**IN THE PROBATE COURT OF BIBB 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 OR 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:

Present age of ward/minor: Date of Birth:

Current physical address of the ward/minor: Ward/minor’s current residence is:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 own home/apartment

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 guardian’s home/apartment

Telephone Number of this home: 🞏 personal care/assisted living facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 nursing/skilled care facility

🞏 Other

Please list caregivers or agency providing

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**

1. 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** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. 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.

1. 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:

1. 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 .

1. Activities Performed for Ward/minor

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

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

1. The guardianship 🞏 should 🞏 should not be continued because:

1. 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?

1. 🞏 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:

1. 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 Imaged Records of Bibb County Probate Court this day of , 20 Deputy Clerk