

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

Ward

Temporary Guardian(s)

ESTATE NO. _____

**PERSONAL STATUS REPORT
Annual Report on Condition of
a Ward**

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 _____

Please list caregivers or agency: _____

a. The ward has been in the present residence since _____. If moved within the past year, state change(s) and reason(s) for change:

b. I/We rate the ward's current living arrangement as ☐ excellent, ☐ average, or ☐ below average.

If below average, please explain: _____

c. I/We believe the ward is ☐ content ☐ unhappy with the current living situation.

d. 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: _____
- ☐ worsened; explain: _____

c. During the past year, the ward received the following medical treatment (including check-ups and dental work; you will find additional space for these visits attached as "Exhibit A" on the last page of this packet and may make additional copies as needed):

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: _____
☐ worsened; explain: _____
- 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: _____
☐ 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/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

b. 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

By signing below, I/we certify that this Personal Status Report is a full and complete accounting of the life of the ward for the current reporting period; that we have fully complied with my/our duties as guardian of the ward as dictated by O.C.G.A. Title 29; and that we have handed or mailed to the ward and/or conservator (if any) a copy of this report.

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

“EXHIBIT A”

[illegible]

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

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WARD

CASE #

ORDER ADMITTING TO RECORD

The within and foregoing Personal Status Report is hereby accepted, approved, and ordered admitted to the record on this ____ day of _____, 20____.

Judge, Probate Court of Pike County