



**OFFICE OF TENESHIA HUDSPETH**  
**COUNTY CLERK, HARRIS COUNTY, TEXAS**  
**PROBATE COURTS DEPARTMENT**

IN MATTERS OF PROBATE § DOCKET NO. \_\_\_\_\_  
 § \_\_\_\_\_  
 § ESTATE OF: \_\_\_\_\_  
 HARRIS COUNTY, TEXAS § 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: \_\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Phone: \_\_\_\_\_

Sworn to and subscribed before me on: \_\_\_\_\_

(Seal)

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