

NOTE: THIS FORM MUST BE TYPED OR LEGIBLY PRINTED IN BLACK OR BLUE INK.

IN THE PROBATE COURT OF CHATHAM COUNTY STATE OF GEORGIA	
In Re: _____ )	CASE NO. _____
Minor _____ )	PERSONAL STATUS REPORT
Guardian _____ )	Annual Report on Condition of Minor

I, \_\_\_\_\_ am the guardian of the above-named minor and my annual report on the condition of the minor is as follows:

1. Present age of minor: \_\_\_\_\_ Date of Birth: \_\_\_\_\_
  
2. Current physical address of the minor: \_\_\_\_\_  
\_\_\_\_\_  
  - a. The minor has been in the present residence since \_\_\_\_\_.  
If moved within the past year, state the reason for the change: \_\_\_\_\_
  
  - b. Do you intend to move within the next year? \_\_\_ If yes, provide the new address if known: \_\_\_\_\_
  
  - c. The minor  does  does not live full time with the guardian. If not, explain why the minor lived with someone other than the guardian and state the names and address of the persons the minor lived with in the past year: \_\_\_\_\_

**3. Physical Health:**

- a. The minor's general, physical condition is  Excellent  Good  Fair  Poor.
- b. During the past year, the minor's physical condition has  
 remained about the same (explain): \_\_\_\_\_  
 improved (explain): \_\_\_\_\_  
 worsened (explain) \_\_\_\_\_

**4. Education: ATTACH A COPY OF THE MOST RECENT REPORT CARD TO THIS REPORT**

- a. Where is the child in school: \_\_\_\_\_
- b. What grade is the child in: \_\_\_\_\_
- c. Does the child have an IEP? Yes No If yes, explain: \_\_\_\_\_
  
- d. Does the child attend counseling or therapy (in or outside of school)? \_\_\_\_\_

**5. Social Activities/ Services:**

- a. The minor's current social condition is  Excellent  Good  Fair  Poor.
- b. During the past year, the minor has participated in the following activities (explain):  
 recreational: \_\_\_\_\_  
 social: \_\_\_\_\_

6. I believe that the minor child has the following unmet needs (if any):

\_\_\_\_\_

7. **Financial:**

I also serve as CONSERVATOR for the minor child and the required annual return and asset management plan

- are filed with this report
- were filed earlier on \_\_\_\_\_
- will be filed on \_\_\_\_\_
- have not been filed because \_\_\_\_\_

I do not serve as CONSERVATOR for the minor child.

I have received funds or property for the support, care, education, health and welfare of the minor child.

I have received no funds or property for the minor child.

I have no knowledge of the minor or any person on behalf of the minor receiving funds or property for any reason.

I have knowledge that \_\_\_\_\_ has received funds or property for the minor child.

If funds or property have been received for the minor child since your last report, please list a description of the amount(s), location and expenditures of such funds or transfers of such property received by any person to your knowledge:

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

8. My current contact information is:

\_\_\_\_\_  
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/Cell Telephone Work Telephone

\_\_\_\_\_  
Home/Cell Telephone Work Telephone

\_\_\_\_\_  
Electronic Mail (Email) Address

\_\_\_\_\_  
Electronic Mail (Email) Address

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**CERTIFICATE OF SERVICE**

This is to certify that I have this date forwarded by first class mail, in a stamped addressed envelope, a copy of the foregoing PERSONAL STATUS REPORT to the **Conservator** of the Minor or Ward (if different person than Guardian) at the address provided below:

NAME OF CONSERVATOR: \_\_\_\_\_  
MAILING ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Guardian