

**IN THE PROBATE COURT OF LOWNDES COUNTY
STATE OF GEORGIA**

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

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

****AN UPDATED PHOTO OF ADULT WARD
MUST ACCOMPANY THIS REPORT EACH YEAR ****

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

2. Present age of Adult Ward: _____ Date of Birth: _____

3. Living arrangements:
a. Current physical address of the Adult Ward is:

_____	_____
Street Address	City, State, ZIP

b. The Adult Ward'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 Adult 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 Adult Ward's living arrangements as excellent average below average.
If below average, please explain:

e. I/We believe the Adult Ward is content, unhappy with the current living situation.

f. I/We recommend a more suitable living arrangement for the Adult Ward as follows:

4. Physical Health

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

b. During the past year, the Adult Ward's physical condition has

remained about the same.

improved; explain: _____

worsened; explain: _____

c. During the past year, the Adult Ward received the following medical treatment (including check-ups and dental work). If space below is insufficient, please continue on a separate page.

Date	Doctor	Ailment	Treatment

5. Mental Health

a. The Adult Ward's current general mental health is excellent good fair poor.

b. During the past year, the Adult Ward'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 Adult Ward's current social condition is excellent good fair poor.

b. During the past year, the Adult Ward's social condition has

remained about the same.

improved; explain: _____

worsened; explain: _____

- c. During the past year, the Adult 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: _____

7. Visits by Guardian

- a. During the past year, I/we visited personally with the Adult Ward on the following dates or occasions: _____

- b. The average amount of time spent on each visit was _____
- c. The last time I/we visited with the Adult Ward was on _____

8. Activities performed for Adult Ward

- a. During the past year, I/we performed the following activities/services/duties for the Adult Ward:

9. I/We believe the Adult Ward has the following unmet needs (if any):

10. The Guardianship should should not be continued because:

11. Is the Adult Ward capable of expressing any opinions about the Guardianship, the personal needs of the Adult Ward, or the services of the Guardian? Yes No / If yes, what has the Adult Ward expressed about those issues: _____

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

13. 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

City, State Zip, if different

City, State Zip, if different

Cell Number Home Number

Cell Number Home Number

Work Number Other

Work Number Other

Electronic Mail (Email) Address

Electronic Mail (Email) Address

Verification

The answers to the foregoing questions and the information provided with regard to the Adult 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 _____

Sworn to and subscribed before me
on _____

Notary Public/ Clerk of Probate Court

Notary Public/ Clerk of Probate Court