

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

IN RE: _____
Minor

ESTATE NO: _____

_____,
Guardian

**PERSONAL STATUS REPORT
Annual Report on Condition of
Minor**

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.
RESPOND TO EACH SEGMENT.
DUE BY: _____**

1. I/We, _____,
am/are the (temporary) (permanent) guardian(s) of the above-named minor.
2. Present age of minor: _____ Date of Birth: _____
3. Living Arrangements:
 - a. Current physical address of the minor is: _____
 - b. The minor has been in the present residence since _____.
If moved within the past year, state change(s) and reason(s) for change:

 - c. I/We rate the minor's living arrangement as ☐ excellent, ☐ average, or ☐
below average.
 - d. I/We believe the minor is ☐ content ☐ unhappy with the current living situation.
4. Physical health:
 - a. The minor's current general, physical condition is: ☐ excellent ☐ good ☐ fair
☐ poor.
 - b. During the past year, the minor's physical condition has:
☐ remained the same.
☐ improved; explain: _____

☐ worsened; explain: _____

- c. During the past year, the minor received the following medical treatment (including check-ups and dental work) (attach separate sheet if necessary):

| DATE | DOCTOR | AILMENT | TREATMENT |
|------|--------|---------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

5. Mental Health:

- a. The minor's current general, mental health is: ☐ excellent ☐ good ☐ fair ☐ poor.

- b. During the past year, the minor'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 ☐ was not provided.

6. Social Activities/Services

- a. The minor's current social condition is ☐ excellent ☐ good ☐ fair ☐ poor

- b. During the past year, the minor's social condition has:

☐ remained the same

☐ improved; explain: _____

☐ worsened; explain: _____

- c. During the past year, the minor's has participated in the following activities (explain):

☐ recreational:

☐ educational: _____

☐ social: _____

☐ occupational: _____

☐ social: _____

☐ occupational: _____

☐ no activities available: _____

☐ minor refused to participate in activities: _____

☐ minor was unable to participate in activities: _____

7. Visits by Guardian if the minor lives apart from the Guardian:

a. During the past year, I/we visited personally with the minor on the following dates/opportunities: _____

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

c. The last time I visited with the minor was on _____

8. Activities performed for the Minor:

a. During the past year, I/we performed the following activities/services/duties for the minor: _____

9. I/we believe that the minor has the following unmet needs (if any): _____

10. The guardianship ☐ should ☐ should not be continued because: _____

11. Is the minor capable of expressing any opinions about the guardianship, the personal needs of the minor, or the services of the guardian(s)?

☐ yes ☐ no

If yes, what has the minor expressed about those issues? _____

12. ☐ I/we do serve as conservator(s) of the minor. If so, my 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 minor. All monies used to support the
minor come from the following sources with the total amount from each source for the
past 12 months being: _____

13. The location and status of the minor's father is: _____

14. The location and status of the minor's mother is: _____

15. My/Our Current contact information is:

Printed Name of Guardian

Street Address

City, State, Zip

Mailing Address, if different

Home Telephone & Work Telephone

Electronic mail (E-mail) address

Printed Name of Co-Guardian

Street Address

City, State, Zip

Mailing Address, if different

Home Telephone & Work Telephone

Electronic mail (E-mail) address

VERIFICATION

The answers to the foregoing questions and the information provided to me (us) with regard to the minor are true and correct to the best of my (our) knowledge and belief and are hereby made under oath.

Guardian Signature

Co-Guardian's Signature

Printed Name of Guardian

Printed Name of Co-Guardian

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 _____ in Minute Book _____
Page _____ Clerk _____