



OFFICE OF DIANE TRAUTMAN
COUNTY CLERK, HARRIS COUNTY, TEXAS
PROBATE COURTS DEPARTMENT

IN MATTERS OF PROBATE § DOCKET NO.
HARRIS COUNTY, TEXAS § ESTATE OF: INCAPACITATED/MINOR

ANNUAL REPORT ON LOCATION, CONDITION AND WELL BEING OF WARD

I, the undersigned, represent that I am the guardian of the person of the above named Ward, and that I am / am not in control of the Ward's estate.

My annual report to the court for the period through is as follows:

- 1. Name of Ward:
2. Present age of Ward: Date of Birth:
3. Current residential address and phone number of Ward:
4. Current day location and phone number of Ward:
5. Ward's residence is (Circle One):
Guardian's home Nursing home
Foster or boarding home Relative's home
Hospital or medical facility Other:
6. Ward has been in present residence since (date):
If moved within past year, state reason(s) for change:
7. Has the ward been moved to a more restrictive care facility?
8. Date the guardian most recently saw the Ward:
How frequently the guardian has seen the Ward in the past year:
9. Ward is / is not under regular physician care. Doctor's name:
10. The guardian's evaluation of whether the Ward is content or unhappy with the Ward's living arrangements:
(Circle One) Excellent Average
Below Average. If below average, explain:
11. During the past year the Ward's mental health has (Circle One):
Improved. Describe:
Remained about the same
Deteriorated. Describe:

12. During the past year the Ward's physical health has (Circle One):
Improved. Describe: _____

Remained about the same.

Deteriorated. Describe: _____

13. During the past year the Ward has been treated or evaluated by the following (Circle all that apply):
Physician name: _____

Psychiatrist name: _____

Social or other case worker. Name: _____

14. During the past year, has the Ward been hospitalized? If so, why? _____

15. Social conditions: During the past year the Ward has participated in the following activities: (Describe)
Recreational: _____

Educational: _____

Occupational: _____

None available or other: _____

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

17. I have received \$ _____ for the Ward's benefit from _____.
The money has been spent in the following manner: (if more space is needed, attach a statement): _____

18. There continues to be a need for guardianship (Circle One): Yes No

Date: _____ Name: _____

Signature: _____

Address: _____

Phone: _____

Sworn to and subscribed before me on: _____

(Seal)

Notary Public in for the State of Texas

DOCKET NO. _____

ESTATE OF:

Incapacitated / Minor

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IN THE PROBATE COURT NO. _____

HARRIS COUNTY, TEXAS

**ORDER APPROVING
ANNUAL REPORT ON LOCATION, CONDITION, AND WELL BEING OF WARD**

On _____, came on to be considered the Annual Report of the
Conditions, Welfare, and Well Being of _____, Ward, and
The Court having examined said report, it is THEREFORE ORDERED entered of record.

Signed: _____

JUDGE, PROBATE COURT NO. _____
Harris County, Texas