



Printed Name of Incapacitated Adult Ward

- 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? \_\_\_\_\_

**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__.
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_____ Notary Public/Probate Court Clerk My commission expires:_____	_____ Notary Public / Probate Court Clerk My commission expires:_____
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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.

**ORDER ADMITTING TO RECORD**

The within and foregoing Personal Status Report is hereby accepted, approved, and ordered admitted to record on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
PATTY WALTERS LAINE, JUDGE  
HALL COUNTY PROBATE COURT