

IN THE PROBATE COURT OF CHEROKEE COUNTY

STATE OF GEORGIA

IN RE: _____) DOCKET NO. _____
 Ward/Minor)
 _____) PERSONAL STATUS REPORT
 Guardian) Annual Report on Condition of
 Ward/Minor

NOTE: THIS FORM MUST BE TYPED OR LEGIBLY PRINTED IN BLACK OR BLUE INK. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH A SEPARATE SHEET AND REFERENCE THE SPECIFIC QUESTION NUMBER TO WHICH YOU ARE RESPONDING.

1. I/We, _____ am/are the guardian(s) of the above-named ward/minor, and my/our annual status report on the condition of the ward/minor is as follows:
2. Present age of ward/minor: _____ Date of Birth: _____
3. Living Arrangements:
 - (a). Current physical address of the ward/minor is:

 - (b). The ward's/minor's current residence is:

_____ own home/apartment	_____ guardian's home/apartment
_____ relative's home/apartment	_____ hospital or other medical facility
_____ nursing/skilled care facility	_____ personal care/assisted living facility
_____ other (Specify: _____)	
 - (c). The ward/minor has been in the present residence since _____. If moved within the past year, state all addresses of the ward/minor during the past year and the type of living arrangements at each address, and describe the reason(s) for each change of address:

Address:	Type:	Reason for change:
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d). I/we rate the ward's/minor's current living arrangement as

- excellent
- average
- below average.

If below average, please explain: _____

(e). I/We believe the ward/minor is:

- content with the current living situation.
- unhappy with the current living situation.

(f). I/We recommend a more suitable living arrangement for the ward/minor as follows:

4. Physical Health

(a). The ward's/minor's current general, physical condition is

- excellent
- good
- fair
- poor

(b). During the past year, the ward's/minor's physical condition has

remained about the same.

improved; explain: _____

worsened; explain: _____

(c). During the past year, the ward/minor received the following medical treatment (including check-ups and dental work):

Date	Doctor	Ailment	Treatment

5. Mental Health

- (a). The ward's/minor's current general, mental health is
 - excellent
 - good
 - fair
 - poor

- (b). During the past year, the ward's/minor's mental condition has
 - remained about the same.
 - improved; explain: _____
 - worsened; explain: _____

- (c). During the past year, mental health evaluations and/or treatment by a psychiatrist, psychologist, or other mental health professional (_____)
 - was provided. describe
 - was not provided.

6. Social Activities/Services

- (a). The ward's/minor's current social condition is
 - excellent
 - good
 - fair
 - poor

- (b). During the past year, the ward's/minor's social condition has
 - remained about the same.
 - improved; explain: _____
 - worsened; explain: _____

- (c). During the past year, the ward/minor has participated in the following activities (explain):
 - recreational: _____
 - educational: _____
 - social: _____
 - occupational: _____
 - no activities available: _____
 - ward/minor refused to participate in activities: _____
 - ward/minor was unable to participate in activities: _____

7. Visits by Guardian

(a) During the past year, I/we visited personally with the ward/minor on the following dates/occasions:

(b) The average amount of time spent on each visit was: _____

(c) The last time I/we visited with the ward/minor was on: _____

8. Activities Performed for Ward/Minor

During the past year, I/we performed the following activities/services/duties for the ward/minor: _____

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

10. The guardianship

_____ should be continued because: _____

_____ should not be continued because: _____

11. Is the ward/minor capable of expressing any opinions about the guardianship, the personal needs of the ward/minor, or the services of the guardian?

_____ Yes

_____ No

If yes, what has the ward/minor expressed about those issues? _____

12. _____ I/We also serve as conservator(s) of the ward/minor.
 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 of the ward/minor.
 _____ I/We have received funds for the support, care, education, health and welfare of
 the ward/minor. If so, following is a description of the amount(s) and
 expenditure of all such funds received by the guardian(s) during the
 reporting period: _____
 _____ have not received funds for the support, care, education, health and welfare of
 the ward/minor.

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
on _____

Sworn to and subscribed before me
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 _____.

Judge/Clerk/Chief Clerk of Probate Court