**IN THE PROBATE COURT OF BIBB COUNTY**

**STATE OF GEORGIA**

**IN RE: : DOCKET NO.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ :**

**Ward : PERSONAL STATUS REPORT**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ : Annual Report on Condition of**

**Guardian : 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: Ward’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 and/or agency:

 (Agency) (Caregiver’s Name)

(complete address and /phone number of agency/caregiver)

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.

1. 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:

1. 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 .

1. Activities Performed for Ward

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

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

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

1. 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?

1. 🞏 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:

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/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 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 .

Dep. Clerk:

Filed: Judge/Clerk of Probate Court

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