, welfare and well-being of _____, Minor/Incapacitated Person, as of this date.

Signed: _____
Guardian

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, 20____.

Notary Public in and for the State of Texas/Deputy County Clerk

No. _____

IN THE MATTER OF

§

IN THE PROBATE COURT

THE GUARDIANSHIP OF

§

NO. _____

§

BEXAR COUNTY, TEXAS

Minor/Incapacitated Person

ORDER ACCEPTING ANNUAL REPORT ON CONDITION AND WELL BEING OF WARD

On _____, 20____, the foregoing Report was considered, and the Court having examined said Report, **ORDERS** it entered of record. It is **FURTHER ORDERED** that Letters of Guardianship shall be renewed with an expiration date of _____.

SIGNED this _____ day of _____, 20_____.

JUDGE, PROBATE COURT NO. _____
BEXAR COUNTY, TEXAS