

6. If during the last twelve (12) months the Guardian has received and spent funds for the care and maintenance of the ward, provide the amounts below: (state all funds received from any source including social security or welfare payments)

a. Total funds received: \$ _____

b. Source of funds: _____

c. Total funds spent for ward's care: \$ _____

7. Compared to commonly accepted community standards, the ward's present living conditions are:

____ Above Average ____ Good ____ Need Improvement

When improvement is needed, briefly describe all problems and your plans to seek improvement:

8. In your opinion, what is the ward's present physical and/or mental condition is:

____ Above Average ____ Good ____ Need Improvement

When improvement needed, briefly describe all problems and your plans to seek improvement:

9. If the ward does not live with Guardian, please state the number of times you have visited the ward in the past twelve (12) months:

_____ # of times

10. What is the day to day care presently provided to the ward?

Is this day to day care: _____ Above Average _____ Good _____ Needs Improvement

(describe briefly the problems and your plan to improve the care)

11. The ward's present physician is:

Name: _____

Address: _____

Phone: (____) _____

Is the ward presently receiving medical care for a physical or mental condition? If so, briefly describe the condition and give the name and address of the care provider if it is not the ward's physician:

12. Is the ward presently attending school? ___ Yes ___ No

State the name of the school and present grade, or reason ward is not attending:

The ward's progress in school is: ___ Above Average ___ Good ___ Needs Improvement
(when improvement needed, briefly describe all problems and your plan to seek
improvement.)

13. If this guardianship should be continued then state your reasons:

ORDER ANNUAL APPROVING REPORT

On this day came on to be considered by the Court, the Annual Report of the location, condition, welfare and well-being of _____, and the Court having examined said report, it is therefore approved, entered of record, and the Clerk is authorized to renew and reissue letters of guardianship for one (1) year and four (4) months from the date of this order.

Signed this _____ day of _____, 20____.

JUDGE, COUNTY COURT
SMITH COUNTY, TEXAS

RETURN TO: Judy Carnes, Smith County Clerk, Probate Dept.

P.O. Box 1018, Tyler, Texas 75710

(with required filing fee of \$12.00, extra copy & self addressed stamped envelope)