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GUARDIANSHIP OF \_\_\_\_\_ § \_\_\_\_\_ IN THE COUNTY COURT  
\_\_\_\_\_ § \_\_\_\_\_ OF  
AN INCAPACITATED PERSON § \_\_\_\_\_ WOOD COUNTY, TEXAS

ANNUAL REPORT OF GUARDIANSHIP OF THE PERSON

Now comes \_\_\_\_\_, Guardian(s) of the person of \_\_\_\_\_  
\_\_\_\_\_ (Ward's name), and presents the following annual report covering the time  
Period of \_\_\_\_\_ to \_\_\_\_\_.

1. Guardian's name and current address:

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

Phone number: \_\_\_\_\_

Email: \_\_\_\_\_

2. Ward's name and current address:

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

Phone number: \_\_\_\_\_

How long at this address? \_\_\_\_\_

Ward's age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ SSN: XXX-XX-\_\_\_\_\_ (LAST 4 DIGITS)

3. The ward lives in: (a) own home \_\_\_\_\_ (b) guardian's home \_\_\_\_\_ (c) foster home \_\_\_\_\_  
(d) Relative's home (describe relationship) \_\_\_\_\_ (e) Hospital or Medical  
Facility (name & address) \_\_\_\_\_ (f) Other (specify) \_\_\_\_\_

\_\_\_\_\_  
**PLEASE NOTE: THIS FORM IS NOT A SUBSTITUTE FOR LEGAL ADVICE**

4. Has the ward's residence changed within the past year? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, state the date and reason.

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5. If the ward does not live with you, please state the number of times you have visited the ward in the past year. \_\_\_\_\_ Date of last visit \_\_\_\_\_

6. Does the ward have an estate other than nominal sums of money and personal effects?

Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have possession of the ward's estate? Yes \_\_\_\_\_ No \_\_\_\_\_

During the past year \_\_\_\_\_ (guardian or caregiver) has received and spent funds for the care and maintenance of the ward as described below. (state all funds received from all sources, including social security or welfare)

1. Total funds received annually: \_\_\_\_\_

2. Source of funds: \_\_\_\_\_

3. Total funds spent for ward's care: \_\_\_\_\_

4. Who has possession or control of ward's estate? (name and address)

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7. The ward's **physical** health has:

Improved \_\_\_\_\_ Deteriorated \_\_\_\_\_ Remained Unchanged \_\_\_\_\_

The ward's **mental** health has :

Improved \_\_\_\_\_ Deteriorated \_\_\_\_\_ Remained Unchanged \_\_\_\_\_

If the ward's condition has changed, please describe all changes. \_\_\_\_\_

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8. During the past year has the ward had regular medical care? Yes \_\_\_\_\_ No \_\_\_\_\_

The ward should have, at least, an annual checkup with the doctor. If the ward has not had an annual checkup, please explain why.

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The ward's present physician is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

During the past year has the ward received treatment or evaluation by a doctor other than an annual checkup?

Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_

Address : \_\_\_\_\_

Treatment Involved: \_\_\_\_\_

During the past year has the ward received treatment or evaluation by a psychiatrist, psychologist, or other mental health provider? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Treatment Involved: \_\_\_\_\_

9. The ward should have, at least, an annual checkup with a dentist. Give the date of the ward's last annual checkup.

\_\_\_\_\_ If the ward has not had an annual checkup, please list the reasons why.

The ward's present dentist is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

During the past year has the ward received any other treatment or evaluation by a dentist other than an annual checkup?

Yes \_\_\_\_\_ No \_\_\_\_\_ Name: \_\_\_\_\_

Treatment Involved: \_\_\_\_\_

10. During the past year has the ward seen a Social Worker or other case worker: Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Treatment Involved \_\_\_\_\_

11. During the past year has the ward seen another individual who provided treatment? Yes \_\_\_\_\_ No \_\_\_\_\_

Name: \_\_\_\_\_ Treatment Involved: \_\_\_\_\_

12. Briefly describe all recreational, educational, occupational, and social activities in which the ward has participated during the past year. If the ward is unable or has refused to participate, please state so. \_\_\_\_\_

13. The ward's present living arrangements are: Excellent \_\_\_\_\_ Average \_\_\_\_\_ Below Average \_\_\_\_\_  
If below average, please explain: \_\_\_\_\_

14. Is the ward content or unhappy with the living arrangements? \_\_\_\_\_

15. Are there any unmet needs of the ward? \_\_\_\_\_

16. Should your powers or duties be: Increased \_\_\_\_\_ Decreased \_\_\_\_\_ Remain Unchanged \_\_\_\_\_  
If change is recommended, please state change and reasons: \_\_\_\_\_

17. If there is any additional information you wish to share with the court please state or attach to this report. \_\_\_\_\_

18. If the Bond in this guardianship is a corporate surety bond, has the bond premium for the next reporting year been paid? Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ If the Bond in this guardianship is a personal surety bond, has there been a change in the status of the sureties on the bond? (ex: address, death, financial) Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_ If so, please explain. \_\_\_\_\_

The current bond is a personal bond. Yes \_\_\_\_\_ No \_\_\_\_\_ N/A \_\_\_\_\_

**STATE OF TEXAS** §

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**COUNTY OF WOOD** §

Before me, the undersigned authority, on this date personally appeared \_\_\_\_\_, Guardian(s), who being first duly sworn, states that the facts stated within the foregoing report is a true, correct, and complete statement of \_\_\_\_\_, an Incapacitated Person, as of the date stated herein.

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

**SWORN TO AND SUBSCRIBED BEFORE ME ON THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.**

\_\_\_\_\_  
**Notary public in and for the State of Texas**