

1 **IN THE JUVENILE COURT OF _____ COUNTY**
2 **STATE OF GEORGIA**

3
4 **In the Interest of:**

Case No.: _____

5
6 **Personal Status Report**

7 _____
8 **A Child**

Quarterly Report on Condition of Ward

9 **DOB:**

Sex:

10 1.

11 I/we _____ are the guardians
12 of the above named ward, and my/our annual report on the condition of the minor ward is as follows,
13 to wit:

14 2.

15 ___ The ward/minor is currently ___ years old (or)

16 ___ The ward/minor is deceased, a death certificate in verification of same is attached hereto.

17 The date of death of the ward was _____, the cause of death was

18 _____.

19 3.

20 The ward currently resides at:

21 _____
22 _____.

23 The telephone number of this residence is: _____. The nature of
24 the wards current residence is:

25 ___ Ward's/minor's own home/apartment

26 ___ Relative's home/apartment

27 ___ Guardian's home/apartment

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___ Personal Care Home/Assisted Living Facility

___ Nursing/Skilled Care Facility

___ Hospital or other medical facility

___ Other: (specify) _____.

The persons/agencies providing care to the ward/minor in the minor's current residence are: _____

_____.

4.

The ward/minor has been in the present residence since: _____.

If the ward/minor has been moved in the past 12 months state the date of change, the placed removed from/to, and the reason for the change:

_____.

5.

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

___ Excellent

___ Average

___ Below Average

If rated below average, you must explain: _____

_____.

6.

I/we believe the ward/minor is ___ content/___ unhappy with the current living situation.

7.

I/we recommend a more suitable living arrangement for the minor/ward as follows:

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8.

The minor's/ward's current general physical condition is:

___ Excellent ___ Good ___ Fair ___ Poor

During the past quarter, the ward/minor's physical condition has:

___ Remained about the same.

___ Improved; explain: _____.

___ Worsened; explain: _____.

During the past quarter (3 months/90days) the minor/ward received the following medical treatment (including check-ups and dental work):

Date	Doctor	Ailment	Treatment

9.

The ward/minor's current general mental health is:

___ Excellent ___ Good ___ Fair ___ Poor

During the past quarter the ward/minor's mental condition has

___ Remained about the same.

___ Improved; explain: _____.

___ Worsened; explain: _____.

During the past quarter, mental evaluation and/or treatment by a psychiatrist, psychologist, or social worker ___ was provided.

1 _____ was not provided.

2 10.

3 The minor/ward's current social condition is

4 _____ Excellent _____ Good _____ Fair _____ Poor

5 During the past quarter the minor/ward's social condition has:

6 _____ Remained about the same.

7 _____ Improved; explain: _____.

8 _____ Worsened; explain: _____.

9 During the past quarter, the ward/minor has participated in the following activities (explain):

10 _____ Recreational: _____.

11 _____ Educational: _____.

12 _____ Social: _____.

13 _____ Occupational: _____.

14 _____ No Activities Available: _____.

15 _____ Ward Refused to Participate in Activities: _____.

16 _____ Ward Unable to Participate in Activities: _____.

17 11.

18 During the past quarter, I/we visited personally with the ward/minor on the following
19 dates/occasions:

20 _____
21 _____
22 _____

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

24 The last time I/we visited with the ward/minor was on: _____.

25 12.

26 During the past quarter, I/we have performed the following activities/services/duties for
27 the ward/minor: _____

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13.

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

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The guardianship ____ should be ____ should NOT be continued because:

15.

The minor/ward ____ is ____ is NOT capable of expressing any opinions about the guardianship, the personal needs of the minor/ward, and/or the services of the guardian.

During the past quarter, the minor/ward has expressed the following about the minor/ward's opinions of the guardianship, the minor/ward's personal needs, and/or the services of the guardian:

16.

The minor/ward ____ does ____ does NOT have a conservator. The minor/ward ____ does need ____ does NOT need a conservator.

17.

My/our current contact information is:

Printed Name

Printed Name

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Street Address	Street Address
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City, State, Zip	City, State, Zip
_____	_____
Mailing Address, if different	Mailing Address if Different
_____	_____
Telephone numbers (2)	Telephone numbers (2)
_____	_____
Email Address	Email Address

VERIFICATION

The answers to the foregoing questions, statements made, and information provided are true and correct to the best of my/our personal knowledge and belief and are hereby made under oath subject to the penalties of perjury.

_____	_____
Guardian's Signature	Co-Guardian's Signature
_____	_____
Printed Name	Printed Name

Sworn to and subscribed before me this ____ day of _____, 20____.	Sworn to and subscribed before me this ____ day of _____, 20____.
_____	_____
Notary Public	Notary Public