

CAUSE NO. _____

GUARDIANSHIP OF

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IN THE COUNTY COURT

AN INCAPACITATED PERSON

OF

RUNNELS COUNTY, TEXAS

**GUARDIAN'S ANNUAL REPORT ON THE CONDITION AND WELL-BEING
OF AN ADULT WARD**

FOR THE PERIOD OF _____ **TO** _____
(MM/DD/YY) (MM/DD/YY)

On this day, the undersigned, known to me to be the Guardian in this matter, personally appeared before me, and after being duly sworn, stated the following:

1. WARD: Name: _____

Date of Birth _____ Current Age _____

Current Residence Address: _____

Mailing Address: _____

Telephone Number: _____

_____ Guardian's Home _____ Relative's Home (explain below)

_____ Nursing Home _____ Hospital/Medical Facility _____ Group Home

Other: _____

2. GUARDIAN:

Name: _____

Relation to Ward: _____

Current Residence Address: _____

Mailing Address: _____

Telephone Number: _____

Name: _____

Relation to Ward: _____

Current Residence Address: _____

Mailing Address: _____

Telephone Number: _____

3. During the past year, I have visited the Ward in person _____ times.
The date of our last personal visit with the Ward was _____.
4. Length of time Ward has resided in present home _____
Any change in residence in last year? Explain: _____
5. Does Guardian have possession or control of Ward's estate? ☐ yes ☐ no
6. Is there a separate Guardian for the Ward's estate? ☐ yes ☐ no
If yes, does Guardian of the Person receive an allowance from the Guardian of the Estate?
☐ yes ☐ no
7. Is the Ward under a physician's regular care? ☐ yes ☐ no
During the past year, the Ward had been treated or evaluated by:

☐ Physician

Name: _____

Address: _____

Telephone number: _____

Describe treatment _____

☐ Dentist

Name: _____

Address: _____

Telephone number: _____

Describe treatment

☐ Other

Name: _____

Address: _____

Telephone number: _____

Describe treatment

8. The Ward's activities for the past year were as follows:

☐ Recreational activities _____

☐ Educational activities _____

☐ Social activities _____

☐ Occupational activities _____

☐ None Available ☐ Refused or unable to participate

9. During the past year, the Ward's physical health: remained the same ☐
changed ☐

Describe changes _____

10. As Guardian, I believe the Ward's living arrangements are:

_____ Excellent _____ Average _____ Below Average (explain below)

Explanation: _____

11. As Guardian, I believe the Ward is:

_____ Content with living situation _____ Unhappy with living situation

12. As Guardian, I believe the Ward has the following unmet needs:

Unmet needs: _____

During the past year, the Ward's mental health: remained the same ☐
changed ☐

Describe changes _____

13. As Guardian of the person, I ☐ HAVE FILED ☐ HAVE NOT FILED for Emergency
Detention of the Ward pursuant to the Texas Health & Safety Code. If answered "HAVE
FILED," please list the number of times and dates: _____

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AN INCAPACITATED PERSON

RUNNELS COUNTY, TEXAS

ORDER APPROVING GUARDIAN'S ANNUAL REPORT

On this day, came on to be considered the Guardian's Annual Report on the Condition and Well-Being of an Adult Ward for the Period _____, through _____, and the Court, having considered the same, finds as follows:

1. The Report complies with §1163, *Texas Estates Code*;
2. The Report contains nothing extraordinary which would warrant an unscheduled visit by an officer of the Court; and
3. The Report should be approved pursuant to §1163.104, *Texas Estates Code*.

It is therefore ORDERED, ADJUDGED AND DECREED that:

1. The Guardian's Annual report is hereby APPROVED;
2. The Clerk of this Court may renew Letters of Guardianship according to prior orders entered herein, which relate back to the date on which original Letters of Guardianship were issued; and

SIGNED this _____ day of _____, 20____.

HON. JULIA MILLER
RUNNELS COUNTY JUDGE