

NOTE: THIS FORM MUST BE TYPED OR LEGIBLY PRINTED IN BLACK OR BLUE INK.

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

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

I/We, _____, am/are the guardian(s) of the above-named minor, and my/our annual report on the condition of the minor is as follows:

1. Present age of minor: _____ Date of Birth: _____

2. Current physical address of the minor: _____

 - a. The ward/minor has been in the present residence since _____.
If moved within the past year, state reason(s) for change: _____
 - b. Do you intend to move within the next year? _____ If yes, provide new address if known:

 - c. The minor does does not live full time with the guardian(s). If not, explain why the minor lived with someone other than the guardian and state the names and addresses of the persons the minor lived with in the past year: _____
 - d. I/We recommend a more suitable living arrangement for the minor as follows: _____

3. Physical Health
 - a. The minor's current general, physical condition is excellent good fair poor.
 - b. During the past year, the minor's physical condition has
 remained about the same.
 improved; explain: _____
 worsened; explain: _____
 - c. Does the child have: Health insurance? Yes No Dental? Yes No
 - d. Insurance Provider: _____

4. Education: **ATTACH THE MOST RECENT REPORT CARD TO THIS REPORT**
 - a. Where is child in school: _____
 - b. What grade is the child in: _____
 - c. Does the child have an IEP? Yes No If so – Explain: _____
 - d. Does the child attend counselling or therapy (in or outside of school)? _____

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5. Social Activities/Services
- a. The minor's current social condition is excellent good fair poor.
 - b. During the past year, the minor's social condition has
 - remained about the same.
 - improved; explain: _____
 - worsened; explain: _____
 - c. During the past year, the minor has participated in the following activities (explain):
 - recreational: _____
 - social: _____

6. We believe that the minor has the following unmet needs (if any):

7. The guardianship should should not be continued because:

8. I/We also serve as conservator(s) for the 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: _____

9. My/Our current contact information is:

Printed Name of Guardian

Street Address

City, State, ZIP

Mailing Address, if different

Home Telephone Work Telephone

Electronic Mail (Email) Address

Printed Name of Co-Guardian

Street Address

City, State, ZIP

Mailing Address, if different

Home Telephone Work Telephone

Electronic Mail (Email) Address

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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 _____.

Filed: _____

Clerk/Deputy Clerk

Judge/Clerk of Probate Court

Recorded in the Imaged Records of Bibb County Probate Court this ____ day of _____, 20____
Deputy Clerk _____