

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

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

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:

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?

12. **CHOOSE ONE OF THE FOLLOWING:**

- ☐ 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:

13. 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 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