

IN THE PROBATE COURT OF CHEROKEE COUNTY

STATE OF GEORGIA

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

**NOTE: THIS FORM MUST BE TYPED OR LEGIBLY PRINTED IN BLACK OR BLUE INK. IF ADDITIONAL SPACE IS REQUIRED, PLEASE ATTACH A SEPARATE SHEET AND REFERENCE THE SPECIFIC QUESTION NUMBER TO WHICH YOU ARE RESPONDING.**

1. I/We, \_\_\_\_\_ am/are the guardian(s) of the above-named ward/minor, and my/our annual status 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's/minor's current residence is:
 

_____ own home/apartment	_____ guardian's home/apartment
_____ relative's home/apartment	_____ hospital or other medical facility
_____ nursing/skilled care facility	_____ personal care/assisted living facility
_____ other (Specify: _____)	
  - (c). The ward/minor has been in the present residence since \_\_\_\_\_. If moved within the past year, state all addresses of the ward/minor during the past year and the type of living arrangements at each address, and describe the reason(s) for each change of address:

Address:	Type:	Reason for change:
_____	_____	_____
_____	_____	_____
_____	_____	_____

(d). I/we rate the ward's/minor's current living arrangement as

- excellent
- average
- below average.

If below average, please explain: \_\_\_\_\_

\_\_\_\_\_

(e). I/We believe the ward/minor is:

- content with the current living situation.
- unhappy with the current living situation.

(f). I/We recommend a more suitable living arrangement for the ward/minor as follows:

\_\_\_\_\_

\_\_\_\_\_

#### 4. Physical Health

(a). The ward's/minor's current general, physical condition is

- excellent
- good
- fair
- poor

(b). During the past year, the ward's/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

5. 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 evaluations and/or treatment by a psychiatrist, psychologist, or other mental health professional ( \_\_\_\_\_ )
  - was provided. describe
  - was not provided.

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

7. Visits by Guardian

(a) During the past year, I/we visited personally with the ward/minor on the following dates/occasions:

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(b) The average amount of time spent on each visit was: \_\_\_\_\_

(c) The last time I/we visited with the ward/minor was on: \_\_\_\_\_

8. Activities Performed for Ward/Minor

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

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

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10. The guardianship

\_\_\_\_\_ should be continued because: \_\_\_\_\_

\_\_\_\_\_ should not be continued because: \_\_\_\_\_

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11. 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? \_\_\_\_\_

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12. \_\_\_\_\_ I/We also serve as conservator(s) of 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 filed on \_\_\_\_\_  
\_\_\_\_\_ has not been filed because \_\_\_\_\_

OR

\_\_\_\_\_ I/We do not serve as conservator of the ward/minor.  
\_\_\_\_\_ I/We have 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  
expenditure of all such funds received by the guardian(s) during the  
reporting period: \_\_\_\_\_  
\_\_\_\_\_ have not received funds for the support, care, education, health and welfare of  
the ward/minor.

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 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

**ORDER ADMITTING TO RECORD**

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

\_\_\_\_\_  
Judge/Clerk/Chief Clerk of Probate Court