



**SHELLI MILLER  
ROCKWALL COUNTY CLERK**

**Rockwall County Courthouse  
1111 E. Yellowjacket Lane, Ste. 100  
Rockwall, Texas 75087**

**Telephone: (972) 204-6300**

No. \_\_\_\_\_

\_\_\_\_\_  
Incapacitated Ward

**In the County Court at Law  
Rockwall County, Texas**

### **Annual Report on Location, Condition and Well-being of Ward**

Now comes, \_\_\_\_\_ guardian(s) of the Person of \_\_\_\_\_  
and presents the following information as of \_\_\_\_\_ thru \_\_\_\_\_.  
(Should be date guardian(s) and for 12 months only).

Guardian'(s) name(s'), current address, and phone number:

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

Ward's name, current address, and phone number: \_\_\_\_\_

\_\_\_\_\_

Ward's age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

How long at this address: \_\_\_\_\_

Ward lives in (circle one): own home, guardian's home, foster home,  
Relative's home, (describe relationship) \_\_\_\_\_  
Medical Facility (name and address) \_\_\_\_\_  
\_\_\_\_\_

Other (specify): \_\_\_\_\_

Has the ward's residence changed in the past year? \_\_\_\_\_

If the ward does not live with the guardian(s), how many times in the past year have you visited the ward? \_\_\_\_\_

If during the past year the guardian(s) has/have 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):

Total funds received \$ \_\_\_\_\_

Source of funds \_\_\_\_\_

Total funds spent for ward's care \$ \_\_\_\_\_

Are you the guardian of the ward's estate? \_\_\_\_\_

If not, who has possession or control of the ward's estate, if any?  
\_\_\_\_\_

The ward's physical health has (circle one): remained the same, improved, or deteriorated

The ward's mental health has (circle one): remained the same, improved, or deteriorated

If the ward's condition has changed, please describe the changes: \_\_\_\_\_  
\_\_\_\_\_

Has the ward been treated or evaluated in the past year by a (circle all applicable): physician, psychiatrist, psychologist or other mental health care provider, dentist, social or caseworker, or, other? If other, please explain: \_\_\_\_\_

The ward's present physician is \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Briefly describe all recreational, educational, occupational, and social activities in which the ward has participated in during the last year. (If the ward is unable or refused to participate, please note). \_\_\_\_\_  
\_\_\_\_\_

The ward's present living arrangements are (circle one): excellent, average, or below average. If below average, please explain. \_\_\_\_\_  
\_\_\_\_\_

Is the ward content or unhappy with their present living arrangement? Please give a detailed answer. \_\_\_\_\_  
\_\_\_\_\_

Are there any unmet needs for the ward? YES or NO, If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

You recommend that your powers/duties should (circle one): Remain the same, Be increased, or Be decreased

If change is requested, state reasons: \_\_\_\_\_

Should this guardianship be continued? YES or NO

Please explain: \_\_\_\_\_

If the ward is a minor, is the ward presently attending school? YES or NO

Please state the name of the school and present grade or the reason that a school is not being attended: \_\_\_\_\_

The ward's present progress in school is: Above average, Good, or Needs Improvement.

Additional information that you would like to share with the Court. \_\_\_\_\_

---

**STATE OF TEXAS**  
**COUNTY OF \_\_\_\_\_**

Before me, the undersigned authority, on this day personally appeared \_\_\_\_\_, guardian(s) who being first duly sworn, states on oath that the foregoing report is a true, correct, and complete statement of the present condition, welfare, and well-being of \_\_\_\_\_, ward as of the date stated herein.

\_\_\_\_\_  
\_\_\_\_\_  
Signature(s) of guardian(s)

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

\_\_\_\_\_  
Notary Public



No. \_\_\_\_\_

**In the County Clerk at Law  
Rockwall County, Texas**

\_\_\_\_\_  
**Incapacitated Ward**

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

On this day came to be considered the report of the condition, welfare, and well-being of \_\_\_\_\_ . The Court having examined said report, finds it should be approved, entered of record, and the Guardianship of the person should be continued.

IT IS THERFORE ORDERED that the foregoing annual report on condition, welfare, and well-being of the ward be entered of record.

IT IS FURTHER ORDERED that the Guardianship of the ward of \_\_\_\_\_ An incapacitated person, be continued.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge J. Brian Williams



No. \_\_\_\_\_

In the County Clerk at Law  
Rockwall County, Texas

\_\_\_\_\_  
Incapacitated Ward

## ORDER APPROVING ANNUAL REPORT ON CONDITION AND WELL-BEING OF WARD

On this day came to be considered the report of the condition, welfare, and well-being of \_\_\_\_\_ . The Court having examined said report, finds it should be approved, entered of record, and the Guardianship of the person should be continued.

IT IS THEREFORE ORDERED that the foregoing annual report on condition, welfare, and well-being of the ward be entered of record.

IT IS FURTHER ORDERED that the Guardianship of the ward of \_\_\_\_\_  
An incapacitated person, be continued.

SIGNED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Judge J. Brian Williams