

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

<b>IN RE:</b> _____	:	DOCKET NO. _____
	:	
<b>Minor</b> _____	:	<b>PERSONAL STATUS REPORT</b>
	:	<b>Annual Report on Condition of</b>
<b>Guardian/Co-Guardians</b> _____	:	<b>Minor</b>

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

I/We, \_\_\_\_\_, am/are the guardian(s) of the above-named minor, and my/our 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: \_\_\_\_\_  

*[Street] [City] [State] [Zip Code]*

  - a. The minor has been in the present residence since \_\_\_\_\_.  
If moved within the past year, state reason(s) for change: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - b. Do you intend to move within the next year?  Yes  No If yes, provide new address if known:  
\_\_\_\_\_  

*[Street] [City] [State] [Zip Code]*
  - c. The minor  **does**  **does not** live full time with the guardian(s). If not, explain why the minor lived with someone other than the guardian and state the names and addresses of the persons the minor lived with in the past year: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  - d. I/We recommend a more suitable living arrangement for the minor as follows: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. 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 about the same.

improved; explain: \_\_\_\_\_.

worsened; explain: \_\_\_\_\_.

c. Does the child have: Health insurance?  Yes  No Dental?  Yes  No

d. Insurance Provider: \_\_\_\_\_

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 so – Explain: \_\_\_\_\_

d. Does the child attend counselling 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's social condition has

remained about the same.

improved; explain: \_\_\_\_\_.

worsened; explain: \_\_\_\_\_.

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

recreational: \_\_\_\_\_

social: \_\_\_\_\_

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

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

7. The guardianship  should  should not be continued because:

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

8.  I/We also serve as conservator(s) for the minor. If so, my/our accounting for the current year:
- is filed simultaneously with this report
  - was filed earlier on \_\_\_\_\_.
  - It 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.  
 I/We  **have**  **have not** received funds for the support, care, education, health and welfare of the ward/minor.

If so, following is a description of the amount(s) and expenditures of all such funds received by me/us during the reporting period:

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9. My/Our current contact information is:

<hr/> Printed Name of Guardian	<hr/> Printed Name of Co-Guardian
<hr/> Street Address	<hr/> Street Address
<hr/> City, State, ZIP	<hr/> City, State, ZIP
<hr/> Mailing Address, if different	<hr/> Mailing address, if different
<hr/> Home/Cell Telephone & Work Telephone	<hr/> Home/Cell Telephone & Work Telephone
<hr/> Electronic Mail (Email) Address	<hr/> Electronic Mail (Email) Address

**VERIFICATION**

Personally appeared before me the undersigned Temporary Guardian(s) who on oath state(s) the facts set forth in the foregoing report (and any attachments) are true and correct.

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

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

\_\_\_\_\_  
Notary / Clerk of the Probate Court  
My commission expires: \_\_\_\_\_

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

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

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

\_\_\_\_\_  
Signature of Co-Guardian, if any

\_\_\_\_\_  
Notary / Clerk of the Probate Court  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Co-Guardian, if any

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address

**CONFIRMATION OF COMPLIANCE WITH FILING REQUIREMENT**

Based on the foregoing Minor Personal Status Report, said report is hereby accepted for filing in the Probate Court of Houston County.

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

\_\_\_\_\_  
CLERK/DEPUTY CLERK,  
Houston County Probate Court