

CAUSE NO. \_\_\_\_\_ Estate \_\_\_\_\_ No Estate \_\_\_\_\_

IN THE MATTER OF § COUNTY COURT AT LAW  
THE GUARDIANSHIP § NO. \_\_\_\_\_  
\_\_\_\_\_ § OF  
AN INCAPACITATED PERSON § VICTORIA COUNTY, TEXAS

GUARDIAN'S INITIAL \_\_\_\_\_ ANNUAL \_\_\_\_\_ FINAL \_\_\_\_\_

REPORT ON THE CONDITION AND WELL-BEING OF AN ADULT WARD  
ANNUAL REPORT FOR THE PERIOD OF \_\_\_\_\_ TO \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

On this day, the undersigned, known to be the Guardian in this matter, personally appeared before me and after being duly sworn, stated the following:

1. **Ward:** Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

2. **Guardian:** Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

3. **GO TO QUESTION #4 IF NOT FILING A FINAL REPORT OF THE PERSON.**  
I am filing a Final Report because of :  my resignation  the Ward's death  other  
If other please explain: \_\_\_\_\_  
\_\_\_\_\_

(1) If because of your **resignation**, has a successor guardian been appointed?  
 yes  no  
Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

(2) If because of **Ward's death: (attach a death certificate)**  
Date of place of death: \_\_\_\_\_  
Has a personal representative been appointed?  
Name: \_\_\_\_\_ Age/DOB: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

4. During the last year, I have visited the Ward in person \_\_\_\_\_ times.  
The date of my last personal visit with the Ward was \_\_\_\_\_.

5. Ward's residence is: \_\_\_\_\_ Ward's home \_\_\_\_\_ Guardian's home \_\_\_\_\_ Nursing home  
\_\_\_\_\_ Hospital/Medical Facility \_\_\_\_\_ Relative's home: (explain below)  
\_\_\_\_\_ Group Home \_\_\_\_\_ Other: \_\_\_\_\_

6. Length of time Ward has resided in present home \_\_\_\_\_  
any change in residence in last year? Explain: \_\_\_\_\_
7. Does Guardian have possession or control of Ward's estate?  yes  no  
Annual Income of Ward \_\_\_\_\_
8. Is there a separate Guardian for the Ward's estate?  yes  no  
If Yes, does Guardian of the Person receive an allowance from the Guardian of the Estate?  
 yes  no
9. Ward \_\_\_ is/ \_\_\_ is not under regular physician's care.  
Doctor's name: \_\_\_\_\_  
\_\_\_\_\_
10. During the past year ward has been treated or evaluated by the following:  
\_\_\_\_ Physician. Name \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_ Psychiatrist. Name \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_ Social or Other Case Worker. Name \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_ Dentist. Name \_\_\_\_\_  
Describe: \_\_\_\_\_  
\_\_\_\_ Other. Name \_\_\_\_\_  
Describe: \_\_\_\_\_
11. Social conditions: During the past year the ward has participated in the following activities: (Describe)  
\_\_\_\_ Recreational: \_\_\_\_\_  
\_\_\_\_ Educational: \_\_\_\_\_  
\_\_\_\_ Social: \_\_\_\_\_  
\_\_\_\_ Occupational: \_\_\_\_\_  
\_\_\_\_ None Available: \_\_\_\_\_ Refuses or unable to participate.
12. During the past year the ward's mental health has:  
\_\_\_\_ Remained about the same.  
\_\_\_\_ Improved. Describe: \_\_\_\_\_  
\_\_\_\_ Deteriorated. Describe: \_\_\_\_\_
13. As Guardian of the person, I  HAVE FILED  HAVE NOT FILED for Emergency Detention of the  
Ward pursuant to the Texas Health & Safety Code. If answered "HAVE FILED," please list the number of  
times and dates: \_\_\_\_\_  
\_\_\_\_\_
14. During the past year the ward's physical health has:  
\_\_\_\_ Remained about the same.  
\_\_\_\_ Improved. Describe: \_\_\_\_\_  
\_\_\_\_ Deteriorated. Describe: \_\_\_\_\_
15. As Guardian, I believe the Ward's living arrangements are:  
\_\_\_\_ Excellent \_\_\_\_ Average \_\_\_\_ Below Average (explain below)  
\_\_\_\_\_
16. As Guardian, I believe my ward is:  
\_\_\_\_ Content with living situation \_\_\_\_\_ Unhappy with living situation

17. As Guardian, I believe my ward has the following unmet needs:  
\_\_\_\_\_
18. The power authorized by this guardianship should be:  
\_\_\_\_\_ Decreased \_\_\_\_\_ Unaltered \_\_\_\_\_ Increased for the following reasons:  
\_\_\_\_\_
19. As Guardian of the Person, I  HAVE PAID  HAVE NOT PAID  AM NOT REQUIRED TO PAY a bond premium for the next reporting period. If answered "AM NOT REQUIRED TO PAY, please explain: \_\_\_\_\_  
\_\_\_\_\_
20. Please state any additional information concerning the ward, which you would like to share with the Court:  
\_\_\_\_\_  
\_\_\_\_\_
21. If possible please attach a current photograph of the Ward.

THE STATE OF TEXAS           §  
COUNTY OF \_\_\_\_\_ §

BEFORE ME, the undersigned authority, on this day personally appeared the undersigned, known to me to be the Guardian of the Person describing in the foregoing Annual Report, and whose name is subscribed in the foregoing Annual Report who, being by me first duly sworn, did on his or her oath, depose and state as follows:  
"I hereby swear, under penalty of perjury, that the information contained in this report is accurate to the best of my knowledge."

Signed on \_\_\_\_\_ 20\_\_\_\_. \_\_\_\_\_  
Guardian

SUBSCRIBED AND SWORN TO BEFORE ME on \_\_\_\_\_, 20\_\_\_\_, to certify which witness my hand and seal of office.

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

Cause No. \_\_\_\_\_

IN THE MATTER OF	§	COUNTY COURT AT LAW
THE GUARDIANSHIP	§	NO. _____
_____	§	OF
AN INCAPACITATED PERSON	§	VICTORIA COUNTY, TEXAS

**ORDER APPROVING GUARDIAN'S \_\_\_ ANNUAL/ \_\_\_ FINAL  
REPORT \_\_\_ PERSON \_\_\_ ESTATE \_\_\_ PERSON AND ESTATE**

On this day, came on to be considered the Guardian's Annual/Final Report, and the Court, having considered the same, finds as follows:

1. The Report complies with Section 1163.101, Texas Estates Code:
2. The Report contains nothing extraordinary that would warrant an unscheduled visit by on an officer of the Court:
3. The Report should be approved pursuant to Section 1163.104(a), Texas Estates Code:
4. (Estates only) the Annual Account for the Estate has / has not been approved:

**It is therefore ORDERED ADJUDGED AND DECREED that:**

1. The Guardian' **Annual / Final** report is hereby APPROVED:
2. The Clerk of this Court may renew Letters of Guardianship according to prior orders entered herein, which relate back to the date on which original Letters of Guardianship were issued: and
3. Such Letters shall remain in effect for one (1) year and 4 months, unless otherwise ordered by the Court.

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

\_\_\_\_\_  
Presiding Judge  
County Court at Law No. \_\_\_\_\_  
Victoria County, Texas