

IN THE PROBATE COURT OF \_\_\_\_\_ COUNTY

STATE OF GEORGIA

IN RE: \_\_\_\_\_ ) DOCKET NO. \_\_\_\_\_  
\_\_\_\_\_ )  
Ward \_\_\_\_\_ ) PERSONAL STATUS REPORT  
\_\_\_\_\_ ) Annual Report on Condition  
Guardian of Ward

NOTE: THIS FORM MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK.

1. I/We, \_\_\_\_\_, am/are the guardian(s) of the above-named ward and my/our annual report on the condition of the ward is as follows:
2. Present age of ward: \_\_\_\_\_ Date of Birth: \_\_\_\_\_.
3. Living Arrangements:
  - a. Current physical address of the ward is:  
\_\_\_\_\_.
  - b. The ward's current residence is:  
 own home/apartment  guardian's home/apartment  
 relative's home/apartment  hospital of other medical facility  
 nursing/skilled care facility  personal care/assisted living facility  
 other (Specify: \_\_\_\_\_)
  - c. The ward has been in the present residence since \_\_\_\_\_. If moved within the past year, state change(s) and reason(s) for change:  
\_\_\_\_\_  
\_\_\_\_\_
  - d. I/We rate the ward's living arrangements as  excellent  average  below average.  
If below average, please explain:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - e. I/We believe the ward is  content,  unhappy with the current living situation.
  - f. I/We recommend a more suitable living arrangement for the ward as follows:

\_\_\_\_\_

\_\_\_\_\_

4. Physical Health

- a. The ward's current general, physical condition is  excellent  good  fair  poor.
- b. During the past year, the ward's physical condition has
  - remained about the same
  - improved; explain: \_\_\_\_\_
  - worsened; explain: \_\_\_\_\_
- c. During the past year, the ward received the following medical treatment (including check-ups and dental work):

Date	Doctor	Ailment	Treatment

5. Mental Health

- a. The ward's current general mental health is  excellent  good  fair  poor.
- b. During the past year, the ward's mental condition has
  - remained about the same.
  - improved; explain: \_\_\_\_\_
  - worsened; explain: \_\_\_\_\_
- c. During the past year, mental health evaluation and/or treatment by a psychiatrist, psychologist, or social worker  was  was not provided.

6. Social Activities/Services

- a. The ward's current social condition is  excellent  good  fair  poor.
- b. During the past year, the ward's social condition has
  - remained about the same
  - improved; explain: \_\_\_\_\_
  - worsened; explain: \_\_\_\_\_
- c. During the past year, the ward has participated in the following activities (explain):
  - recreational: \_\_\_\_\_

- educational: \_\_\_\_\_
- social: \_\_\_\_\_
- occupational: \_\_\_\_\_
- no activities available: \_\_\_\_\_
- ward refused to participate in activities: \_\_\_\_\_
- ward was unable to participate in activities: \_\_\_\_\_

7. Visits by Guardian

- a. During the past year, I/we visited personally with the ward on the following dates or occasions:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b. The average amount of time spent on each visit was \_\_\_\_\_
- c. The last time I/we visited with the ward was on \_\_\_\_\_

8. Activities Performed for ward/minor

- a. During the past year, I/we performed the following activities/services/duties for the ward:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. I/We believe the ward has the following unmet needs (if any):

\_\_\_\_\_

\_\_\_\_\_

10. The guardianship  should  should not be continued because:

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

11. Is the ward capable of expressing any opinions about the guardianship, the personal needs of the ward, or the services of the guardian?  Yes  No

If yes, what has the ward expressed about those issues:

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

12.  I/We also serve as conservator(s) for the ward. If so, my/our accounting for the current year  is filed simultaneously with this report  was filed earlier on \_\_\_\_\_  is not yet due but will be filed on \_\_\_\_\_  has not been filed because

\_\_\_\_\_; OR

I/We do not serve as conservator(s) for the ward. I/We  have  have not received funds for the support, care, education, health and welfare of the ward. If so, the following is a description of the amount(s) and expenditures of all such funds received by me/us during the reporting period:

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

13. My/Our current contact information is:

\_\_\_\_\_  
Printed Name of Guardian

\_\_\_\_\_  
Printed Name of Co-Guardian

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
City, State, ZIP

\_\_\_\_\_  
Mailing Address, if different

\_\_\_\_\_  
Mailing Address, if different

\_\_\_\_\_  
Home Telephone/Work Telephone

\_\_\_\_\_  
Home Telephone/Work Telephone

\_\_\_\_\_  
Electronic Mail (Email) Address

\_\_\_\_\_  
Electronic Mail (Email) Address

**Verification**

The answers to the foregoing questions and the information provided with regard to the ward/minor are true and correct to the best of my/our personal knowledge and belief and are hereby made under oath.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Co-Guardian's Signature

\_\_\_\_\_  
Printed Name of Guardian

\_\_\_\_\_  
Printed Name of Co-Guardian

Sworn to and subscribed before me

Sworn to and subscribed before me

on \_\_\_\_\_

on \_\_\_\_\_

\_\_\_\_\_  
Notary Public or Clerk of Probate Court

\_\_\_\_\_  
Notary Public or Clerk of Probate Court

**ORDER ADMITTING TO RECORD**

The within and foregoing Personal Status Report is hereby accepted, approved and ordered admitted to record on \_\_\_\_\_.

Filed: \_\_\_\_\_

\_\_\_\_\_  
Judge/Clerk of Probate Court

Recorded in the Minutes in Book \_\_\_\_\_ Page \_\_\_\_\_

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Deputy Clerk