

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 COUNTY COURT § _____
FISHER 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, COUNTY COURT _____
Fisher County, Texas