

PERSONAL STATUS REPORT TO PROBATE COURT OF CATOOSA COUNTY, GEORGIA

Name of Ward: _____ File No: _____
Address of Ward: _____
Telephone of Ward: _____

Name of Conservator/Guardian(s): _____
Address of Conservator/Guardian(s): _____
Telephone Conservator/Guardian(s): _____

Personal Status Report Due Date: _____

1. I/We, _____, am/are the guardian(s) of the above-named ward, and my/our annual report on the condition of the ward is as follows:

2. Present age of ward: _____ Date of Birth: _____

3. Living Arrangements:

a. Current physical address of the ward is: _____

b. The ward's current resident is:

- ☐ Own home/apartment
- ☐ Relative's home/apartment
- ☐ Nursing/skilled care facility
- ☐ Guardian's home/apartment
- ☐ Hospital or other medical facility
- ☐ Personal care/assisted living facility
- ☐ Other (specify) _____

c. The ward 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 ward's current living arrangement as ☐excellent, ☐average, or ☐below average. If below average, please explain:

e. I/We believe the ward is ☐content ☐unhappy with the current living situation.

f. I/We recommend a more suitable arrangement for the ward as follows:

Physical Health

The ward's current general physical condition is ☐excellent ☐good ☐fair ☐poor.

During the past year, the ward's physical condition has:

- ☐ remained about the same
- ☐ improved; explain: _____
- ☐ worsened; explain: _____

During the past year, the ward received the following medical treatment (including check-ups and dental work):

DATE	DOCTOR	AILMENT	TREATMENT

Mental Health

The ward's current general mental health is ☐excellent ☐good ☐fair ☐poor.

During the past year, the ward's mental condition has

- ☐ remained the same
- ☐ improved; explain: _____
- ☐ worsened; explain: _____

During the past year, a mental health evaluation and/or treatment by a psychiatrist, psychologist, or social worker ☐was ☐was not provided.

Social Activities/Services

The ward's current social condition is: ☐excellent ☐good ☐fair ☐poor.

During the past year, the ward's social condition has

- ☐ remained the same.
- ☐ improved; explain. _____
- ☐ worsened; explain. _____

During the past year, the ward has participated in the following activities (explain):

- ☐ recreational: _____
- ☐ educational: _____
- ☐ social: _____
- ☐ occupational: _____
- ☐ no activities available: _____
- ☐ ward refused to participate in activities: _____
- ☐ ward was unable to participate in activities: _____

Visits by Conservator/Guardian

During the past year, I/We visited personally with the ward on the following dates/occasions:

The average amount of time spent on each visit was _____.

The last time I/we visited with the ward was on _____.

Activities Performed for Ward

During the past year, I/we performed the following activities/services/duties for the ward:

I/We believe the ward has the following unmet needs (if any):

The guardianship ☐should ☐should not be continued because:

****If the guardianship and/or conservatorship does not need to be continued, you MUST file a Petition for the Restoration of an Individual Found to Be in Need of a Guardian and/or Conservator**

Is the ward capable of expressing any opinions about the guardianship, the personal needs of the ward, or the services of the guardian? _____ Yes _____ No

If yes, what has the ward expressed about those issues?

_____ I/We also serve as conservator(s) for the ward. If so, my/our account for the current year _____

☐ is filed simultaneously with this report

☐ was filed earlier this year on _____

☐ is not yet due

☐ has not been filed because _____

☐ is not required

OR;

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

My/Our Current contact information is:

Printed Name of Guardian

Street Address

City, State, Zip

Mailing Address, if different

Home Telephone & Work Telephone

Printed Name of Co-Guardian

Street Address

City, State, Zip

Mailing Address, if different

Home Telephone & Work Telephone

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 _____ Clerk _____
Minute Book _____ Page _____