

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

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

**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 is as follows:

2. Present age of ward: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Date of Death: \_\_\_\_\_  
**(Copy of Death Certificate must be attached)**

3. **Living Arrangements:**

a. Current physical address of the ward:

\_\_\_\_\_  
\_\_\_\_\_

Telephone Number of this home/facility: \_\_\_\_\_

b. The ward's current residence is:

- |  |   |
|--|---|
| <input type="checkbox"/> own home/apartment        | <input type="checkbox"/> hospital or other medical facility     |
| <input type="checkbox"/> guardian's home/apartment | <input type="checkbox"/> personal care/assisted living facility |
| <input type="checkbox"/> relative's home/apartment | <input type="checkbox"/> nursing/skilled care facility          |
| <input type="checkbox"/> other (specify: _____)    |   |

Please list caregivers and/or agency: \_\_\_\_\_,  
(Agency) (Caregiver's Name)

\_\_\_\_\_  
(Complete address and /phone number of agency/caregiver)

c. The ward has been in the present residence since \_\_\_\_\_.  
if moved within the past year, state change(s) and reason(s) for change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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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:

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**4. 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): *\*If more space is needed, please attach an additional page with the information.\**

Date	Doctor	Reason for visit	Treatment

**5. 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.

**6. 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: \_\_\_\_\_.

**7. 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 \_\_\_\_\_.

**8. Activities Performed for Ward:**

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10.** The guardianship  should or  should not be continued because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. 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?

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12.  I/We also serve as conservator(s) for the ward.  
 If so, my/our accounting or copy of SSI Report for the current year is filed simultaneously with this report.  
 It 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 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:

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13. 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**

Personally appeared before me the undersigned 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

**CONFIRMATION OF COMPLIANCE WITH FILING REQUIREMENT**

Based on the foregoing Adult Personal Status Report, said report is hereby accepted for filing in the Probate Court of Houston County.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
CLERK/DEPUTY CLERK,  
Houston County Probate Court