

NO. _____

THE GUARDIANSHIP OF § IN THE COUNTY COURT
_____, § OF
AN INCAPACITATED PERSON/ MINOR § SMITH COUNTY, TEXAS

**ANNUAL REPORT ON THE LOCATION, CONDITION
AND WELL BEING OF WARD (EST §1163.101)**

Now comes _____ Guardian of the person of _____, ward in the above and numbered cause, and presents herewith a report which covers the term of _____ (date) thru _____ (date) on the ward's physical and mental well-being and condition as follows:

1. Ward's Age: _____ Date of Birth: _____
2. Ward's Present Address: _____

3. Guardian's Present Address: _____

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

How long has the ward resided at the current address: _____

What type of facility does the ward reside: _____

Facility phone number : _____

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

6. If during the last twelve (12) months the Guardian has received and 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)*.

a. Total funds received: \$ _____

b. Source of funds: _____

c. Total funds spent for ward's care: \$ _____

7. Compared to commonly accepted community standards, the ward's present living conditions are:

____ Above Average ____ Good ____ Need Improvement

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

8. The ward's present physical and/or mental condition is:

____ Above Average ____ Good ____ Need Improvement

When improvement needed, briefly describe all problems and your plan to seek improvement: _____

9. Has the guardian filed for emergency detention of the ward under Sub Chapter A Ch. 513 of the Health & Safety Code, if so, how many times? Yes or No *(mark one)*

10. When the ward does not live with Guardian, please state the number of times you have visited the ward in the past twelve (12) months: _____# times

Date Guardian last visited the ward: _____

11. What is the day to day care presently provided to the ward?

Is this day to day care: _____Above Average_____Good ___Needs Improvement

(describe briefly the problems and your plan to improve the care)

12. Is the ward presently attending school Yes No

State the name of the school and the present grade, or reason ward is not attending:

The ward's progress in school is : _____Above Average ___Good ___Needs Improvement
(when improvement needed, briefly describe all problems and your plan to seek improvement.)

13. The ward's present physician is:

Name: _____

Address: _____

Telephone: _____

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:

14. Other individuals who provide treatment for the ward, please list name and what type of
treatment the individual provides for the ward: _____

15. Has the ward's physical and/or mental condition over the last twelve (12) months?

_____ Improved _____ Remained unchanged _____ become worse?

**If the ward's condition has become worse, please attach a letter from
the ward's treating physician briefly describing the ward's condition
and whether any improvement can be expected.**

16. Guardian's evaluation of the ward: *(please mark yes or no where applicable)*

YES NO Is the ward happy?

YES NO Is the ward unhappy?

YES NO Are there any needs of the ward that are not being provided? If
yes, please describe:

17. Guardian's evaluation of the guardianship: *(please mark yes or no where applicable)*

YES NO Do you feel your guardianship powers should be altered?, If so, please
describe:

18. Guardian's Bond: *(please mark yes or no where applicable)*

YES NO

Has your bond premium been paid for the next reporting period? If no, please state why:

19. If this guardianship should be continued then state your reasons:

STATE OF TEXAS §

COUNTY OF SMITH §

Before me, the undersigned authority, on this day personally appeared _____ who being first duly sworn, states on oath that the within and foregoing Annual Report is the true, correct and complete statement of the present condition, welfare, and well-being of _____, as of the date stated herein.

Signed: _____
Guardian

Address: _____

Telephone: _____

Email: _____

Signed _____
Co-Guardian (if applicable)

Address: _____

Telephone: _____

Email: _____

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

Notary Public, in and for
the State of Texas

**** You must provide the court with your email address in order ****
to receive a signed and file marked copy of the Order Approving
this Annual Report

