

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

## **ADULT PERSONAL STATUS REPORT**

The following is a true and complete reporting concerning the above incapacitated adult covering the period from \_\_\_\_\_ to \_\_\_\_\_, 20\_\_\_\_

**1. Describe the adult ward's living conditions:**

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2. The adult ward's current address is: \_\_\_\_\_

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\_\_\_\_\_ and

he/she has resided at this address since: \_\_\_\_\_

The Guardian's current address is: \_\_\_\_\_

\_\_\_\_\_ and telephone  
number is: \_\_\_\_\_.

**3. Describe the adult ward's living situation (check one):**

- Personal Care Home
- Ward's own home
- Nursing Home
- Guardian's Home
- A home other than the Guardian's home and their relationship to adult ward \_\_\_\_\_
- Other \_\_\_\_\_

4. A specific description of my ward's needs is: \_\_\_\_\_

5. My recommendations for any alteration in the guardianship order are: \_\_\_\_\_

**FINANCIAL REPORTING (check all that apply)**

I/We also serve as Conservator (s) for the adult ward. If so, my/our accounting for the current year is:

- Filed simultaneously with this report.
- Was filed earlier on this date: \_\_\_\_\_
- Not due yet, but will be filed on this date: \_\_\_\_\_
- Has not been filed yet because: \_\_\_\_\_

**OR**

I/We do not serve as Conservator for the adult ward

I/We have not received funds for the support, care, education, health and welfare of the adult ward.

I/We have received support: Please list a description of the amount(s) and expenditures of all such funds received during the reporting period: \_\_\_\_\_

**VERIFICATION**

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

\_\_\_\_\_  
Guardian/Conservator Signature

\_\_\_\_\_  
Guardian/Conservator Signature

\_\_\_\_\_  
Printed Name of Guardian/Conservator

\_\_\_\_\_  
Printed Name of Guardian/Conservator

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

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

\_\_\_\_\_  
Notary Public/Probate Court Clerk  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public / Probate Court Clerk  
My commission expires: \_\_\_\_\_