

IN THE PROBATE COURT OF LIBERTY COUNTY

STATE OF GEORGIA

IN RE: _____, :		CASE NO. _____
Minor _____, :	:	
_____ :	:	PERSONAL STATUS REPORT
_____ :	:	Annual Report on Condition of
Guardian(s) _____ :	:	Minor

NOTE: THIS FORM MUST BE TYPED OR LEGIBLY PRINTED IN BLACK INK.

1. I/We, _____, am/are the guardian(s) of the above-named minor, and my/our annual report on the condition of the minor is as follows:
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 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 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 minor 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 minor's current 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.
 - f. I/We recommend a more suitable living arrangement for the minor as follows:

Do not write below this line - Court use only

4. Physical Health

a. The minor's current general, physical condition is excellent good fair poor.

b. During the past year, the ward/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):

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 ward's/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 ward's/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~~ **Minor resides with me/us.**

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/we 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? Yes No

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

N/A

12. ~~I/We also serve as conservator(s) for the ward/minor. 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 minor. I/We have have not received funds for the support, care, education, health and welfare of the minor. If so, following is a description of the amount(s) and expenditures of all such funds received by me/us during the reporting period:_____.

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 on _____ In Minute Book _____ Page _____ Clerk