IN THE PROBATE COURT OF WHITFIELD COUNTY STATE OF GEORGIA

Personal Status Report

IN RE:		: ESTATE NO:	
	Minor/Ward	: Period from to : Age:	
	Guardian	: Date of Birth:	
	*Note: This form MIST hat	·	
	*Note: This form MUS1 be t	typed or legibly printed in black ink.	
1.		am/are the or/ward, and my/our annual report on the condition of	
2.	Guardian(s) relation to minor/ward:		
3.	c. Present residence for yd. Current living arrangements:	, assisted living)	
	arrangements i. The following would	is: □ content □ unhappy with current living be a more suitable living arrangement for the	
4.	dates and occasions: b. Average amount of time spen	rsonally visited with the minor/ward on the following t on each visit was th the minor/ward was on	
5.	Current physical health of minor/war a. The minor's/ward's current g i. □excellent □good ii. □remained the same iii. Name of doctor or treater	eneral physical condition is: □fair □poor □improved □worsened	

6.	Current mental health of minor/ward:				
	a. The minor's/ward's current general, mental health is:				
	i. □ excellent □good □fair □poor				
	ii. □remained the same □improved □worsened				
	b. During the past year, mental health evaluation and/or treatment by a psychiatrist,				
	psychologist, or social worker \square was \square was not provided.				
		ility:			
7.	Current needs of minor/ward:				
	a. The following activities/services/duties have been performed in the past year:				
	b. The minor/ward has the following unmet needs(if any):				
	c. Is the minor/ward capable of expressing any opinions regarding personal needs				
	or services? \Box yes \Box no				
0					
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.				
Q	Current contact information:				
٦.	Current contact information.				
	Printed Name of Guardian	Printed name of Co-Guardian			
	Finited Name of Guardian	Finited name of Co-Guardian			
	Street Address	Street Address			
	Street Hadress	Street Hadress			
	Mailing Address (if different)	Mailing Address (if different)			
	City, State, Zip	City, State, Zip			
	, 1	, r			
	Home Phone Work Phone	Home Phone Work Phone			

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	
me uns day of	, 20	Guardian
NOTARY/CLERK OF PROBATE My Commission Expires		Printed Name of Guardian
Sworn to and subscribed before me this day of	, 20	
		Co-Guardian, if any
NOTARY/CLERK OF PROBATE My Commission Expires		Printed Name of Co-Guardian
OI	RDER ADMIT	TING TO RECORD
		Report is hereby accepted, approved and of, 20
	Jı	udge/Clerk of Court
Recorded on	by	(Deputy Clerk)