

CAUSE NO. _____

IN THE GUARDIANSHIP OF

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IN THE COUNTY COURT

OF

AN INCAPACITATED PERSON

PARKER COUNTY, TEXAS

GUARDIAN'S ANNUAL REPORT OF THE PERSON

I, the undersigned, represent that I am the guardian of _____, and that my Annual/Final Report to the Court is as follows: This report covers the period of (date) _____ Thru _____.

1. Present condition of Ward: _____ living; _____ deceased. If deceased, please provide death certificate or if not available, indicate date and place of death, if known _____ and file Final Report. If you are filing a Final Report because of your resignation, has a successor been appointed? (Name of successor) _____. If no successor has been appointed, is there an interested person willing to serve as guardian? (Name of interested person) _____.

2. Current name, address and phone number of guardian(s) _____

Email: _____

3. Age of Ward: _____ Date of Birth: _____

4. Current address and phone number of Ward: _____

5. Ward's residence is:
_____ own home _____ guardian's home
_____ nursing home _____ hospital or medical facility
_____ relative's home (relationship) _____
_____ foster or boarding home _____ other (describe) _____

6. Ward has been in present residence since _____ (date)
If Ward moved within past year, state reasons for change: _____

7. During the past year, how frequently have you seen the Ward? _____

8. What was the last date you saw the Ward? _____

9. During the past year the Ward's mental health has:
_____ remained about the same.
_____ improved. Describe: _____
_____ deteriorated. Describe: _____

10. During the past year the Ward's physical health has:
_____ Remained about the same
_____ Improved. Describe: _____
_____ Deteriorated. Describe: _____

11. During the past year the Ward has been treated or evaluated by the following: Physician/s (name, address and phone number):

Treatment involved: _____

Psychiatrist/s (name, address and phone number):

Treatment involved: _____

Social or case worker (name, address and phone number):

Treatment involved: _____

Dentist (name, address and phone number):

Treatment involved: _____

Any other individual who provided treatment (name, address and phone number):

Treatment involved: _____

12. Ward is/is not under physician's care. If yes, give name, address and phone number of physician:

13. Social Conditions - during the past year the ward has participated in the following activities (describe):

_____ Recreational _____
_____ Educational _____
_____ Social _____
_____ Occupational _____
_____ None available _____ Refuses or unable to participate

14. As guardian, I rate my Ward's living arrangements as:
_____ Excellent _____ Average _____ Below Average
If below average explain: _____

15. As guardian, I believe my Ward is:
_____ Content with living situation _____ Unhappy with living situation.

16. As guardian, I believe my ward has the following unmet needs _____

17. The powers authorized by this guardianship should be:
_____ decreased _____ unaltered _____ increased for the following reasons:

18. I **DO/DO NOT** have possession or control of the ward's estate. If yes and you are not a probate court estate guardian, please indicate:
Last three digits of Social Security number of guardian: _____
Last three digits of Social Security number of ward: _____
Amount of S.S.I. received by ward per month: _____
Other income: _____

19. Please state any additional information concerning the ward which you would like to share with the Court.

Signature of Guardian

Signature of Guardian

Address

Address

Telephone / Email

Telephone / Email

UNSWORN DECLARATION

We _____ and _____, Guardians of the Person of
_____ in Parker County, Texas, declare under penalty and perjury that
the foregoing is true and correct.

Executed on the _____ day of _____, 20____

Signature of Declarant/Guardian

Signature of Declarant/Guardian