

IN THE PROBATE COURT OF FORSYTH COUNTY  
STATE OF GEORGIA

IN RE: \_\_\_\_\_,  
Minor Ward  
\_\_\_\_\_,  
Guardian

DOCKET NO. \_\_\_\_\_  
  
PERSONAL STATUS REPORT  
Annual Report on Condition of  
Minor Ward

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

1. I/We, \_\_\_\_\_,  
am/are the (temporary) guardian(s) of the minor.
  
2. Present age of minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
  
3. Living Arrangements:
  - a. Current physical address of the minor is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - b. The minor's current residence (if different from the guardian(s)) is:  
\_\_\_\_\_ and the  
minor is living at that address because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - c. If moved within the past year, state change(s) and reason(s) for change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  
  - d. I/We rate the minor's living arrangement as  excellent,  average, or  below average.
  
  - e. I/We believe the minor is  content  unhappy with the current living situation.
  
4. Physical Health:
  - a. The minor's current general, physical condition is  excellent  good  fair  poor.
  - b. During the past year, the minor's physical condition has:
    - remained about the same.
    - improved; explain: \_\_\_\_\_  
\_\_\_\_\_
    - worsened; explain: \_\_\_\_\_  
\_\_\_\_\_

- c. During the past year, the minor received the following medical treatment (including check-ups and dental work)(attach separate sheet if necessary):

Date	Doctor	Ailment	Treatment

5. Mental Health

a. The minor's current general, mental health is  excellent  good  fair  poor.

b. During the past year, the minor'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 minor's current social condition is  excellent  good  fair  poor.

b. During the past year, the minor's social condition has:

remained about the same.

improved; explain: \_\_\_\_\_

worsened; explain: \_\_\_\_\_

c. During the past year, the minor has participated in the following activities (explain):

recreational: \_\_\_\_\_

educational: \_\_\_\_\_

social: \_\_\_\_\_

occupational: \_\_\_\_\_

no activities available: \_\_\_\_\_

minor refused to participate in activities: \_\_\_\_\_

minor was unable to participate in activities: \_\_\_\_\_

7. Visits by Guardian if the minor lives apart from the Guardian:

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

\_\_\_\_\_

b. The average amount of time spent on each visit was \_\_\_\_\_

c. The last time I visited with the minor was on \_\_\_\_\_

8. Activities Performed for Minor:

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

10. The guardianship  should  should not be continued because: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

11. Is the minor capable of expressing any opinions about the guardianship, the personal needs of the minor, 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 minor. 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 minor. All monies used to support the minor come from the following sources with the total amount from each source for the past 12 months being:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. A. The location and status of the minor's father is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
B. The location and status of the minor's mother is: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. 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 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

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**ORDER ADMITTING TO RECORD**

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

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