

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

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

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

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: _____
[Street] [City] [State] [Zip Code]

a. The 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? ☐ Yes ☐ No If yes, provide new address if known:

[Street] [City] [State] [Zip Code]

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 A COPY OF THE MOST RECENT REPORT CARD TO THIS REPORT

- a. Where is the 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)? _____

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. CHOOSE ONE OF THE FOLLOWING:

☐ 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 _____.

☐ It 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 minor.

I/We ☐ **have** ☐ **have not** received funds for the support, care, education, health and welfare of the ward/minor. If so, the 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/Cell Telephone & Work Telephone

Electronic Mail (Email) Address

Printed Name of Co-Guardian

Street Address

City, State, ZIP

Mailing address, if different

Home/Cell Telephone & Work Telephone

Electronic Mail (Email) Address

VERIFICATION

Personally appeared before me the undersigned Temporary Guardian(s) who on oath state(s) the facts set forth in the foregoing report (and any attachments) are true and correct.

Sworn to and subscribed before me,
this ____ of _____, 20__.

Notary / Clerk of the Probate Court
My commission expires: _____

Signature of Guardian

Printed Name of Guardian

Street Address

City, State, Zip

Telephone Number

Email Address

Sworn to and subscribed before me,
this ____ of _____, 20__.

Notary / Clerk of the Probate Court
My commission expires: _____

Signature of Co-Guardian, if any

Printed Name of Co-Guardian, if any

Street Address

City, State, Zip

Telephone Number

Email Address