

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

<b>IN RE:</b> _____	:	ESTATE NO. _____
<b>Ward</b>	:	
_____	:	<b>PERSONAL STATUS REPORT</b>
<b>Guardian(s)</b>	:	<b>Annual Report on Condition of</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/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 (explain)

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 below:
  - worsened; explain below:

c. During the past year, the ward received the following medical treatment (including check-ups and dental work; you may add an additional sheet if necessary):

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 below
  - worsened; explain below

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 below

worsened; explain below

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

\_\_\_\_\_  
Home/Cell Telephone

\_\_\_\_\_  
Work 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

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*(order admitting to record on following page)*