

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

THE GUARDIANSHIP OF  
THE COUNTY COURT

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§  
§

IN  
  
OF

\_\_\_\_\_  
TRINITY COUNTY, TEXAS

**ANNUAL REPORT ON 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:

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

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

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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 plans to seek improvement:

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8. In your opinion, what is the ward's present physical and/or mental condition is:

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

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

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

\_\_\_\_\_ # of 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: \_\_\_\_\_

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Phone: (\_\_\_\_\_) \_\_\_\_\_

Is the ward presently receiving medical care for a physical or mental condition? If so, briefly describe the condition and give the name and address of the care provider if it is not the ward's physician:

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12. Is the ward presently attending school? \_\_\_ Yes \_\_\_ No

State the name of the school and present grade, or reason ward is not attending:

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The ward's progress in school is: \_\_\_ Above Average \_\_\_ Good \_\_\_ Needs Improvement (when improvement needed, briefly describe all problems and your plan to seek improvement.)

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

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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 location, condition, welfare, and wellbeing of \_\_\_\_\_, as of the date stated herein.

Signed: \_\_\_\_\_  
Guardian of the person

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

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

SWORN TO AND SUBSCRIBED to before me by  
\_\_\_\_\_ on the \_\_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_.

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

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

THE GUARDIANSHIP OF  
THE COUNTY COURT

§

IN

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OF

\_\_\_\_\_,  
TRINITY COUNTY,  
MINOR  
TEXAS

### ORDER ANNUAL APPROVING REPORT

On this day came on to be considered by the Court, the Annual Report of the location, condition, welfare and well being 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: Diane McCrory, Trinity County Clerk, Probate Dept.**  
**P.O. Box 456, Groveton, TX 75845**  
***(with required filing fee of \$14.00, extra copy & self addressed stamped envelope)***