

IN THE PROBATE COURT OF WHITFIELD COUNTY

STATE OF GEORGIA

Personal Status Report

IN RE:	:	ESTATE NO: _____
	:	
_____	:	Reporting Period:
Minor/Ward	:	From: _____ To: _____
	:	
_____	:	Age: _____
Guardian	:	
	:	Date of Birth: _____
	:	
	:	Social Security #: _____

*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/ward, and my/our annual report on the condition of the minor/ward is as follows:
2. Guardian(s) relation to minor/ward: _____
3. Present living arrangements of minor/ward:
 - a. Current physical address: _____
 - b. Type of residence: (ex. home, assisted living...) _____
 - c. Present residence for _____ years _____ months
 - d. Current living arrangements: excellent average below average
 - i. If below average, please explain: _____
 - e. I/We believe the minor/ward is: content unhappy with current living arrangements
 - i. The following would be a more suitable living arrangement for the minor/ward: _____
4. Visits by Guardian:
 - a. During the past year, I/we personally visited with the minor/ward on the following dates and occasions: _____.
 - b. Average amount of time spent on each visit was _____.
 - c. The last time I/we visited with the minor/ward was on _____.
5. Current physical health of minor/ward:
 - a. The minor's/ward's current general physical condition is:
 - i. excellent good fair poor
 - ii. remained the same improved worsened
 - iii. Name of doctor or treating facility: _____.

6. Current mental health of minor/ward:
- The minor's/ward's current general, mental health is:
 - excellent good fair poor
 - remained the same improved worsened
 - During the past year, mental health evaluation and/or treatment by a psychiatrist, psychologist, or social worker was was not provided.
 - Name of doctor or treating facility: _____.
7. Current needs of minor/ward:
- The following activities/services/duties have been performed in the past year:

 - The minor/ward has the following unmet needs(if any):_____
 - Is the minor/ward capable of expressing any opinions regarding personal needs or services? yes no
8. I/We also currently serve as conservator(s) of the minor/ward. My/Our annual accounting report is filed simultaneously with this report was filed earlier on _____
 has not been filed yet because _____ is not required by the court and I/we have filled out the attached Income and Asset and Verification Affidavit;
- OR**
- I/We do not serve as conservator(s) for the minor/ward.

9. Current contact information:

Printed Name of Guardian

Printed name of Co-Guardian

Street Address

Street Address

Mailing Address (if different)

Mailing Address (if different)

City, State, Zip

City, State, Zip

Home Phone Work Phone

Home Phone Work Phone

Additional Information: _____

Attention

All guardians also serving as conservators but not required to file annual accounting reports must complete the following:

INCOME AND ASSET VERIFICATION AFFIDAVIT

Minor/Ward: _____

Estate No. _____

PERSONAL AND INTANGIBLE PROPERTY (Indicate if property is jointly owned and with whom)

Approximate Current Value

Checking/Savings/Money Market/Certificates of Deposit/Liquid Accounts: \$ _____

Stocks/Bonds/Investments (including retirement and profit-sharing accounts): \$ _____

Automobiles: (Year/Make/Model) (V.I.N.) (Joint owner (if any)) \$ _____

Other assets of significant value: \$ _____

TOTAL VALUE OF PERSONAL PROPERTY \$ _____

REAL PROPERTY (Indicate if property is jointly owned and with whom)

Description	County	State	Approximate equity
_____	_____	_____	\$ _____

INCOME FROM ALL SOURCES

Yearly Total

Social Security per year \$ _____

SSI (Supplemental Security Income) per year \$ _____

Retirement or VA benefits per year \$ _____

Other income, including, interest, alimony, annuity, or trust distributions \$ _____

YEARLY TOTAL OF ALL INCOME \$ _____

DEBTS, LIABILITIES, AND EXPENSES

Obligor/Payee	Collateral, if any	Solely/Jointly Owned	Approx. Current Balance
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_____ \$ _____

_____ \$ _____

Expenses/type of expenses	Approx. Annual Amt
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_____ \$ _____

_____ \$ _____

_____ \$ _____

_____ \$ _____

YEARLY TOTAL EXPENSES \$ _____

Verification

The answers to the foregoing questions and the information provided with regard to the minor/ward are true and correct to the best of my/our personal knowledge and belief and are hereby made under oath.

Sworn to and subscribed before
me this ____ day of _____, 20____.

Guardian/Conservator

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name of Conservator

Sworn to and subscribed before
me this ____ day of _____, 20____.

Co-Guardian/Co-Conservator, if any

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name of Conservator

ORDER ADMITTING TO RECORD

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

Judge/Clerk of Court

Recorded on _____ by _____(Deputy Clerk)