

CAUSE NO. _____

IN THE GUARDIANSHIP OF

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IN THE COUNTY COURT AT LAW

NUMBER 2

AN INCAPACIATED PERSON

SAN PATRICIO 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 I am / 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 residence 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. Has the ward been moved to a more restrictive care facility?

8. Date the guardian most recently saw the Ward: _____
 How frequently the guardian has seen the Ward in the past year: _____
9. Ward is / is not under regular physician care. Doctor's name: _____
10. 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: _____
11. During the past year the Ward's mental health has (Circle One):
 Improved. Describe: _____
 Remained about the same
 Deteriorated. Describe: _____
12. During the past year the Ward's physical health has (Circle One):
 Improved. Describe: _____

Remained about the same.

Deteriorated. Describe: _____

13. 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: _____

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

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

Recreational: _____

Educational: _____

Occupational: _____

None available or other: _____

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

17. 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): _____

18. There continues to be a need for guardianship (Circle One): Yes No Date: _____

Name: _____

Name: _____

Signature: _____

Signature: _____

Address: _____

Address: _____

Phone: _____

Phone: _____

Sworn to and subscribed before me on _____.

(Seal)

Notary Public in and for the State of Texas