

IN THE PROBATE COURT OF FLOYD COUNTY
STATE OF GEORGIA

IN RE: _____ WARD/MINOR _____ _____ GUARDIAN(S) _____	: : : : :	DOCKET NO. _____ _____ PERSONAL STATUS REPORT Annual Report on Condition of Ward/Minor
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NOTE: THIS FORM MUST BE TYPED OR LEGIBLY PRINTED IN BLUE 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/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 that 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-up and dental work):

Date	Doctor	Ailment	Treatment

5. Mental Health

- a. The ward's/minor's current general 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 mental 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(s)

- 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. 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: _____

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 Phone/Work Phone

Home Phone/Work Phone

Email

Email

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
____ day of _____ 20____

Sworn to and subscribed before me on
____ day of _____ 20____

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 on _____ In Minute Book _____ Page _____ Clerk _____