CAUSE NO. _____

IN MATTERS OF PROBATE	**§**	**ESTATE OF:**
	§	
BURLESON COUNTY, TEXAS	**§**	_____
		An Incapacitated / Minor

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 **I am / I am not** in control of the Ward's estate.

My annual report to the court for the period through _____ is as follows:

1. Name of Ward: _____

2. Present age of Ward: _____ Date of Birth: _____

3. Current residential address and phone number of Ward: _____

   _____

4. Current day location and phone number of Ward: _____

5. Ward's resident is (Circle One):

   Guardian's home Nursing home

   Foster or boarding home Relative's home

   Hospital or medical facility Other: _____

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

   If moved within past year, state reason(s) for change: _____

7. Date the guardian most recently saw the Ward: _____

   How frequently the guardian has seen the Ward in the past year: _____

8. The guardian's evaluation of whether the Ward is content or unhappy with the Ward's living arrangements: _____

(Circle One) Excellent Average Below Average

If below average, explain: _____

9. During the past year the Ward's mental health has (Circle One):

Improved. Describe: _____

Remained about the same.

Deteriorated. Describe: _____

10. During the past year the Ward's physical health has (Circle One):

Improved. Describe: _____

Remained about the same.

Deteriorated. Describe: _____

_____

11. Ward **is / is not** under regular physician care.

Doctor's name: _____

12. During the past year the Ward has been treated or evaluated by the following (Circle all that apply):

Physician name: _____

Psychiatrist name: _____

Social or other case worker. Name: _____

13. During the past year, has the Ward been hospitalized? If so, why? _____

_____

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

Recreational: _____

Educational: _____

Occupational: _____

None available or other: _____

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

_____

16. I have received $ _____ for the Ward's benefit from _____.

The money has been spent in the following manner: (if more space is needed, attach a statement): _____

_____

17. There continues to be a need for guardianship (Circle One): **Yes** **No**

Date: _____ Name: _____

Signature: _____

Address: _____

_____

Phone: _____

Sworn to and subscribed before me on: _____

(Seal) _____

Notary Public in and for the State of Texas

CAUSE NO. _____

IN MATTERS OF PROBATE	**§**	**ESTATE OF:**
	§	
BURLESON COUNTY, TEXAS	**§**	**_____**
		An Incapacitated / Minor

ORDER APPROVING

ANNUAL REPORT ON LOCATION, CONDITION AND WELL BEING OF WARD

On this the _____, 20____, came on to be considered the Annual Report of the Conditions, Welfare, and Well Being of _____, Ward and The Court having examined said report, it is THEREFORE ORDERED entered of record.

Signed: _____

_____
Judge, Probate Court
Burleson County, Texas