

CAUSE NO. _____

GUARDIANSHIP OF _____ § IN THE COUNTY COURT
§
§ OF
§
AN INCAPACITATED PERSON § 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: _____

14. My/Our authorized powers as Guardian's should:
- remain the same ☐
- be decreased ☐
- be increased ☐

16. If possible, please attach a current photograph of the Ward.

THE STATE OF TEXAS §
COUNTY OF _____ §

“I hereby swear, under penalty of perjury, that the information contained in this report is accurate to the best of my knowledge.”

Guardian

Notary Public in and for the State of
Texas

CAUSE NO. _____

GUARDIANSHIP OF

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IN THE COUNTY COURT

OF

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