

**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**

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

1. I/We, \_\_\_\_\_, am/are the (temporary)  
guardian(s) of the above-named Minor.

2. Present Age of minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_.

3. Living Arrangements:

a. Current physical address of the minor (if different from the guardian(s)): \_\_\_\_\_  
\_\_\_\_\_

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

- |  |   |
|--|---|
| <input type="checkbox"/> own home/apartment            | <input type="checkbox"/> hospital or other medical facility     |
| <input type="checkbox"/> relative's home/apartment     | <input type="checkbox"/> personal care/assisted living facility |
| <input type="checkbox"/> nursing/skilled care facility | <input type="checkbox"/> other (specify): _____                 |
- \_\_\_\_\_

c. The minor 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 minor's living arrangement as ☐ excellent, ☐ average, or ☐ below average.  
If below average, please explain: \_\_\_\_\_  
\_\_\_\_\_

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 additional pages 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 not living with the minor):

- a. During the past year, I/We visited personally with the minor on the following dates/opportunities:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 minor expressed about those issues? \_\_\_\_\_

12. I/We ☐ do also serve as conservator(s) of the minor. 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: \_\_\_\_\_

Contact with Minor and how often: \_\_\_\_\_

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

Contact with Minor and how often: \_\_\_\_\_

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 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  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Sworn to and subscribed before me on  
this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
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 this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Judge, Forsyth County Probate Court