

CAUSE NO. \_\_\_\_\_

IN THE MATTER OF THE  
GUARDIANSHIP OF  
\_\_\_\_\_  
AN INCAPACITATED PERSON

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IN THE COUNTY COURT  
AT LAW NO. \_\_\_\_\_,  
& PROBATE COURT OF  
BRAZORIA COUNTY, TEXAS

**GUARDIAN'S ANNUAL / FINAL REPORT ON THE  
CONDITION AND WELL BEING OF THE WARD**

**COVERING A REPORTING PERIOD FROM \_\_\_\_\_ TO \_\_\_\_\_**

I, \_\_\_\_\_, represent that I am the Guardian and that my Annual / Final (circle one) Report to the Court is as follows: (Please leave no blanks unanswered. If it is not applicable, please put "N/A", no comment, or where the information can be obtained; i.e. the nursing home, school, etc.)

1. Present condition of the Ward: \_\_\_\_ living; \_\_\_\_ deceased. **{if living, go to question #2}**

a. If deceased, please provide death certificate, or if not available, indicate date and place of death:

\_\_\_\_\_

b. If deceased, has a personal representative been appointed?

\_\_\_\_ Yes; \_\_\_\_ No; If yes, list name, address, and telephone number:

c. If deceased, is any of the Ward's personal property still in your possession? \_\_\_\_\_

If no, to whom did you distribute the Ward's personal property? \_\_\_\_\_

d. If you are filing a Final Report because of your resignation, has a successor been appointed?

\_\_\_\_\_ If not, is there an interested person willing to serve?

If so, please complete the following:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

2. Current information on the Guardian:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

3. Present age of the Ward: \_\_\_\_\_; Date of Birth: \_\_\_\_\_

4. Current Address of the Ward:

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5. Current telephone number for where the Ward may be reached: \_\_\_\_\_

6. The Ward's residence is:

- own home;                       guardian's home;  
 nursing home;                       hospital or medical facility;  
 foster/boarding home;    relative's home; (relation:)  
 other:

7. The Ward has been at present residence since: (date)\_\_\_\_\_. Ward has moved within the past year, please state the reason for the move: \_\_\_\_\_

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8. How many times have you visited the Ward in person during the past year? \_\_\_\_\_;  
Give the date of your last personal visit on the Ward: \_\_\_\_\_;

9. During the past year, the Ward's mental health has:

- remained the same;  
 improved:(describe)  
 deteriorated:(describe)

10. During the past year, the Ward's physical health has:

- remained the same;  
 improved:(describe)  
 deteriorated:(describe)

11. During the past year, the Ward has been treated or evaluated by the following and describe each:  
Physician, Psychiatrist or Psychologist, Social or other case worker, Dentist or Others:

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12. The Ward is / is not (circle one) under regular physician's care.  
Doctor's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

13. Social conditions--During the past year the Ward has participated in the following activities:  
\_\_\_ Recreational:  
\_\_\_ Educational:  
\_\_\_ Social:  
\_\_\_ Occupational:  
\_\_\_ None available.  
\_\_\_ Ward refuses or is unable to participate.

14. As the Guardian, I rate my Ward's living arrangements as:  
\_\_\_ Excellent; \_\_\_ Average; \_\_\_ Below Average  
If below average is marked, please explain: \_\_\_\_\_  
\_\_\_\_\_

15. As the Guardian, I believe my Ward is: \_\_\_\_\_ content, \_\_\_\_\_ unhappy with his/her present living situation. If unhappy is marked, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

16. As the Guardian, I believe my Ward has the following unmet needs:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

17. The powers authorized by this guardianship should:  
(ex.: resignation, bond issues, estate issues, etc.)  
\_\_\_\_\_ remain the same;  
\_\_\_\_\_ be decreased as follows:  
\_\_\_\_\_ increased as follows:

18. I do / do not (circle one) have possession and control of the Ward's estate. If you circled "do" above, have you been appointed as a Guardian of the Estate of the Ward by the Probate Court? \_\_\_\_\_ If circled "do not" above, please mark the items below which are applicable to the Ward's estate:

- \_\_\_\_\_ Power of Attorney (please attach copy)
- \_\_\_\_\_ Social Security (\$\_\_\_\_\_ per month)
- \_\_\_\_\_ Supplemental Security Income (\$\_\_\_\_\_ per month)
- \_\_\_\_\_ Other (describe)

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

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20. If this is the first time you are filing this report, or for any time thereafter, a picture of the ward would be appreciated. this request is optional; it is **not** a requirement.

I hereby swear that the answers set forth above are true and correct to the best of my knowledge and belief, and that I am giving such answers subject to the penalties of making a false affidavit or declaration. The bond premium for the next accounting period has / has not been paid and verification is / is not attached.

Please do not sign until you are in front of a notary public.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

SUBSCRIBED AND SWORN TO before me by \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public in and for the State of Texas

NO. \_\_\_\_\_

IN THE MATTER OF THE  
GUARDIANSHIP OF  
\_\_\_\_\_,  
AN INCAPACITATED PERSON

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IN THE COUNTY COURT  
AT LAW NO. \_\_\_\_ &  
PROBATE COURT OF  
BRAZORIA COUNTY, TX

**ORDER**

**APPROVING ANNUAL REPORT ON THE  
CONDITION AND WELL BEING OF THE WARD**

On this day, came on to be considered the above entitled and numbered cause, and after reviewing same, the Court finds that the Guardian's Annual Report on the Condition and Well Being of the Ward is true and correct.

It is therefore ORDERED, ADJUDGED AND DECREED by the Court that the above report for the period from \_\_\_\_\_ through \_\_\_\_\_ is hereby *approved*.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judge Presiding