

NO. _____

ESTATE OF _____ }{ IN THE PROBATE COURT
_____ }{ NUMBER THREE OF
INCAPACITATED PERSON }{ DALLAS COUNTY, TEXAS

ANNUAL REPORT ON LOCATION,
CONDITION AND WELL-BEING OF WARD

Now comes _____, Guardian of the
Person of _____, and presents the
following information as of _____ (date):

1. Guardian's current Name and Address:

_____ Phone Number _____

2. Ward's current Name and Address:

_____ Phone Number _____

How long at this Address: _____

Ward's Age _____ Date of Birth _____
Social Security # _____

3. The Ward lives in:

- _____ a) Own Home
- _____ b) Guardian's Home
- _____ c) Foster Home
- _____ d) Relative's Home (describe relationship) _____
- _____ e) Hospital or Medical Facility (name) _____
- _____ f) Other (specify) _____

4. Has the Ward's residence changed in the past year? _____
If so, state the date and reason for such change: _____

5. If the Ward does not live with you, how many times in
the past year have you visited the ward? _____
Date of the last visit: _____

6. If during the past year the Guardian has received and
spent funds for the care and maintenance of the Ward,
provide the following information (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 wards care: \$ _____
 - d) Are you the guardian of the wards' estate? _____
- If not, who has possession or control of the Ward's estate, if any? _____

7. The Ward's physical health has: _____ Remain unchanged
 _____ Improved _____ Deteriorated

The Ward's Mental health has: _____ Remain unchanged
 _____ Improved _____ Deteriorated

If the Ward's condition has changed, please describe all the changes: _____

8. The Wards' present physician is:
 Name: _____
 Address: _____
 _____ Phone Number _____

- Has the Ward been treated or evaluated in the past year by a:
- _____ a) Physician
 - _____ b) Psychiatrist, psychologist or other mental health care provided
 - _____ c) Dentist
 - _____ d) Social or other Caseworker
 - _____ e) Other

It so, list the name of the person(s) and the treatment involved: _____

9. Briefly describe all recreational, educational, occupational, and social activities in which the ward has participated during the past year: (It the ward is unable or refused to participate, please so state) _____

10. The Ward's present living arrangements are:
 _____ Excellent _____ Average _____ Below Average
 When below average, please explain: _____

11. Is the ward content or unhappy with living arrangement?
(Please explain your answer) _____

12. Are there any unmet needs for the ward? ___ Yes ___ No
If yes, please explain _____

13. You recommend that your powers/duties should:
_____ Remain the Same _____ Be Increased _____ Be Decreased
If change is recommended, state reasons: _____

14. Should this guardianship be continued? ___ Yes ___ No
Please explain _____

15. If ward is a minor:
- a) Is the ward presently attending school? ___ Yes ___ No
State the name of the school and present grade or the
reason that a school is not being attended. _____

- b) The ward's present progress in school is:
_____ Above Average _____ Good _____ Needs Improvement
When improvement is needed, briefly describe all
problems and your plan to seek improvement. _____

16. Have you paid the bond premium for the next reporting
period? _____ Yes _____ No
If no, why not? _____
17. Is there any additional information you want to share
with the court? ___ Yes ___ No
If yes, please state or attach to this report.

STATE OF TEXAS

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COUNTY OF DALLAS

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Before me, the undersigned authority, on this day personally appeared _____, who being first duly sworn, states on oath that the foregoing Report is the true, correct and complete statement of the present condition, welfare, and well-being of _____, as of the date stated herein; and that the bond premium for the next reporting period has been paid.

Signed: _____

Guardian

SWORN TO AND SUBSCRIBED BEFORE ME, on this _____ day of _____

Notary Public, in and for the State of Texas

Cause No. _____

ORDER APPROVING REPORT FOR THE PERIOD ENDING _____

On the _____ day of _____, _____, came on to be considered the Annual Report on Location, Condition and Well-being of _____, and the Court having examined said report, it is THEREFORE APPROVED AND ORDERED ENTERED OF RECORD.

SIGNED this _____ day of _____, _____

JUDGE MICHAEL E. MILLER

RETURN TO: Cynthia Calhoun, County Clerk, Probate Department
500 E. Main Street, 2nd Floor Records Bldg.
Dallas, Texas 75202-3504

(Unless an affidavit of Inability to Secure Court Costs has been filed, please include \$10.00 filing fees.)