

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

IN RE: _____ **DOCKET NO.** _____

_____,
Adult Ward

PERSONAL STATUS REPORT

_____,
Guardian

**Annual Report on Condition of
Adult Ward**

NOTE: TYPE OR PRINT LEGIBLY IN BLACK INK. RESPOND TO EACH SEGMENT.

1. I/We, _____, am/are the guardian(s) of the person of the above-named adult 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 (if different from the guardian(s)): _____

 - b. The ward's current residence is (if different from the guardian(s)):

<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 has been living at the present location since _____

If moved within the past year, state change(s) and reason(s) for change: _____

 - d. I/We rate the ward's living arrangement as excellent, average, or 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:

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 – attach additional pages if necessary):

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 (if not living with the ward)

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 visited with the ward was on _____

8. Activities Performed for Ward:

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

9. I/We believe that 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(s)? Yes No

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

12. I/We do also serve as conservator(s) of the ward. If so, my 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. All monies used to support the ward come from the following sources with the total amount from each source for the past 12 months being:

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 (E-mail) Address	_____ Electronic Mail (E-mail) Address

VERIFICATION

The answers to the foregoing questions and the information provided by me (us) with regard to the ward 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