

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

IN RE: ESTATE OF _____)

ESTATE NO.: _____

)

DUE DATE: _____

_____,)

Ward.

)

PRESENT AGE: _____

_____,)

Guardian.

)

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 the adult ward: _____

4.

Date you last observed your adult ward: _____

5.

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

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(s) 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

Personally appeared before me the undersigned 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____.

Notary / Clerk of the Probate Court
My commission expires: _____

Signature of First Guardian

Printed Name of First Guardian

Address

Telephone Number

Email Address

Sworn to and subscribed before me,
this _____ of _____, 20____.

Notary / Clerk of the Probate Court
My commission expires: _____

Signature of Second Guardian

Printed Name of Second Guardian

Address

Telephone Number

Email Address

CONFIRMATION OF COMPLIANCE WITH FILING REQUIREMENT

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

This _____ day of _____, 20____.

Honorable Judge Debbie Wade, Troup County Probate Court