

CAUSE NO. _____ Estate _____ No Estate _____

IN THE MATTER OF § COUNTY COURT AT LAW
THE GUARDIANSHIP § NO. _____
_____ § OF
AN INCAPACITATED PERSON § VICTORIA COUNTY, TEXAS

GUARDIAN'S INITIAL _____ ANNUAL _____ FINAL _____

REPORT ON THE CONDITION AND WELL-BEING OF AN ADULT WARD
ANNUAL REPORT FOR THE PERIOD OF _____ TO _____
(MM/DD/YY) (MM/DD/YY)

On this day, the undersigned, known to be the Guardian in this matter, personally appeared before me and after being duly sworn, stated the following:

1. **Ward:** Name: _____ Age/DOB: _____
Address: _____
Phone: _____

2. **Guardian:** Name: _____ Age/DOB: _____
Address: _____
Phone: _____

3. **GO TO QUESTION #4 IF NOT FILING A FINAL REPORT OF THE PERSON.**
I am filing a Final Report because of : my resignation the Ward's death other
If other please explain: _____

(1) If because of your **resignation**, has a successor guardian been appointed?
 yes no
Name: _____ Age/DOB: _____
Address: _____
Phone: _____

(2) If because of **Ward's death: (attach a death certificate)**
Date of place of death: _____
Has a personal representative been appointed?
Name: _____ Age/DOB: _____
Address: _____
Phone: _____

4. During the last year, I have visited the Ward in person _____ times.
The date of my last personal visit with the Ward was _____.

5. Ward's residence is: _____ Ward's home _____ Guardian's home _____ Nursing home
_____ Hospital/Medical Facility _____ Relative's home: (explain below)
_____ Group Home _____ Other: _____

6. Length of time Ward has resided in present home _____
any change in residence in last year? Explain: _____
7. Does Guardian have possession or control of Ward's estate? yes no
Annual Income of Ward _____
8. Is there a separate Guardian for the Ward's estate? yes no
If Yes, does Guardian of the Person receive an allowance from the Guardian of the Estate?
 yes no
9. Ward ___ is/ ___ is not under regular physician's care.
Doctor's name: _____

10. During the past year ward has been treated or evaluated by the following:
_____ Physician. Name _____
Describe: _____
_____ Psychiatrist. Name _____
Describe: _____
_____ Social or Other Case Worker. Name _____
Describe: _____
_____ Dentist. Name _____
Describe: _____
_____ Other. Name _____
Describe: _____
11. 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.
12. During the past year the ward's mental health has:
_____ Remained about the same.
_____ Improved. Describe: _____
_____ Deteriorated. Describe: _____
13. As Guardian of the person, I HAVE FILED HAVE NOT FILED for Emergency Detention of the
Ward pursuant to the Texas Health & Safety Code. If answered "HAVE FILED," please list the number of
times and dates: _____

14. During the past year the ward's physical health has:
_____ Remained about the same.
_____ Improved. Describe: _____
_____ Deteriorated. Describe: _____
15. As Guardian, I believe the Ward's living arrangements are:
_____ Excellent _____ Average _____ Below Average (explain below)

16. As Guardian, I believe my ward is:
_____ Content with living situation _____ Unhappy with living situation

17. As Guardian, I believe my ward has the following unmet needs:

18. The power authorized by this guardianship should be:
_____ Decreased _____ Unaltered _____ Increased for the following reasons:

19. As Guardian of the Person, I HAVE PAID HAVE NOT PAID AM NOT REQUIRED TO PAY a bond premium for the next reporting period. If answered "AM NOT REQUIRED TO PAY, please explain: _____

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

21. If possible please attach a current photograph of the Ward.

THE STATE OF TEXAS §
COUNTY OF _____ §

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, known to me to be the Guardian of the Person describing in the foregoing Annual Report, and whose name is subscribed in the foregoing Annual Report who, being by me first duly sworn, did on his or her oath, depose and state as follows:

"I hereby swear, under penalty of perjury, that the information contained in this report is accurate to the best of my knowledge."

Signed on _____ 20____. _____
Guardian

SUBSCRIBED AND SWORN TO BEFORE ME on _____, 20____, to certify which witness my hand and seal of office.

Notary Public in and for the State of
Texas

**ORDER APPROVING GUARDIAN'S ___ ANNUAL/___ FINAL REPORT
____ PERSON ____ ESTATE ___ PERSON AND ESTATE**

On this day, came on to be considered the Guardian's Annual/Final Report, and the Court, having considered the same, finds as follows:

1. The Report complies with Section 743, Texas Probate Code:
2. The Report contains nothing extraordinary that would warrant an unscheduled visit by on an officer of the Court:
3. The Report should be approved pursuant to Section 743(e), Texas Probate Code:
4. (Estates only) the Annual Account for the Estate has / has not been approved:

It is therefore ORDERED ADJUDGED AND DECREED that:

1. The Guardian' **Annual / Final** report is hereby APPROVED:
2. The Clerk of this Court may renew Letters of Guardianship according to prior orders entered herein, which relate back to the date on which original Letters of Guardianship were issued: and
3. Such Letters shall remain in effect for one (1) year and 4 months, unless otherwise ordered by the Court.

SIGNED this _____ day of _____, 20__.

Presiding Judge
County Court at Law No. ____
Victoria County, Texas