

**IN THE PROBATE COURT OF CLAYTON COUNTY
STATE OF GEORGIA**

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

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/minor, and my/our annual report on the condition of the ward/minor is as follows:

2. Present age of ward/minor: _____ Date of Birth: _____
(If minor date turn 18 _____)

3. Living Arrangements:
 - a. Current physical address of the ward/minor is: _____

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

<input type="checkbox"/> own home/apartment	<input type="checkbox"/> guardian's home/apartment
<input type="checkbox"/> relative's home/apartment	<input type="checkbox"/> hospital or other medical facility
<input type="checkbox"/> nursing/skilled care facility	<input type="checkbox"/> personal care/assisted living facility
<input type="checkbox"/> other (Specify: _____)	

 - c. The ward/minor 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/minor's current living arrangement as excellent, average, or below average.
If below average, please explain: _____

 - e. I/We believe the ward/minor is content unhappy with the current living situation.

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

Do not write below this line - Court use only

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/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 evaluation and/or treatment by a psychiatrist, psychologist, or social worker was 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

a. 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 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. If the Ward is a minor please state how the ward is doing in your home and how the ward is doing in school(if school age) _____

_____.

13. I/We also serve as conservator(s) for 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(s) for the ward/minor. I/We have have not 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 expenditures of all such funds received by me/us during the reporting period: _____

_____.

14. 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 (E-mail) 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

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ORDER ADMITTING TO RECORD

The within and foregoing Personal Status Report filed on _____ is hereby
(accepted and approved) (allowed) and ordered admitted to record on
_____.

Judge/Clerk of Probate Court
121 S. McDonough Street, Annex 3
Jonesboro, GA 30236

Please be advised Personal Status Reports are due **EVERY YEAR** within sixty (60) days of your anniversary date of appointment. Failure to comply with this reporting requirement can subject you, as Guardian, to citation to appear before this Court.