

IN THE PROBATE COURT OF CANDLER COUNTY

STATE OF GEORGIA

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

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

1. I/We, _____, am/are the guardian(s) of the above-named ward/minor, and my/our annual report on the condition of the ward/minor is as follows:

2. Present age of ward/minor: _____ Date of Birth: _____.

3. Living Arrangements:
 - a. Current physical address of the ward/minor is:

 - b. The ward/minor=s current residence is:

<input type="checkbox"/> own home/apartment	<input type="checkbox"/> guardian ' s home/apartment
<input type="checkbox"/> relative ' s home/apartment	<input type="checkbox"/> hospital or other medical facility
<input type="checkbox"/> nursing/skilled care facility	<input type="checkbox"/> personal care/assisted living facility
<input type="checkbox"/> other (Specify: _____)	
 - c. The ward/minor 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/minor ' s current living arrangement as __ excellent, __ average, or __ below average.
If _____ below _____ average, _____ please _____ explain:

 - e. I/We believe the ward/minor is __ content __ unhappy with the current living situation.
 - f. I/We recommend a more suitable living arrangement for the ward/minor as follows:

Do not write below this line - Court use only

Physical Health

- a. The ward 's/minor 's current general, physical condition is __ excellent __ good __ fair __ poor.
- b. During the past year, the ward/minor 's physical condition has
 __ remained about the same.
 __ improved; explain: _____
 __ worsened; explain: _____
- c. During the past year, the ward/minor received the following medical treatment (including check-ups and dental work):

Date	Doctor	Ailment	Treatment

Mental Health

- a. The ward 's/minor 's current general, mental health is __ excellent __ good __ fair __ poor.
- b. During the past year, the ward 's/minor '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.

Social Activities/Services

- a. The ward 's/minor 's current social condition is __ excellent __ good __ fair __ poor.
- b. During the past year, the ward 's/minor 's social condition has
 __ remained about the same.
 __ improved; explain: _____
 __ worsened; explain: _____
- c. During the past year, the ward/minor has participated in the following activities (explain):
 __ recreational: _____
 __ educational: _____
 __ social: _____
 __ occupational: _____
 __ no activities available: _____
 __ ward/minor refused to participate in activities: _____
 __ ward/minor was unable to participate in activities: _____

Visits by Guardian

- a. During the past year, I/we visited personally with the ward/minor 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/minor was on _____.

Activities Performed for Ward/minor

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

_____.

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

_____.

The guardianship ___ should ___ should not be continued because:

_____.

Is the ward/minor capable of expressing any opinions about the guardianship, the personal needs of the ward/minor, or the services of the guardian? ___ Yes ___ No

If yes, what has the ward/minor expressed about those issues?

_____.

___ I/We also serve as conservator(s) for the ward/minor. 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 on _____; ___ has not been filed because _____

; OR

___ I/We do not serve as conservator(s) for the ward/minor. I/We ___ have ___ have not received funds for the support, care, education, health and welfare of the ward/minor. If so, following is a description of the amount(s) and expenditures of all such funds received by me/us during the reporting period:

_____.

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 Telephone Work Telephone

Home 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/minor 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

Certificate of Mailing

I certify that I have mailed by First Class United States Postal Mail, in envelopes properly addressed and postage affixed, a certified copy of this PSR to the following recipients:

-
-
-

This ____ day of _____, 20__.

Clerk,
Probate Court

ORDER ADMITTING TO RECORD

The within and foregoing Personal Status Report is hereby accepted, approved and ordered admitted to record on _____.

Filed: _____

Judge/Clerk of Probate Court

Recorded on _____ In Minute Book _____ Page _____ Clerk _____