

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.

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	\$
<hr/>				
<hr/>				

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
<hr/>			\$ _____
<hr/>			\$ _____

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

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)