CAUSE NO. GN_____

IN THE MATTER OF THE	§	IN THE COUNTY COURT
GUARDIANSHIP OF	§	AT LAW NO. ____ &
_____	§	PROBATE COURT OF
AN INCAPACITATED PERSON	§	BRAZORIA COUNTY, TEXAS

GUARDIAN'S ANNUAL / FINAL REPORT ON THE CONDITION AND WELL BEING OF THE WARD COVERING THE PERIOD FROM _____TO_____

I, (We) _____, represent that I (We are) am the Guardian(s) and that my (our) Annual / Final (circle one) Report to the Court is as follows: ***(Please leave no blanks unanswered. If it is not applicable please put "N/A").***

1. Present condition, of the Ward: ____living; ____deceased; _____ Date of death ***(if still living please move to question #2)***
   a. If deceased, please provide death certificate, or if not available; indicate date and place of death:
   b. If deceased, has a personal representative been appointed:
      ____Yes; ____No; If yes, list name, address, and telephone number:
   c. If deceased, is any of the Ward's personal property still in your possession:
      If no, to whom did you distribute the Ward's personal property:
      _____
   d. If you are filing a Final Report because of your resignation, has a successor been appointed? ___
      If not, is there an interested person willing to serve ?_____If so, please complete the following:
      NAME : _____
      ADDRESS: _____
      PHONE : _____

2. Current information on the **Guardian** :
   NAME : _____
   ADDRESS: _____
   PHONE : _____

3. Present age of the **Ward**: _____ Date of Birth: _____

4. Current Address of the **Ward**:

_____
_____
_____

5. Current telephone number where the Ward can be reached : _____

6. The **Ward's** residence is :

_____guardian's home	_____own home
_____nursing home	_____hospital or medical facility
_____foster / boarding home	_____relative's home (relation) _____
_____group home; HCS home	_____other _____

7. The **Ward** has been at present residence since : (date) _____
   Ward has moved within the past year, please state the reason for the move :
   _____
   _____
   _____

8. How many times have your visited the **Ward** in person during the past year ? _____;
   Give the date of your last personal visit on the **Ward**:_____

9. During the past year, the **Ward's** mental health has :
   _____remained the same
   _____improved (describe) _____
   _____deteriorated (describe) _____

10. During the past year, the **Ward's** physical health has :
    _____remained the same
    _____improved (describe) _____
    _____deteriorated (describe) _____

11. During the past year, the **Ward** has been treated or evaluated by the following and describe each :
    Physician, Psychiatrist or Psychologist, Dentist, Social or other case worker:
    _____
    _____
    _____

12. The **Ward** is / is not (circle one) under regular physician's care
    Doctor's Name : _____
    Address : _____

13. Social conditions-During the past year the **Ward** has participated in the following activities:

_____Recreational: _____
_____Educational: _____
_____Social: _____
_____Occupational: _____
_____None available _____
_____Ward refuses or is unable to participate.

14. As the Guardian, I rate my **Ward's** living arrangements is " (if below average, please explain)
_____Excellent _____Above Average _____Average _____Below Average
_____
_____

15. As the Guardian, I believe my **Ward** is _____content, _____unhappy with his/her present living situation. If unhappy, please explain:
_____
_____
_____

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

17. Powers authorized by the guardianship should: (ex: resignation, bond issue, estate issues, etc.)
_____ remain the same:
_____ be decreased as follows: _____
_____ increased as follows: _____

18. I do / do not (circle one) have possession and control of the **Ward's** estate.

If you circled "do" have you been appointed as a Guardian of the Estate of the Ward by the Probate Court? _____

Please mark the items below which are applicable:

_____ Social Security ($ _____ per month)
_____ Supplemental Security Income ($_____per month)
_____ Other (describe)

The money has been spent in the following manner : (If more space is need attach a statement)
_____
_____

19. Please state any additional information concerning the **Ward** which you would like to share with the Court including whether or not the Guardian has filed for emergency detention of the Ward.

_____

_____

_____

_____

20. If this is the first time you are filing this report, or for any time thereafter, a picture of the ward would be appreciated. (This request is optional; it is **not** a requirement.)

21. I, (We) _____ Guardian(s) hereby swear that I, (We) have read the "Ward's Bill of Rights" with _____, Ward, in his or her native language.

The bond premium for the next accounting period has / has not been paid and verification is / is not attached: {CASH BOND ON FILE}{SURETY BOND ON FILE}{BOND WAIVED BY COURT} (circle one)

PLEASE DO NOT SIGN THIS PORTION UNLESS YOU ARE IN FRONT OF A NOTARY PUBLIC.

OUR OFFICE IS AVAILABLE TO NOTARIZE YOUR SIGNATURE

Signature(s):_____
Street Address:_____
City, State, Zip Code: _____
Telephone Number: _____

SUBSCRIBED AND SWORN to before me by _____
on this _____ day of _____, 20__.

Notary Public in and for Brazoria County, Texas

_____

*******IF YOU COMPLETE THIS PORTION NOTARIZATION IS NOT REQUIRED*******

I, (We) _____ Guardian(s) of the Person, for

_____, Ward, in Brazoria County, Texas, declare under penalty of perjury that the foregoing is true and correct.

Executed on _____ Date

_____ Signature(s)