

MUSCOGEE COUNTY PROBATE COURT

STATE OF GEORGIA

IN RE:

\_\_\_\_\_,  
WARD,

\_\_\_\_\_,  
GUARDIAN.

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Case No.: \_\_\_\_\_

PERSONAL STATUS REPORT

1. I/We, \_\_\_\_\_ am/are the court-appointed Guardian(s) of the above-named ward.

2. Present age of ward: \_\_\_\_\_ Date of birth: \_\_\_\_\_

3. Living Arrangements:

a. Current physical address of the ward is:

b. The ward's current residence is:

- Own home/apartment
- Guardian's home/apartment
- Relative's home/apartment. Name: \_\_\_\_\_
- Hospital or other medical facility. Name: \_\_\_\_\_
- Nursing/skilled care facility. Name: \_\_\_\_\_
- Personal care/assisted living facility. Name: \_\_\_\_\_
- Other: \_\_\_\_\_

c. The ward has been in the present residence since \_\_\_\_\_  
If ward was moved within the past year, state the reason for the change:

\_\_\_\_\_  
\_\_\_\_\_

d. I/we rate the ward's current living arrangement as:

- Excellent
- Average
- Below Average – Explain: \_\_\_\_\_

\_\_\_\_\_

e. I/We believe the ward is:

- Happy
- Content
- Unhappy with the current living situation

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Physical Health:

a. The ward's current general physical condition is:

- Excellent
- Good
- Fair
- Poor

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

- Remained about the same
- Improved – Explain: \_\_\_\_\_

- Worsened – Explain: \_\_\_\_\_

c. During the past year, the ward received the following medical treatment (include MEDICAL and DENTAL visits at a minimum):

Date	Doctor	Problem	Treatment

5. Mental Health:

a. The ward's current general mental health is:

- Excellent
- Good
- Fair
- Poor

b. During the past year, the ward's mental condition has:

- Remained 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 provided
- Was not provided

6. Social Activities/Services:

a. The ward's current social condition is:

- Excellent
- Good
- Fair
- Poor

b. During the past year, the ward's social condition has:  
 Remained about the same  
 Improved – Explain: \_\_\_\_\_

\_\_\_\_\_

Worsened – Explain: \_\_\_\_\_

c. During the past year, the ward has participated in the following activities:

Recreational: \_\_\_\_\_

Educational: \_\_\_\_\_

Social: \_\_\_\_\_

Occupational: \_\_\_\_\_

No activities available: \_\_\_\_\_

Ward refused to participate: \_\_\_\_\_

Ward was unable to participate: \_\_\_\_\_

7. Personal Visits with Ward:

a. During the past year, I/we visited personally with the ward on the following dates/occasions: \_\_\_\_\_

b. The average amount of time spend on each visit was: \_\_\_\_\_

c. The last time I/we visited with the ward was on: \_\_\_\_\_

d. Other family and/or friends that visit with the ward are: \_\_\_\_\_

8. Activities Performed for Ward:

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

9. I/We believe that the ward has the following unmet needs: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. The guardianship:

Should continue

Should NOT continue – Explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

11. Is the ward capable of expressing any opinions about the guardianship, their needs, or the services of the guardian?  Yes  No If yes, what has the ward said:

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12.  I/We also serve as conservator(s) for the ward and the current accounting:

Is filed simultaneously with this report

Was filed earlier on \_\_\_\_\_

Is not yet due, but will be filed on \_\_\_\_\_

Has not been filed because \_\_\_\_\_

Other: \_\_\_\_\_

13.  I/We do not serve as conservator(s) for the ward, and I/we:

Have NOT received funds for the support, care, education, health and welfare of the ward during the past year.

Have received funds for the support, care, education, health and welfare of the ward during the past year, and the following is a description of the amounts and expenditures of all such funds received during the reporting period: \_\_\_\_\_

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14. Check all boxes that are applicable:

My Ward ONLY receives SSI

My Ward ONLY receives SSDI

My Ward receives a combination of SSI and SSDI

I am my Ward's Representative Payee through the Social Security Administration

My Ward receives income from another source: \_\_\_\_\_

My Ward has real property (land/house) titled in their name

My Ward has other assets (inheritance, law suit proceeds, etc.)

Other: \_\_\_\_\_

15. If the ward is a minor, please complete the following:

a. Where is child in school: \_\_\_\_\_

b. What grade is the child in: \_\_\_\_\_

c. Does the child have an IEP?  Yes  No If so – Explain: \_\_\_\_\_

d. Does the child have health insurance?  Yes  No Dental?  Yes  No

e. Insurance Carrier: \_\_\_\_\_

f. **Attach the most recent report card for the child to this report!**

16. The following is our my/our current contact information:

_____ 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
_____ Home/work/cell number	_____ Home/work/cell number
_____ Email address	_____ Email address

17. Certification:

*By signing below, I/we certify that this Personal Status Report is a full and complete accounting of the life of the ward for the current reporting period; that we have fully complied with my/our duties as guardian of the ward as dictated by O.C.G.A. Title 29; and that we have handed or mailed to the ward and/or conservator (if any) a copy of this report.*

_____ Signature of Guardian	_____ Signature of Co-Guardian
_____ Date	_____ Date