

STATE OF GEORGIA
COUNTY OF BRYAN

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

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: _____
 3. Living Arrangements:
 - a. Current physical address of the ward/minor is: _____
 - b. The ward's/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 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, 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'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 was not provided.

6. Social Activities/Services

a. The ward's/minor's current general, 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 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. 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(s) of the ward/minor. I/We have or 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 expenditure(s) of all such funds received by the guardian(s) 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

E-mail Address

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 a 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 _____.

Filed: _____

Billy D. Reynolds, SR., Judge of Probate Court
Bryan County, Georgia