

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

RE: _____)
_____)
Printed Name of Incapacitated Adult Ward)
_____)
_____)
Printed Name of Guardian(s))

FILE NO.: _____
DUE DATE: _____
PRESENT AGE: _____
DATE OF BIRTH: _____

ADULT PERSONAL STATUS REPORT

The following is a true and complete reporting concerning the above incapacitated adult covering the period from _____, 20__ to _____, 20__.

1. Describe the adult ward's living conditions:

2. The adult ward's current address is: _____
_____ and
he/she has resided at this address since: _____

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. Date you last observed your adult ward: _____

5. How often are you able to visit your adult ward? _____

6. How long are your average visits? _____

Printed Name of Incapacitated Adult Ward

FILE NO.: _____

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: _____

IF YOU FIND THAT YOU NEED TO SELL THE ADULT WARD'S REAL PROPERTY, VEHICLES, STOCKS AND/OR PERISHABLE PROPERTY, PLEASE CONTACT THE PROBATE COURT, OR YOUR ATTORNEY, FOR INFORMATION REGARDING THE REQUIRED PROCEDURE.

CONFIRMATION OF COMPLIANCE WITH FILING REQUIREMENT

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

This ____ day of _____ 20__.

CLERK / DEPUTY CLERK, Henry County Probate Court