

CAUSE NO. _____

IN THE MATTER OF THE	§	IN THE COUNTY COURT
GUARDIANSHIP OF	§	AT LAW NO. _____,
_____;	§	& PROBATE COURT OF
AN INCAPACITATED PERSON	§	BRAZORIA COUNTY, TX.

**GUARDIAN'S ANNUAL / FINAL REPORT ON THE
CONDITION AND WELL BEING OF THE MINOR 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.) This report covers the period from _____, 20_____ to _____, 20_____.

1. Present condition of the Ward: ____ living; ____ deceased.
2. If deceased, please provide death certificate, or if not available, indicate date and place of death: _____

3. Has the minor attained the age of 18?

_____ Yes _____ No

(A copy of the birth certificate will need to be attached if the ward has reached the age of majority)

4. Current information on Ward:

Address: _____

Telephone No.: (_____) _____

Social Security No.: _____

5. The Ward's residence is:

____ Guardian's home ____ Relative's home/relation: _____

____ State School ____ Boarding school

____ Other: _____

6. The Ward has been at present residence since (date): _____

If Ward has moved within the past year, state the reason for the move. _____

7. How many times have you visited the Ward in person during the past year? ____ Please provide the date of your last personal visit of Ward: _____

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

____ remained the same

____ improved: (describe) _____

____ deteriorated: (describe) _____

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

____ remained the same

____ improved: (describe) _____

____ deteriorated: (describe) _____

10. 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:)

11. The Ward is / is not (circle one) under a regular Physician's care?

Doctor's name: _____

Address: _____

Telephone Number: () _____

12. Social conditions: During the past year, the Ward has participated in the following activities: (Describe)

_____ Recreational: _____

_____ Educational: _____

_____ Social: _____

_____ Occupational: _____

_____ None available

_____ The Ward refuses or is unable to participate

13. As the Guardian, I believe my Ward's living arrangements as:

_____ Excellent _____ Average _____ Below Average

If below average is marked, please explain:

14. As the Guardian, I believe my Ward is: _____ content or _____ is unhappy with their present living situation.

(If unhappy is marked, please explain:)

15. As the Guardian, I believe my Ward has the following unmet needs: _____

16. The powers authorized by this guardianship should:

(ex. resignation, bond issue, estate issue, etc.)

_____ remain the same

_____ be decreased as follows: _____

_____ be increased as follows: _____

17. 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 the Guardian of the Estate of the Ward by the Probate Court? _____ If you circled "do not" above, please mark the items below which are applicable to the Ward's estate:

_____ Social Security (\$ _____ per month)

_____ Interest Income (\$ _____ per month)

_____ Other (describe) _____

18. Please attach a photograph of your Ward. (optional)

19. Please list the name and address of the school that the Ward presently attends:

Name of School: _____

Address: _____

Telephone Number: () _____

Home Room Teacher: _____

20. Please list the name and the address of the school that the Ward previously attended:

Name of School: _____

Address: _____

Telephone Number: () _____

Home Room Teacher: _____

21. Please list the last grade that the Ward completed: _____

22. Please give a statement of your Ward's progress in school:

23. Does the Ward have a driver's license? _____

If yes, is Ward covered by auto liability insurance? _____

(Proof of liability insurance will need to be attached.)

24. Is the Ward entitled to any court-ordered child support which has not been received? _____ If yes, please explain:

25. During the past year, the Ward has participated in the following school activities: (Please describe)

_____ Athletics: _____
_____ Recreational: _____
_____ Social: _____
_____ Hobbies of other interests: _____

26. Does the Ward have any learning disabilities, emotional problems, criminal charges, etc., and/or any special needs which should be brought to the attention of the Court?

_____ If yes, please explain: _____

27. Is there any additional information that you wish to share with the Court concerning the Ward?

28. Please state whether you have filed for emergency detention of the ward due to mental illness and if applicable, the number of times and the date of each Application for Emergency Detention.

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 THIS DOCUMENT
UNTIL YOU ARE IN FRONT OF A NOTARY
PUBLIC. OUR OFFICE IS AVAILABLE TO
NOTARIZE YOUR SIGNATURE. ****

Signature

Street Address

City, State, Zip Code

Telephone Number

SWORN TO AND SUBSCRIBED before me by _____ on this ____ day of _____, 20__.

(SEAL)

Notary Public, State of Texas

NO. _____

IN THE MATTER OF THE
GUARDIANSHIP OF
_____,
AN INCAPACITATED PERSON

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 MINOR 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 Minor Ward are true and correct.

It is therefore ORDERED, ADJUDGED AND DECREED by the Court that the above report is hereby *approved*.

SIGNED this ____ day of _____, 20__.

Judge Presiding