

**CAUSE NO:** \_\_\_\_\_

**STYLED:** \_\_\_\_\_ § **IN THE COUNTY COURT**  
\_\_\_\_\_ §  
\_\_\_\_\_ § **OF**  
\_\_\_\_\_ §  
\_\_\_\_\_ § **GRAYSON COUNTY, TEXAS**

**FINAL REPORT ON LOCATION, CONDITION AND WELL BEING OF WARD**

\_\_\_\_\_ **through** \_\_\_\_\_

I, the undersigned, represent that I am Guardian of the Person of the named Ward, and that my Annual Report to the Court for the period as shown above is as follows:

1. Guardian's current name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

Co-Guardian's current name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

2. Name of Ward: \_\_\_\_\_  
Age: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Phone # \_\_\_\_\_  
Current Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_

3. Ward's residence is: \_\_\_ guardian's home \_\_\_ nursing home \_\_\_ ward's own home  
\_\_\_ foster/boarding home hospital/medical facility relative's home and the ward's  
relationship to the relative \_\_\_\_\_  
OTHER: \_\_\_\_\_

4. The length of time the ward has resided in the present home and, if there has been a change in the ward's residence in the past year, the reason for the change:

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

5. The date the guardian most recently saw the ward, and how frequently the guardian has seen the ward in the past year.

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

6. I have received \$ \_\_\_\_\_ for ward's benefit from \_\_\_\_\_

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

The money has been spent in the following manner \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. The following statements are concerning the wards health during the past year.

<b>A. <u>The Ward's mental health has:</u></b>	<b>B. <u>The Ward's physical health has:</u></b>
___ improved. Describe _____	___ improved. Describe: _____
___ remained the same.	___ remained the same.
___ deteriorated. Describe _____	___ deteriorated. Describe: _____

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8. The following statements are concerning whether, or not the ward has regular medical care, and the ward's treatment, or evaluation by any of the following persons during the last year, including the name of that person, and the treatment involved:

- A. \_\_\_ Ward is/is not under regular medical care. If yes, describe:  
\_\_\_\_\_
- B. \_\_\_ Physician; name and treatment involved \_\_\_\_\_  
\_\_\_\_\_
- C. \_\_\_ Psychiatrist, Psychologist, or other mental health care provider; (name and treatment involved) \_\_\_\_\_
- D. \_\_\_ Dentist; name and treatment involved \_\_\_\_\_
- E. \_\_\_ Another individual who provided treatment; \_\_\_\_\_  
\_\_\_\_\_

9. A description of the ward's activities during the past year:

- A. \_\_\_ Recreational: \_\_\_\_\_
- B. \_\_\_ Educational: \_\_\_\_\_
- C. \_\_\_ Occupational: \_\_\_\_\_
- D. \_\_\_ None available, or Other: \_\_\_\_\_
- E. \_\_\_ Refuses, or unable to participate.

10. As Guardian, I rate the ward's living arrangements as:

\_\_\_ excellent                      average                      below average  
Explain: \_\_\_\_\_

11. As Guardian, I believe the Ward is:

\_\_\_ content with living situation                      \_\_\_ unhappy with living situation

12. As Guardian, I believe the Ward has the following unmet needs:

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

13. My powers as Guardian should be:

\_\_\_ increased                      \_\_\_ decreased                      \_\_\_ unaltered

14. \_\_\_ I have paid the corporate surety bond premium for the next reporting period **(or)**  
\_\_\_ The court has approved a personal surety bond of \$\_\_\_\_\_.
15. Please list any additional information that you wish to share with the court regarding the Ward, including whether you the guardian have filed for **Emergency Detention** of the ward and if applicable, the number of times and the dates of the applications.

\_\_\_\_\_  
Signature  
Printed Name: \_\_\_\_\_  
Date signed: \_\_\_\_\_

\_\_\_\_\_  
Signature  
Printed Name: \_\_\_\_\_  
Date signed: \_\_\_\_\_

**SWORN TO AND SUBSCRIBED** before me by \_\_\_\_\_ on this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**(notary seal/stamp)**

\_\_\_\_\_  
**NOTARY PUBLIC - STATE OF TEXAS**

**CAUSE NO:** \_\_\_\_\_

**STYLED:** \_\_\_\_\_

**ORDER APPROVING ANNUAL REPORT**

On this day came on to be examined the Annual Report on Location, Condition and Well Being of the Ward, , which was filed herein on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_; it appearing to the court that said Annual Report is hereby approved and ordered of record.

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

\_\_\_\_\_  
JUDGE PRESIDING