

NO. \_\_\_\_\_

GUARDIANSHIP OF § IN THE PROBATE COURT  
§ OF  
INCAPACITATED § DALLAS COUNTY, TEXAS

ANNUAL REPORT OF GUARDIAN  
OF THE PERSON

The Guardian(s) of the Person of \_\_\_\_\_ presents the following information as of \_\_\_\_\_ (date).

1. Guardian's name and address: \_\_\_\_\_

\_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

2. Ward's current address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone number \_\_\_\_\_

3. The Ward lives in:

\_\_\_ a) Own Home

\_\_\_ b) Guardian's Home

\_\_\_ c) Foster Home

\_\_\_ d) Relative's home (describe relationship):

\_\_\_ e) A Hospital or Medical Facility:

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

4. Has the ward's residence changed in the past year? If so, state the date and reason for such change: \_\_\_\_\_

\_\_\_\_\_