

CAUSE NO. \_\_\_\_\_

IN THE GUARDIANSHIP OF

§  
§  
§  
§  
§

IN THE COUNTY COURT

OF POTTER COUNTY, TEXAS

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

**GUARDIANS (Check one)  INITIAL  ANNUAL  FINAL**  
**REPORT ON LOCATION, CONDITION, AND WELL-BEING OF AN ADULT WARD**  
**For period \_\_\_\_\_ through \_\_\_\_\_**

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

1. **WARD** Name: \_\_\_\_\_ Age: \_\_\_\_\_  
SSN: xxx-xx-x \_\_\_\_\_ (last 3 numbers of SSN) Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

2. **GUARDIAN** Name: \_\_\_\_\_  
Relation to Ward: \_\_\_\_\_ SSN: xxx-xx-x \_\_\_\_\_ (last 3 numbers of SSN)  
Address: \_\_\_\_\_ City, State, Zip \_\_\_\_\_  
Phone: \_\_\_\_\_

3. **FINAL REPORTS ONLY** (Otherwise, go to #4)  
I am filing a Final Report because of:  my resignation  the Ward's death  
 Other: (please explain) \_\_\_\_\_

If because of your **resignation**, has a successor been appointed?  YES  NO  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

If because of **Ward's death**: (attach death certificate)  
a. Date and place of death: \_\_\_\_\_  
b. Has a personal representative been appointed?  YES  NO  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Court \_\_\_\_\_

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

5. Describe the residence of Ward:  hospital/medical facility  Ward's home  Guardian's home  
 relative's home (explain below)  nursing home  foster/boarding/group home  
 other: \_\_\_\_\_

6. As Guardian, I rate the Ward's living arrangements as:  excellent  average  below average

7. As Guardian, I believe the Ward is content with the living arrangements:  YES  NO

8. As Guardian, I believe the Ward has unmet needs.  YES  NO

9. The Ward is under a physician's regular care.  YES  NO  
 Identify the Ward's physician(s) and indicate the date the Ward was last treated or evaluated.  
 Physician's name: \_\_\_\_\_  
 Dentist's name: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Describe treatment: \_\_\_\_\_
10. The Ward's activities for the past year were as follows:  
 Recreational activities \_\_\_\_\_  
 Educational activities \_\_\_\_\_  
 Social activities \_\_\_\_\_  
 Occupational activities \_\_\_\_\_
11. During the past year, the Ward's **physical** health:  
 remained the same  improved  deteriorated: \_\_\_\_\_  
 \_\_\_\_\_
12. During the past year, the Ward's **mental** health:  
 remained the same  improved  deteriorated: \_\_\_\_\_  
 \_\_\_\_\_
13. My authorized powers as Guardian should:  
 remain the same  be decreased  be increased: \_\_\_\_\_  
 \_\_\_\_\_
14. Additional information concerning the Ward I wish to share with the Court: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
15. If possible, please attach a current photograph of the Ward.

STATE OF TEXAS                   §  
   §  
 COUNTY OF POTTER           §

BEFORE ME, the undersigned authority, on this day personally appeared he undersigned know to me to be the Guardian of the person described in the foregoing Report, and whose name is subscribed to the foregoing Report, who, after being by me duly sworn, did on his/her oath depose and state:

**“I hereby swear under penalty of perjury that the bond premium, if one is required, has been paid for the next reporting period and that the information contained in this report is accurate to the best of my knowledge.”**

Signed on: \_\_\_\_\_  
 \_\_\_\_\_  
Guardian Signature

Sworn to and subscribed before me on this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_

Print Guardian Name

\_\_\_\_\_  
 Notary

CAUSE NO. \_\_\_\_\_

IN THE GUARDIANSHIP OF

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

§  
§  
§  
§  
§

IN THE COUNTY COURT

OF POTTER COUNTY

**ORDER APPROVING GUARDIAN’S ANNUAL REPORT  
AND ANNUAL DETERMINATION PURSUANT TO §1201,  
TEXAS ESTATES CODE**

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

1. the Report complies with §1163, Texas Estates Code;
2. the Report contains nothing extraordinary which warrants an unscheduled visit by an officer of the court;
3. the Report contains no information which would require modification or termination of the guardianship;
4. the Report complies with §1201, Texas Estates Code for purposes of the required annual review and determination of the status of the guardianship;
5.  there is **NO** Guardianship of the Estate;  
 there **IS** a Guardianship of the Estate;
6. the Report should be approved pursuant to §1163 Texas Estates Code;

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that;

1. the Guardian’s Annual Report be, and the same is hereby, APPROVED;
2.  the Clerk may renew Letters of Guardianship according to the prior orders entered herein, which relate back to the date on which Original Letters of Guardianship were issued.
3.  these Letters shall remain in force and effect for one (1) year and four (4) months, unless otherwise ordered by the court; and

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED that this Guardianship should CONTINUE.

Signed this \_\_\_\_\_

\_\_\_\_\_  
Judge Presiding