OFFICE OF PAT THOMSON

COUNTY CLERK, FISHER COUNTY, TEXAS COUTNY COURT

| IN MATTERS OF PROBATE FISHER COUNTY, TEXAS | | § | DOCKET NO | | | | | |
|--|--|----------------|-----------------|--|--|--|--|--|
| | | \$ \$ \$ | ESTATE OF: | INCAPACITATED/MINOR | | | | |
| | | RT ON LO | | AND WELL BEING OF WARD | | | | |
| | | | • | named Ward, and that I am / am not in control of the | | | | |
| My ar | nnual report to the court for the p | eriod throug | gh | 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 | 7 | 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, | 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): | There continues to be a need for guardianship (Circle One): Yes No | | | | |
| | Date: Name | | | | | |
| | Signat | ure: | | | | |
| | Addre | ss: | | | | |
| | | | | | | |
| | Phone | : | | | | |
| Sworn | vorn to and subscribed before me on: | | | | | |
| (Seal) | eal) | | | | | |
| | | | | | | |
| | | Notary Public in for the State of Texas | | | | |

| DOCKET NO. | | | | | | | |
|---|----------------|---|--|--|--|--|--|
| ESTATE OF: Incapacitated / Minor | \$ \$ \$ | IN THE COUNTY COURT § FISHER COUNTY, TEXAS | | | | | |
| ORDER APPROVING ANNUAL REPORT ON LOCATION, CONDITION, AND WELL BEING OF WARD | | | | | | | |
| | | , came on to be considered the Annual Report of the | | | | | |
| The Court having examined said report, it is THI | | RE ORDERED entered of record. | | | | | |
| | Sigr | ned: | | | | | |
| | | OGE, COUNTY COURTer County, Texas | | | | | |