

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: \_\_\_\_\_

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. Residence of Ward:  
\_\_\_\_\_ Ward's Home \_\_\_\_\_ Guardian's Home \_\_\_\_\_ Relative's Home (explain below)  
\_\_\_\_\_ Nursing Home \_\_\_\_\_ Hospital/Medical Facility \_\_\_\_\_ Group Home

Other: \_\_\_\_\_  
\_\_\_\_\_

5. Length of time Ward has resided in present home \_\_\_\_\_  
Any change in residence in last year? Explain: \_\_\_\_\_

6. Does Guardian have possession or control of Ward's estate?  yes  no

7. 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

8. 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 \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. 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

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

changed

Describe changes \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_ Excellent    \_\_\_\_\_ Average    \_\_\_\_\_ Below Average (explain below)

Explanation: \_\_\_\_\_

12. As Guardian, I believe the Ward is:

\_\_\_\_\_ Content with living situation                      \_\_\_\_\_ Unhappy with living situation

13. 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 \_\_\_\_\_

\_\_\_\_\_

14. 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: \_\_\_\_\_

\_\_\_\_\_

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

16. Additional information concerning the Ward which we wish to share with the Court:

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

**NOTE: PHOTO FOR JUDGE'S VIEW ONLY. NOT PART OF PERMANENT RECORD.**

**THE STATE OF TEXAS** §  
**COUNTY OF \_\_\_\_\_** §

**BEFORE ME**, the undersigned authority, on this day personally appeared the undersigned, known to me to be the Guardian of the Pearson describing in the foregoing Annual Report, and whose name is subscribed in the foregoing Annual Report who, being by me first duly sworn, did on his or her oath, depose and state as follows:

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

Signed on \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Guardian

**SUBSCRIBED AND SWORN TO BEFORE ME** on \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand and seal of office.

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

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IN THE COUNTY COURT

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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