

## **PERSONAL STATUS REPORT FOR ADULT GUARDIANSHIP**

The Personal Status Report for a Adult Guardianship is to be filed with the Court 60 days after the date the Letters of Guardianship issue AND annually on the date the Letters of Guardianship issue.

There is no fee for filing the Personal Status report.

The document must be fully completed and signed by the Guardian and notarized, and the original sent to:

Fayette County Probate Court  
**ATTN: Nova Brown**  
1 Center Drive  
Fayetteville, GA 30214

IN THE PROBATE COURT OF FAYETTE COUNTY  
STATE OF GEORGIA

IN RE: \_\_\_\_\_

Ward

ESTATE NO. \_\_\_\_\_

**PERSONAL STATUS REPORT  
FOR REPORTING PERIOD**

\_\_\_\_\_ through \_\_\_\_\_

Guardian

(last report)

(date completed)

1. Present age of ward: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

2. Living Arrangements:

a. Current physical address of the ward is:

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

3. a. Person(s) living with the ward (names & relationships):

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

b. Has the ward's address changed in the past year? Yes / No

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

4. Physical Health

a. The ward's current general, physical condition is ☐ excellent ☐ average ☐ good ☐ poor.

b. Description of any medical conditions, illnesses, or treatments during the past year:

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

5. Social Activities

a. The ward is involved in the following social activities (list and describe):

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

b. Describe the ward's contact and involvement with family:

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

6. Describe any problems (legal, emotional, medical, financial) the ward has had during the past year:

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

7. a. Do you expect the guardianship to continue for the next year? Yes / No  
b. Why or why not?

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8. Is there any additional information or matters you think the Court should be aware of (provide details)?

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9. a. Has any other Court or the Department of Family & Children Services been involved with the ward?  
Yes / No  
b. If yes, please describe:

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10. My/Our current contact information is:

Printed Name of First Guardian	Printed Name of Second Guardian
Street Address	Street Address
City, State, Zip	City, State, Zip
Mailing Address, if different	Mailing Address, if different
Home Telephone      Cell Telephone	Home Telephone      Cell Telephone
Electronic Mail (Email) Address	Electronic Mail (Email) Address

#### VERIFICATION

The answers to the foregoing questions and the information provided with regard to the ward are true and correct to the best of my/our personal knowledge and belief and are hereby made under oath.

_____ Signature of First Guardian	_____ Signature of Second Guardian
Sworn to and subscribed before me this ____ day of _____, 20__.	Sworn to and subscribed before me this ____ day of _____, 20__.

_____ Notary Public/Clerk, Probate Court	_____ Notary Public/Clerk, Probate Court
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#### ORDER

The within and foregoing Personal Status Report has been reviewed and is order docketed and placed in the estate file.

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_ .  
\_\_\_\_\_  
Judge/Clerk of Probate Court