

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

IN RE: _____,
Adult Ward
_____,
Guardian(s)

DOCKET NO. _____
PERSONAL STATUS REPORT
Annual Report on Condition
of Adult Ward

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 and my/our annual report on the condition of the ward is as follows:

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

3. Living Arrangements:
 - a. Current physical address of the ward is:
_____.
 - b. The ward'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 of 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 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 living arrangements as excellent average 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

<input type="checkbox"/> remained about the same
<input type="checkbox"/> improved; explain: _____
<input type="checkbox"/> worsened; explain: _____

c. During the past year, the ward received the following medical treatment (including check-ups and dental work):

Date	Doctor	Ailment	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 or 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/minor

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

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

10. The guardianship should 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. 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, the 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

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 _____.

Filed: _____

Judge/Clerk of Probate Court

Recorded in the Minutes in Book _____ Page _____

This _____ day of _____, 20____

Deputy Clerk