

PERSONAL STATUS REPORT – PAGE TWO

5. A specific description of my wards needs:

6. My recommendations for any alteration in the guardianship order:

SWORN TO and subscribed before me

this _____ day of
_____ 20__.

NOTARY PUBLIC OR CLERK, PROBATE COURT

Signature of Guardian

Address

Address

Phone Number

INSTRUCTIONS:

1. Your Personal Status Report as guardian of the person, or person and property, of an incapacitated adult is due within four months of the day on which you first qualify as such guardian, and within two months after each anniversary date of your appointment.

2. Your Personal Status Report should be as complete and accurate as possible. Failure to make a correct and timely Report would be sufficient ground for your removal. THERE IS NO CHARGE TO FILE REPORT.

For additional information, consult your attorney, or check the Official Code of Georgia Annotated, Section 29-5-3 (b) (10). You are also welcome to call this office at (404) 371-2701 or (404) 371-2663.

CERTIFICATE OF MAILING
PERSONAL STATUS REPORT

This is to certify that I have this day forwarded by first class mail with sufficient postage to ensure delivery a copy of my personal status report as guardian of _____ to the following persons concerning the guardianship of _____.

CONSERVATOR/WARD'S ADDRESSES

This ____ day of _____,

Sworn to and subscribed
Before me this ____ day
Of _____,

Guardian

Notary Public/clerk of the
Probate Court
(must have seal and expiration date of notary)