

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

GUARDIANSHIP OF § IN THE COUNTY COURT

THE PERSON OF § AT LAW NO. \_\_\_\_\_ OF

\_\_\_\_\_ § FORT BEND COUNTY, TEXAS

ANNUAL REPORT ON LOCATION,  
CONDITION, AND WELL-BEING OF WARD

I, the undersigned, represent that I am the guardian of the person of the above-named Ward, and that my annual report to the Court for the period of \_\_\_\_\_ through \_\_\_\_\_ is as follows:

1. Name of Guardian: \_\_\_\_\_  
Guardian's Address \_\_\_\_\_  
Telephone Number: (\_\_\_\_\_) \_\_\_\_\_  
Area Code

2. Name of Ward: \_\_\_\_\_  
Telephone No. (\_\_\_\_\_) \_\_\_\_\_  
Area Code  
Present Age of Ward: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_  
Current Address of Ward: \_\_\_\_\_

**[If the Ward has died, please state the date and place of death and do not complete the other sections.]**

3. Ward's Residence is:  
\_\_\_\_ Guardian's Home  
\_\_\_\_ Own Home  
\_\_\_\_ Foster or Boarding Home  
\_\_\_\_ Relative's Home  
Name/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_ Hospital or Medical Facility  
\_\_\_\_ Nursing Home  
Name/Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_ Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Ward has been in present residence since (date): \_\_\_\_\_  
If moved within past year, state reason for change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. During the last 12 months the Guardian has seen the Ward \_\_\_\_\_ times. The last date the Guardian saw the Ward was \_\_\_\_\_

6. Does Guardian have possession or control of the Ward's estate?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

I have received \$ \_\_\_\_\_ for the Ward's benefit from \_\_\_\_\_  
\_\_\_\_\_, the sum of \$ \_\_\_\_\_  
was spent directly for the Ward's benefit in the following manner. (If more space is  
needed, attach as statement): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_ Improved. Describe: \_\_\_\_\_  
\_\_\_\_\_ Remained Unchanged  
\_\_\_\_\_ Deteriorated. Describe: \_\_\_\_\_

During the past year the Ward's physical health has:

\_\_\_\_\_ Improved. Describe: \_\_\_\_\_  
\_\_\_\_\_ Remained Unchanged  
\_\_\_\_\_ Deteriorated. Describe: \_\_\_\_\_

8. During the past year the Ward has been treated or evaluated by the following:  
(Please state the date service was rendered and the type of service received).

\_\_\_\_\_ Physician: \_\_\_\_\_  
\_\_\_\_\_ Psychologist: \_\_\_\_\_  
\_\_\_\_\_ Psychiatrist: \_\_\_\_\_  
\_\_\_\_\_ Mental Health Provider: \_\_\_\_\_  
\_\_\_\_\_ Social or Other Case Worker: \_\_\_\_\_  
\_\_\_\_\_ Dentist: \_\_\_\_\_

9. Social Conditions: During the past year the Ward has participated in the following activities: (Describe)

\_\_\_\_\_ Recreational: \_\_\_\_\_  
\_\_\_\_\_ Educational: \_\_\_\_\_  
\_\_\_\_\_ Occupational: \_\_\_\_\_  
\_\_\_\_\_ None available or other: \_\_\_\_\_  
\_\_\_\_\_ Refuses or Unable to Participate.

10. As Guardian, I rate my Ward's living arrangements as:

Excellent  
 Average  
 Below average, explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. As Guardian, I believe my Ward is:

Content with living situation.  
 Unhappy with living situation.

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. State whether the Guardian's powers should be:

Increased: \_\_\_\_\_  
 Decreased: \_\_\_\_\_  
 Remain unchanged.

14. As Guardian, the bond premium has been paid for the next year?

Yes  No.

If no, explain:

The full bond has been paid into the Registry of the Court.

or

State the reason why the bond premium has not been \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

15. Is there any other information that the Guardian desires to advise the Court of: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Guardian (printed)

Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
Guardian (printed)

Signature: \_\_\_\_\_

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

BEFORE ME, the undersigned authority, on this day personally appeared \_\_\_\_\_  
\_\_\_\_\_ and \_\_\_\_\_,  
who being first duly sworn, states on oath that the within and foregoing report is true, correct,  
and complete statement of the present location, condition, and well-being of \_\_\_\_\_  
\_\_\_\_\_, a minor or an incapacitated person, as of the date stated herein.

Signed: \_\_\_\_\_  
Guardian

SWORN TO AND SUBSCRIBED BEFORE ME on this the \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_\_.

[Seal]

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

Signed: \_\_\_\_\_  
Guardian

SWORN TO AND SUBSCRIBED BEFORE ME on this the \_\_\_\_\_ day of \_\_\_\_\_  
\_\_\_\_\_, 20\_\_\_\_\_.

[Seal]

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

**ORDER ACKNOWLEDGING REVIEW OF ANNUAL REPORT ON LOCATION,  
CONDITION, AND WELL-BEING OF WARD**

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, came on to be considered the  
Report of the Condition, Welfare, and Well-Being of \_\_\_\_\_,  
Ward, and the Court having examined said report, it is therefore ORDERED entered of record.

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

\_\_\_\_\_  
JUDGE, FORT BEND COUNTY, TEXAS