

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

IN THE PROBATE COURT OF CHATHAM COUNTY
STATE OF GEORGIA

In Re:)	CASE NO. _____
_____)	
Adult Ward)	PERSONAL STATUS REPORT
_____)	Annual Report on Condition of Adult Ward
Guardian)	
_____)	

1. I, _____ am the guardian of the above-named Ward and my annual report on the condition of the Ward is as follows:

a. Present age of Ward: _____ Date of Birth: _____
Date of Death: _____
(Death Certificate must be attached)

b. Current physical address of the Ward: _____ Ward's current residence is:
_____ own home / apartment
_____ guardian's home / apartment
_____ personal care home / assisted living facility
Telephone Number of this home: _____ nursing / skilled care facility
_____ Other: _____

c. Please list caregivers and/or agency: _____
(Agency)(Caregiver's Name)

(complete address and phone number for agency/ caregiver)

d. I rate the Ward's current living arrangement as Excellent Average Below average
If below average, please explain: _____

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 (explain): _____
 improved (explain): _____
 worsened (explain): _____

3. Mental Health:

a. The Ward's general mental health condition is Excellent Good Fair Poor.
b. During the past year, the Ward's mental health condition has
 remained about the same (explain): _____
 improved (explain): _____
 worsened (explain): _____

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 (explain): _____
 - 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: _____

5. Visits by Guardian:

- a. During the past year, I have visited personally with the Ward on the following dates / occasions:

- b. The last time I visited the Ward was on:

- c. How long are your average visits with the Ward? _____

6. Activities Performed for Ward: What activities do you perform for the Ward?

7. I believe the Ward has the following unmet needs (if any):

- 8. 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 so, what has the Ward expressed about those issues?

9. Financial:

- I also serve as CONSERVATOR for the Ward and the required annual return and asset management plan
 - are filed with this report
 - were filed earlier on _____
 - will be filed on _____
 - have not been filed because _____

____ [Initial here] I understand that if I need to sell real property, vehicles, stocks or perishable property or I need to encroach upon or encumber the Ward's property, I will need to seek permission of the Court through the proper pleading and procedure. Please contact the Court for information.

I do **not** serve as CONSERVATOR for the Ward.

I have received funds or property for the support, care, education, health and welfare of the Ward.

I have received no funds or property for the Ward.

I have no knowledge of the Ward or any person on behalf of the Ward receiving funds or property belonging to the Ward for any reason.

I have knowledge that _____ has received funds or property for the Ward.

If funds or property have been received by or for the Ward since your last report, please list a description of the amount(s), location and expenditures of such funds or transfers of such property received by any person to your knowledge:

10. My 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

CERTIFICATE OF SERVICE

This is to certify that I have this date forwarded by first class mail, in a stamped addressed envelope, a copy of the foregoing PERSONAL STATUS REPORT to the **Conservator** of the Minor or Ward (if different person than Guardian) at the address provided below:

NAME: _____
MAILING ADDRESS: _____

This ____ day of _____, 20 ____.

Signature of Guardian