

5. A specific description of my ward's needs:

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

Sworn to and subscribed before me,
this ___ day of _____, _____.

Notary Public or
Clerk, Probate Court

Sworn to and subscribed before me,
this ___ day of _____, _____.

Notary Public or
Clerk, Probate Court

Signature of Guardian

Address

Telephone #

Signature of Co-Guardian

Address

Telephone #

INSTRUCTIONS

1. Your personal status report as guardian of the person of an incapacitated adult is due within two (2) months of the day on which you first qualify as such guardian, and within sixty (60) days 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 grounds for your removal.
3. For additional information, consult your attorney, or check in O.C.G.A. § 29-4-22. You are also welcome to contact this office.

Please complete the form by typing or printing legibly in black ink.