

CAUSE NO. _____

GUARDIANSHIP OF § IN THE COUNTY COURT
THE PERSON OF § OF
_____ § RED RIVER 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: _____
2. Name of Ward: _____
Telephone Number: _____
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: _____
_____ Other
Explain: _____

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 of control of the Ward's estate?
_____ Yes _____ No

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: _____

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

Date: _____

Name: _____
Guardian (printed)

Signature: _____

THE STATE OF TEXAS
COUNTY OF _____

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BEFORE ME, the undersigned authority, on this day personally appeared _____, 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 incapacitated person, as of the date stated herein.

Signed: _____
Guardian

SWORN TO AND SUBSCRIBED BEFORE ME on this the _____ day of _____, 20____.

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 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, Red River County, Texas