

**IN THE JUVENILE COURT OF CHATHAM COUNTY, GEORGIA**

**In the interest of:                      Sex    D.O.B.                      Case Number                      File Number**

\_\_\_\_\_

Minor Child.

**PERSONAL STATUS REPORT FOLLOWING PERMANENT GUARDIANSHIP**

O.C.G.A. §§15-11-242(b) and 29-2-21 require a guardian over a minor to file within 60 days after appointment and within 60 days after each anniversary to file with the Court and the conservator, if any, a personal status report concerning the minor.

I/We, as guardian(s) over the above-named child file the following report on the condition of the above-named minor child:

1. I/We, \_\_\_\_\_ am/are the guardian(s) of the above-named minor child. The current contact number of the guardian(s):  
\_\_\_\_\_.
2. The date of appointment of the guardian(s) of the above-named minor child was  
\_\_\_\_\_.
3. This status report is (  ) within 60 days after the initial appointment  
(  ) within 60 days after the anniversary date of appointment
4. Living arrangements:
  - a. Current physical address of the child: \_\_\_\_\_
  - b. The child has been at this current physical address since \_\_\_\_\_.  
If moved within the past year, state change(s) and reason for the change:  
\_\_\_\_\_.
  - c. Name all individuals who reside in the current physical address

NAME OF INDIVIDUAL	BIOLOGICAL /LEGAL RELATIONSHIP WITH CHILD, IF ANY	AGE

(  ) Additional pages are attached.

5. The child's current general, physical condition is:  
 Excellent     Good     Fair     Poor
- a. During the past year, the child's **physical condition** has:  
 Remained the same  
 improved; explain: \_\_\_\_\_  
 worsened; explain: \_\_\_\_\_
- b. During the past year, the child received the following medical treatment (including check-ups and dental work):

DATE	DOCTOR	AILMENT	TREATMENT

Additional pages are attached.

6. Mental Health
- a. The child's current mental health is:  
 Excellent     Good     Fair     Poor
- b. During the past year, the child'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.

7. Social Activities/Services
- a. The child's current social condition is  
 Excellent     Good     Fair     Poor
- b. During the past year, the child's **social condition** has:  
 Remained the same  
 improved; explain: \_\_\_\_\_  
 worsened; explain: \_\_\_\_\_
- c. During the past year, the child has participated in the following activities (explain):  
 recreational: \_\_\_\_\_  
 educational: \_\_\_\_\_  
 social: \_\_\_\_\_  
 occupational: \_\_\_\_\_

Interest of \_\_\_\_\_  
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8. The child (\_\_\_) is (\_\_\_) is not enrolled in an educational program.  
If enrolled, where and what program/school: \_\_\_\_\_  
\_\_\_\_\_

9. Since the last report, there have been the following updates/changes that the court should be aware of:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. I (\_\_\_) have (\_\_\_) do not have recommendations for alterations of the guardianship order (Explain): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Does the child have needs that are not being met? (\_\_\_) YES (\_\_\_) NO  
If YES, please explain what are those needs: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. In addition to the information above, the Court should know the following: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me this  
\_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Notary/Dep. Clerk of Juvenile Court

\_\_\_\_\_  
Printed Name of Guardian

Sworn to and subscribed before me this  
\_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Notary/Dep. Clerk of Juvenile Court

\_\_\_\_\_  
Printed Name of Guardian