

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

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

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

Present age of ward: _____

Date of Birth: _____

Date of Death: _____

(Death Certificate must be attached)

Current physical address of the ward:

Telephone Number of this home:

Ward's current residence is:

own home/apartment

guardian's home/apartment

personal care/assisted living facility

nursing/skilled care facility

Other _____

Please list caregivers or agency: _____

d. I/We rate the ward's current living arrangement as excellent, average, or below average.

If below average, please explain: _____

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

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

2. Physical Health

a. The ward's current general, physical condition is excellent good fair poor.

b. During the past year, the ward's physical condition has

remained about the same.

improved; explain: _____

worsened; explain: _____

c. During the past year, the ward received the following medical treatment (including check-ups and dental work):

Date	Doctor	Reason for visit	Treatment

3. Mental Health

a. The ward's current general, mental health is excellent good fair poor.

b. During the past year, the ward'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.

4. Social Activities/Services

a. The ward's current social condition is excellent good fair poor.

b. During the past year, the ward's social condition has

remained about the same.

improved; explain: _____

worsened; explain: _____

c. During the past year, the ward has participated in the following activities (explain):

recreational: _____

educational: _____

social: _____

occupational: _____

no activities available: _____

ward refused to participate in activities: _____

ward was unable to participate in activities: _____

5. Visits by Guardian

a. During the past year, I/we visited personally with the ward 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 was on _____.

6. Activities Performed for Ward

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

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

8. The guardianship should should not be continued because:

9. Is the ward capable of expressing any opinions about the guardianship, the personal needs of the ward, or the services of the guardian? Yes No

If yes, what has the ward expressed about those issues? _____

10. I/We also serve as conservator(s) for the ward. 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. I/We have have not received funds for the support, care, education, health and welfare of the ward. If so, following is a description of the amount(s) and expenditures of all such funds received by me/us during the reporting period:

11. 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/Cell Telephone Work Telephone

Home/Cell 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 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 _____.

Dep. Clerk: _____

Filed: _____

Judge/Clerk of Probate Court

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