

CAUSE NO. \_\_\_\_\_

**THE GUARDIANSHIP OF § IN THE COUNTY COURT**

\_\_\_\_\_ § OF

**AN INCAPACITATED PERSON § TRINITY COUNTY, TEXAS**

**ANNUAL REPORT ON THE LOCATION, CONDITION  
AND WELL BEING OF WARD**

Now comes \_\_\_\_\_ Guardian of the person of \_\_\_\_\_, ward in the above and numbered cause, and presents herewith a report as of \_\_\_\_\_ (date) on the ward's physical and mental wellbeing and condition as follows:

1. Ward's Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Ward's Present Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Guardian's Present Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Has the Ward's residence changed in the last twelve (12) months? If so, state the date and reason for such change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Briefly describe all social activities in which the ward has participated during the last twelve (12) months: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. If during the last twelve (12) months the Guardian has received and spent funds for the care and maintenance of the ward, provide the amounts below: *(state all funds received from any source including social security or welfare payments)*.

- a. Total funds received: \$ \_\_\_\_\_
- b. Source of funds: \_\_\_\_\_
- c. Total funds spent for ward's care: \$ \_\_\_\_\_

7. Compared to commonly accepted community standards, the ward's present living conditions are:

\_\_\_\_ Above Average \_\_\_\_ Good \_\_\_\_ Need Improvement

When improvement is needed, briefly describe all problems and your plan to seek improvement:

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8. The ward's present physical and/or mental condition is:

\_\_\_\_ Above Average \_\_\_\_ Good \_\_\_\_ Need Improvement

When improvement needed, briefly describe all problems and your plan to seek improvement: \_\_\_\_\_

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9. When the ward does not live with Guardian, please state the number of times you have visited the ward in the past twelve (12) months: \_\_\_\_\_ # times

10. What is the day to day care presently provided to the ward?

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Is this day to day care: \_\_\_\_ Above Average \_\_\_\_ Good \_\_\_\_ Needs Improvement  
(Describe briefly the problems and your plan to improve the care)

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11. The ward's present physician is:

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

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

Telephone: \_\_\_\_\_

A. Is the ward presently receiving medical care for a physical or mental condition? \_\_\_\_\_

B. During the past year, the Ward has been treated or evaluated by the following professionals with date or type of service reflected:

Physician: \_\_\_\_\_

Date or Type: \_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Date or Type: \_\_\_\_\_

Psychologist: \_\_\_\_\_

Date or Type: \_\_\_\_\_

Dentist: \_\_\_\_\_

Date or Type: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Date or Type: \_\_\_\_\_

Qualified Mental Retardation Professional: \_\_\_\_\_

Date or Type: \_\_\_\_\_

12. Has the ward's physical and/or mental condition over the last twelve (12) months?  
\_\_\_\_\_ Improved or \_\_\_\_\_ Remained unchanged \_\_\_\_\_ become worse?

If the ward's condition has become worse, please attach a letter from the ward's treating physician briefly describing the ward's condition and whether any improvement can be expected.

13. If this guardianship should be continued then state your reasons:

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

**STATE OF TEXAS §**

**COUNTY OF TRINITY §**

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_ who being first duly sworn, states on oath that the within and foregoing Annual Report is the true, correct and complete statement of the present condition, welfare, and wellbeing of \_\_\_\_\_, as of the date stated herein.

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

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

Telephone: \_\_\_\_\_

SWORN TO AND SUBSCRIBED BEFORE ME, on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public, in and for the State of Texas

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AN INCAPACITATED PERSON § TRINITY COUNTY, TEXAS

ORDER APPROVING ANNUAL REPORT

On this day of came on to be considered the Annual Report of the location, condition, welfare and wellbeing of \_\_\_\_\_, and the Court having examined said report, it is therefore approved, entered of record, and the Clerk is authorized to renew and reissue letters of guardianship for one (1) year and four (4) months from the date of this order.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
JUDGE, COUNTY COURT  
TRINITY COUNTY, TEXAS

**RETURN TO: Trinity County Clerk, Probate Dept.  
P.O. Box 456  
Groveton, Texas 75845**

*(Return with required filing fee, extra copy & self addressed stamped envelope)*