



## HOUSTON COUNTY PROBATE COURT

201 North Perry Parkway, Post Office Box 1801, Perry, Georgia 31069-1801  
Phone 478.218.4710 | Fax 478.218.4715

**KRISTEN W. HARRIS, JUDGE**

### FILING FEES FOR GUARDIANSHIP/CONSERVATORSHIP FOR A PROPOSED WARD

Initial Filing Fees	\$210.00
Professional Fees:	
Doctor Appointment	\$200.00
Attorney Appointment	\$175.00
Background Check*	\$20.00

<b>Total Due at Filing **</b>	<b>\$605.00</b>
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\* If a Guardianship is filed, a background check is required for the Guardian(s) and every adult living in the household. If a Conservatorship is filed, a background check is required for the Conservator(s).

\*\* If you are asking for additional powers in the initial petition, you will need to add \$175.00 as the court would also be required to then appoint a Guardian ad Litem.

Also, if the proposed ward is currently located outside of Houston County, there will be additional service fees as they are required by law to be served personally.

There will be a fee of \$10.00 per Certified Letter of Guardianship/Conservatorship at the conclusion of the case.

\*\*\*\*\*

**Approximate** total costs for filing Petition for Appointment of Guardian/Conservator for Proposed Ward that is **Uncontested** is \$625.00.

\*\*\*\*\*

If the ward objects to the appointment, the court will then appoint  
A Guardian ad Litem and an additional \$175.00 would be due at that time.

## LIVING TRUST

A competent adult may also create an inter vivos, or "Living", trust which provides for the handling of all or certain financial affairs by a designated trustee. Like a power of attorney, it allows one to specify the person or entity (i.e. a trust department) to handle the affairs and manage the trust property and may define the exact manner of property management. It is also beneficial in that it designates the trustee with whom third parties may deal regarding financial and other matters within the scope of the trust.

## PLACEMENT PROCEDURES

Placement in a personal care home or nursing home often can be accomplished without a guardian, as long as the resident is either (a) cooperative or (b) incapable of objecting. A competent adult has the right to determine his own residence, and a facility is without authority to restrain an adult absent consent, unless the authority to determine residence has been placed in another (a guardian). At times it may be difficult to gauge whether a new resident will ultimately "object," since he may be resistant at first but may adjust after a period of time. Basically, it comes down to whether the administrator of the facility feels it can safely keep the resident and prevent him from harming himself. Of course, it is also necessary to make the financial arrangements for the care of the resident, which may be done by the resident (if competent), an attorney-in-fact, or by anyone accepting the obligation and guaranteeing payment.

## REPRESENTATIVE PAYEE STATUS

If a resident receives Social Security or VA benefits, nursing and personal care home administrators can apply to become the representative payee of the resident's benefits, relieving family members of this monthly concern. This is a procedure with which most skilled nursing and personal care home administrators are familiar, and many will file the necessary applications for

the family. If the resident qualifies for Medicare or Medicaid, an assignment of benefits may satisfy any balance of monthly care charges in excess of Social Security or VA benefits.

## GUARDIANSHIP

Of course, there are times when a guardianship is needed and necessary. In those cases, the law provides appropriate protections for the adult, and guardians appointed by the Court are monitored by the Court and must file with the Court written, periodic reports on the condition of the ward and the ward's property.

WILLIAM J. SELF, II is Judge of the Probate Court of Bibb County, Georgia. He received his B.B.A. and J.D. degrees from the University of Georgia.

DIANNE BRANNEN is the Ombudsman for the Probate Court of Bibb County, Georgia. She received a B.M. degree from Wesleyan College, an M.B.A. degree from California State University, Los Angeles, and a J.D. degree from Mercer University.

## ALTERNATIVES TO GUARDIANSHIP

William J. Self, II  
Dianne Brannen

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## ALTERNATIVES TO GUARDIANSHIP

William J. Self, II  
Dianne Brannen  
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When an adult, especially the elderly, becomes incapacitated or disabled, is the formal appointment of a guardian by the Probate Court necessary to care for or conduct the affairs of the adult? The answer to this very important question, asked often by not only the family and friends of the adult but also by the adult, depends on the circumstances of each individual case. Posing the question is both appropriate and prudent, because adult guardianship proceedings are fairly complicated and time-consuming, as well as relatively expensive, primarily as a result of the due process protections afforded the proposed ward in such proceedings. This is not to say that guardianship proceedings are overly complex; the due process protections help assure that the Court receives clear and convincing evidence of incapacity before removing the rights of an adult citizen and that the order issued in every case is "fashioned" to the particular circumstances.

However, there are often alternatives to guardianship which may accomplish the needed ends in any particular case. These alternatives should be considered, where applicable, and should be utilized in every case where doing so will accomplish the underlying purpose AND provide any needed protection for the adult.

It is important to distinguish physical disability or incapacity from mental disability or incapacity. One can be physically incapacitated yet retain full mental competence. On the other hand, one might be mentally incapacitated but be physically quite fit and well. The availability and/or effectiveness of any of these alternatives will likely be dependent upon the type and extent of incapacity.

## LIVING WILL

The Georgia Code defines a living will as a written directive instructing a physician to withhold or withdraw life-sustaining procedures in the event of a terminal condition, a coma, or a persistent vegetative state. Its basic purpose is to protect a patient's dignity and prevent unnecessary pain and suffering at the end of life. Any person who is of sound mind may execute a living will. (Physical condition is irrelevant, as long as the individual is of sound mind and capable of understanding the document.)

There are a number of specific requirements in the law concerning the formalities to protect the individual. There are very precise and detailed provisions governing the execution of a living will, the types of witnesses required and a person's right to revoke the living will. [O.C.G.A. § 31-32-5.]

Those who already have living wills should be aware that there have been some recent changes in the law. Since April 1992, it has become possible to request the withholding of food and water, as well as medical procedures, for a comatose, terminal patient. Additionally, under then existing law, living wills made before March 28, 1986 expired seven years from the date of execution, and a new living will may be needed. [Living Will form: O.C.G.A. 31-32-3]

## DURABLE POWER OF ATTORNEY FOR HEALTH CARE

The durable power of attorney for health care is quite different from the living will. It names an agent to make health care decisions in accordance with specific instructions set forth in the document. It covers many more situations than does a living will and applies any time a person becomes incapable of making or expressing health care decisions, not just at the end of life. It also allows for the authority to make anatomical gifts (organ and tissue donations).

As with living wills, execution and completion of the durable power must comply with statutory requirements of formality. If the named agent is available, the durable health care power of attorney will supersede the living will. However, to cover the possibility of the unavailability of the agent, many attorneys recommend the execution of both a living will and a durable power. [Form: O.C.G.A. 31-36-10]

## GEORGIA MEDICAL CONSENT LAW

It is also important to recognize that, in an emergency, the law allows physicians to treat anyone who is incapable of consenting [O.C.G.A. § 31-9-3(b)], and in non-emergency situations, the next of kin may consent if the patient is unable to do so. [O.C.G.A. § 31-9-2(b)] The Georgia Medical Consent Law lists the persons who may consent to medical care for another, and authorizes physicians to act in emergency situations. Guardianship may not be necessary to consent to medical treatment, unless there is a dispute among those persons having equal voice under the law. [O.C.G.A. § 31-9-1, et seq.]

## GENERAL POWER OF ATTORNEY

In addition to a health care power of attorney, one may also execute a general power of attorney, which may be combined with or executed separately from the health care power. A power of attorney names an agent to act in the place of the individual, primarily in monetary and property matters, and defines the extent of or limitation on the authority given. The authority granted may be very specific or quite broad and may include the authority to: write checks and make deposits in accounts; buy and sell real estate or other property or investments; negotiate and settle debts and claims; etc. Powers of attorney (both general and health care), executed while the adult is mentally competent, often allow for the conduct of all business and personal affairs of the adult once incapacitated without the necessity of guardianship.



attorney and the amount, if any, of the filing costs. Usually, the petition must be filed with a report of incapacity from a physician or psychologist who has examined the proposed ward within ten days of filing. If a further evaluation report presents probable cause of incapacity, the judge will then schedule a hearing to determine if a guardianship will be created

Duties And Powers Of The Guardian The guardian has the rights and powers reasonably necessary to **provide adequately** for the support, care, education and well-being of the ward. A guardian of the person must make arrangements for such provision from the ward's funds, even to the extent of participation in legal proceedings. One reading of the Americans with Disabilities Act requires that a ward receive care in the least restrictive setting. Subject to certain restrictions, the guardian may give medical consents for the ward and, generally, may establish a ward's abode.

A guardian of the person shall respect and maintain the individual **rights and dignity of the ward** at all times. The guardian shall be reasonably accessible to the ward and shall maintain regular communication with the ward. A status report describing the ward's general condition, living situation, progress, development and needs as well as recommendations for change must be filed four months after appointment and thereafter annually on the anniversary of appointment.

A guardian of the property may sell, lease, encumber or exchange property of the ward for payment of the ward's debts, for support and education of the ward or dependents of the ward, or for reinvestment upon order of the court. The guardian of the property must

file both an annual report and inventory with the court. The guardian of the property is entitled to commissions for what he or she has received and paid out. All guardians must file a petition in court to obtain permission to perform any act not specifically authorized.

Rights Of The Ward Georgia recognizes that making personal decisions is the most basic of rights. By law, no person is presumed to be incapacitated and, out of respect for a person's dignity, the right to make any decision cannot be casually removed. Hence, a ward **retains those rights not removed** by statute as well as those rights the court specifically exempts because it finds their removal unnecessary.

In all cases, a ward cannot be denied any civil, political, personal or property right without due process of law. The ward has the right to communicate freely and privately with others. His property must be used for his support, care, education and well-being. The ward also has a right to petition to have the guardianship modified or terminated or to claim that a right or privilege is unjustly denied.

Summary If less intrusive means are unavailable, a guardianship can be an appropriate device to provide for substituted decision-making on behalf of an incapacitated adult. Georgia law recognizes the dignity of all human persons by authorizing the removal of decision-making abilities only to the extent necessitated by the limitations of the ward. Guardians, accordingly, have special duties to the ward and to the court. For his or her part, the ward retains all rights not removed and can petition the court to have his or her right to make decisions restored. When the law and its spirit are followed, guardianship can be a relationship which can help fulfill and educate the ward and the guardian as well.

## GUARDIANSHIP OF ADULTS IN GEORGIA

### *Rights and Duties*

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Prepared by the  
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The personal right to make decisions about living one's own life is taken for granted by most adults. Yet, inevitably, mental illness, mental retardation, and physical illness or disability may render some adults incapacitated during the course of their lives and thereby prevent them from making some or all of the necessary decisions concerning life or property. When this occurs, **guardianship** is one means of substituting the judgment of other people for the decisions of incapacitated individuals.

#### Forms Of Substituted Decision-Making

Before guardianship is sought for an adult who is incapacitated, a number of less intrusive means of substituted decision-making should be examined. Some forms of substituted decision-making allow an individual to plan for his or her incapacity. These fall into several categories:

- **general power of attorney** allows a competent individual to grant another person (the agent) the authority to make decisions in specified areas (such as financial).
- **health care power of attorney** grants authority for health care decisions.
- a **living will** sets forth a person's desires about medical procedures used to prolong life.
- a **living trust** is a legal plan for placing property with a trustee for the benefit of another person, a beneficiary.
- **joint property** allows two or more persons to own property together.

There are other means to respond to an existing incompetency:

- a **representative payeeship** exists where the Veterans Administration or Social Security Administration appoints someone to handle benefits checks for a person determined incapable of doing so.
- **money management** is an informal device wherein third persons act in a paid professional capacity to assist individuals in managing their financial affairs.

Nevertheless, sometimes none of the above alternatives is available and the only means of substituted decision-making for an incapacitated person is guardianship.

Types of Guardianship A guardianship is a legal relationship in which a court appoints a person (a guardian) to make certain decisions for another person proven to be incapacitated (a ward).

There are two main types of guardianship - of the person and of the property. A guardianship of the person may remove from the incapacitated person the powers to contract marriage, to make other contracts, to consent to medical treatment, to establish a residence, and to bring or defend an action in court. A guardianship of the property may remove from the ward the powers to bring or defend actions in court, to make contracts, to buy and sell property, and to enter into business and commercial transactions. Often, a court appoints one person both guardian of the person and of the property.

Within these two main categories, there is further division. A guardianship can be either **permanent** or **temporary** (called "limited in duration"). A guardianship can be **total** (granting all powers) or the guardian's powers may be **limited** with the ward retaining some powers which could have been removed. (Although Georgia's statute fails to give a name to a guardianship removing fewer rights than allowed, "limited" is the term most often used by courts nationwide.) Georgia law is progressive in this regard, recognizing that not all incapacitated persons are incapacitated in the same manner and to the same degree. The law specifically requires that guardianships shall be "designed to encourage the development of maximum self-reliance and independence in the ward and shall be ordered only to the extent necessitated by the person's actual and adaptive limitations." (O.C.G.A. 29-5-7(h)). For example, just because a person does not possess the judgment to make contracts does not mean that he or she cannot decide where to live. Finally, a guardianship can be created on an **emergency** basis.

Who Can Be A Guardian Any person who is not a minor, is not incapacitated or does not have a substantial conflict of interest can be a guardian. The law lists preferences starting with the person chosen by the ward prior to incapacitation. Yet a court may pass over someone with a preference, and if nobody is available, may appoint the director of the county Department of Family and Children Services.

#### Procedure For Appointment Of A Guardian

Any interested person may file a petition, a blank copy of which is available from the county Probate Court. The court will advise whether or not the petitioner needs an

## **PENALTIES FOR FILING FRIVOLOUS PLEADINGS, ETC.**

Caution is particularly given to persons representing themselves in court that there are provisions under Georgia law for the assessment of penalties against anyone who files false, frivolous, vexatious or groundless pleadings. These penalties may include the dismissal of such pleadings, the assessment of costs of court and attorney's fees against the offending party, and other remedies appropriate to the particular case. Additionally, there are similar penalties for the failure or refusal, without just cause, to respond to proper discovery requests.

Generally, one must have "legal grounds" for objecting to or for filing a caveat to a probate proceeding. Because of the penalty provisions briefly discussed above, it is especially recommended that legal advice be sought before the filing of an objection or caveat to a pending probate proceeding.

## **COURT COSTS**

There is a cost set by law for the filing of every new probate proceeding, as well as for most pleadings filed after the initial filing, including objections, caveats and claims. There is a minimum deposit toward costs required for every new proceeding which must be paid in advance. Unless otherwise ordered or directed by the court, costs are the responsibility of the person filing the original proceeding, and full payment of any balance due may be required prior to issuance of a final order. A party filing an objection or caveat to a pending proceeding or a creditor filing a claim must pay the fee for the filing of same before the court is required to accept it for filing.

Court costs are considered an expense of administration under law, having a priority over other debts and claims, and must be paid by the

personal representative of the estate prior to the payment of other debts and prior to distribution to heirs or beneficiaries. The failure or refusal to pay court costs may result in the dismissal of proceedings, the removal of the personal representative or other actions by the court to assure and receive payment.

## **THANK YOU**

While we want to be of service to the public, there are restrictions on and limits to what the staff and judge of the Probate Court may properly do. This brochure is intended to help the public understand these restrictions. It is never our intent to seem unhelpful or uncooperative. Within these restrictions and limitations, it is our desire to be of assistance to all who come into this office. We do hope that you will understand these limitations. With that in mind, please let us know if we may be of further service to you. Thank you.

**The Judge and Staff  
of the Probate Court**

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**WILLIAM J. SELF, II**, is Judge of the Probate Court of Bibb County, Georgia. He holds a B.B.A. and a J.D. from the University of Georgia, is active in the American, Georgia and Macon Bar Associations, is a member of the National College of Probate Judges, and is a frequent lecturer for the Institute for Continuing Judicial Education in Georgia.

# **PROCEEDING PRO SE IN PROBATE COURT**

*Please read this brochure BEFORE*

**"Representing Yourself in Probate  
Court Without an Attorney"**

**PRESENTED AS A PUBLIC SERVICE BY**

**HOUSTON COUNTY  
PROBATE COURT  
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PERRY, GA 31069  
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**WILLIAM J. SELF, II, JUDGE**  
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**DOCUMENT PREPARED BY  
WILLIAM J. SELF, II, JUDGE  
BIBB COUNTY PROBATE COURT**

**NOTICE: Before proceeding without an attorney, you are required by this court to receive and review this brochure. Please read its contents carefully before asking the assistance of court staff with the filing of forms or pleadings.**

### **GEORGIA PROBATE COURT STANDARD FORMS**

Many of the usual and ordinary proceedings filed in probate court require the use of standard forms approved in accordance with the Uniform Probate Court Rules established by law.

The Probate Court gladly provides to citizens of this County and to others desiring to file proceedings in this Court copies of the Georgia Probate Court Standard Forms as required by law. These forms are printed or reproduced at taxpayers' expense; therefore, unless a true need is demonstrated, only one set of a requested form will be provided. Georgia Probate Court Standard Forms may be reproduced on copy machines, and exact reproductions are acceptable for filing in any probate court. The forms may also be re-created in computer word processors, but re-printed or re-created forms must contain a certificate that the content is identical in all material aspects to the standard form except for additions and deletions as noted.

The standard forms are primarily for use in the initial filing of new proceedings. There is not a standard form for every possible proceeding or pleading which may be filed in probate courts. In

particular, there are no standard forms for the filing of most objections, caveats, answers or responses or for the many motions and discovery pleadings which may be filed.

### **REPRESENTATION BY AN ATTORNEY AT LAW**

While you are not generally required to have an attorney, you are encouraged to seek legal advice on all matters of legal importance. It is suggested that you seek advice in probate matters from an attorney who practices probate or estate law. The attorney can assist you in determining which proceeding is the most appropriate for your particular situation and can discuss fully with you the benefits, if any, in considering alternative proceedings. Very often, there are other matters related to probate proceedings (e.g., tax returns, preparation of deeds, title transfers, benefit claims, creditor notices, debtor demands, etc.) which may also make it appropriate or necessary to seek the services of an attorney.

### **PROCEEDING WITHOUT AN ATTORNEY "PROCEEDING PRO SE"**

If you proceed without an attorney, i.e., *pro se* (a Latin phrase meaning "for one's self"), it will be your responsibility to determine or select the proceeding appropriate to your situation. The staff of the Probate Court may not make the determination or selection for you, since to do so may constitute the unauthorized practice of law, a misdemeanor crime under Georgia law. Neither the Court nor the County can accept responsibility for incorrect decisions made by the staff, and they have been directed to refrain from giving that kind of advice.

It will also be your responsibility to properly complete all forms, which must either be typed or legibly printed, and to assure the

sufficiency and accuracy of all required information. The staff are not permitted to perform clerical tasks for the public and cannot accept responsibility for determining the legal sufficiency of the information required for any proceeding or form. The staff will be able to answer any basic questions about the standard forms and about any deadlines for the filing of proceedings. They will also be able to schedule uncontested hearings and tell you how other matters are scheduled by the Court.

The Probate Judge is required by law to remain impartial to all parties. The Judge must treat every case as though it may become contested. Therefore, the Judge also may not advise you on which proceeding is the most appropriate to your case. The Judge is prohibited from discussing the facts or evidence in any contested case with one party unless all parties are present or represented. You should not ask to discuss your case privately with the Judge, and you should understand if the Judge stops any discussion which appears to require the presence of others.

Furthermore, if you proceed without an attorney, it will be your responsibility to make arrangements for personal service on all persons upon whom personal service is required, to assure the filing of a proper return of service on all such persons, to assure the publication of any notices not performed by the court or its staff, and to secure the presence of or interrogatories from any witnesses whose testimony is necessary under law or desired by you for the presentation of your case. If the matter is contested, it will be your further responsibility to prepare yourself and your case for trial, including the pursuit of and response to discovery.

It is the responsibility for all such matters which would be assumed by an attorney employed to represent you, and you are again encouraged to consult first with an attorney before deciding whether to proceed *pro se*.



## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

## Privacy Act Statement

*This privacy act statement is located on the back of the FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

**Routine Uses.** Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

## **PRIVACY RIGHTS NOTIFICATIONS FORM**

### **APPLICANT PRIVACY RIGHTS NOTIFICATION**

(Applicant Notification and Record Challenge)

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction or updating an FBI identification record is set forth in Title 28 Code of Federal Regulations 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30-16.33 or go to the FBI website at <http://fbi.gov/about-us/cjis/background-checks>.

**By signing this document below, I hereby state that I have reviewed a copy of the Non-criminal Justice Applicant's Privacy Rights form and the Privacy Act Statement.**

### **SOCIAL SECURITY NUMBERS NOTIFICATION**

(Notice required under Section (7b) of the Federal Privacy Act of 1974)

Under Section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it.

The Probate Judge of Henry County is authorized to request Social Security numbers pursuant to *Official Code of Georgia Annotated*, Section 16-11-129, which regulates firearms licensing checks and also under Rule 24.1, *Uniform Rules for the Probate Courts* in other situations as set forth therein including guardianships, conservatorships, and estates. The Social Security number blanks appear in certain forms published by the State of Georgia and by the local Court.

The Social Security number is used as a secondary identifier when processing checks of criminal history records maintained by the state and federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number might be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under Section 7(a) of the Privacy Act, it is not proper to deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number.

However, the absence of a Social Security number as a secondary identifier may delay processing and decisions because of necessary additional investigative time. Note that the absence of a Social Security number may result in an individual initially being identified as having a criminal record which actually is that of another person.

This again, may result in delays in the decision.

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I have reviewed the above privacy information regarding my privacy rights and social security number and I choose to:

- ☐ Provide my Social Security number
- ☐ Not provide my Social Security number

Sworn to and subscribed before me this \_\_\_\_\_  
day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Notary Public / Probate Court Clerk

\_\_\_\_\_  
Signature



**NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT/ INQUIRY FORM**

(Continued)

I hereby authorize Houston County Probate Court to conduct an inquiry for the purpose listed below and receive any Georgia And/or national criminal history record information as authorized by state and federal law.

Full Name (PRINT OR TYPE) \_\_\_\_\_ Maiden name, if applicable \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

☐ This authorization is valid for \_\_\_\_\_ days from date of signature.

☐ I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attorney for Individual (Purpose E and U Only) \_\_\_\_\_ Bar Number \_\_\_\_\_ Date \_\_\_\_\_

Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Non-Criminal Justice Purpose

Purpose Code E

**The inquiry resulted in the following: (check all that apply)**

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below

Wanting Agency Name : \_\_\_\_\_

Wanting Agency Phone: \_\_\_\_\_

Agency Designee Signature and Title \_\_\_\_\_ Date \_\_\_\_\_

**PETITION FOR THE APPOINTMENT OF A  
GUARDIAN AND/OR CONSERVATOR FOR A PROPOSED WARD**

**INSTRUCTIONS**

**I. Specific Instructions**

1. This form is to be used for filing a Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward pursuant to O.C.G.A. §§ 29-4-10 and 29-5-10.
2. In determining if this Court is the proper place to bring this action, Petitioner(s) should consult Georgia law, including but not limited to, Chapters 4, 5 and 11 of Title 29, as applicable.
3. In any case involving the creation of a Conservatorship when the Proposed Ward owns real property, a certificate of creation of Conservatorship will be completed by the Clerk of the Probate Court and filed with the Clerk of the Superior Court of each county of this state in which the Proposed Ward owns real property within thirty (30) days of the date of such order.
4. The burden of proof is on the Petitioner to present clear and convincing evidence that the Proposed Ward lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety and is in need of a guardianship and/or that the Proposed Ward lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property and is in need of a Conservatorship.
5. The Petition must state whether or not the Proposed Ward resided in another state prior to the Guardianship Petition being filed. The Petition must list the address at which the Proposed Ward resided and the individuals with whom he or she resided. The court may require additional service to these individuals according to O.C.G.A. §§ 29-4-10 (b) (17) and 29-9-7 (b).
6. The Certificate to the Secretary of State page is to be used only when a determinative finding has been made that the Proposed Ward's voting rights should be removed due to the lack of capacity of the ward. The order of the Court must be modified to reflect that this right was removed. The certificate must be mailed to the Secretary of State.
7. The Certificate to the GBI page shall be used in all cases where a Guardianship and/or Conservatorship is/are established. Individuals so listed in this database will be prohibited from obtaining a Georgia Weapons Carry License. In the event the ward's rights are restored, such restoration of rights shall be sent to the GBI, so the database can be updated. Only the Certificate needs to be sent to the GBI and not the Guardianship Order.

8. The Proposed Ward and his or her appointed attorney, and guardian ad litem if appointed, shall receive full copies of the entire Petition as filed. All other parties entitled to service shall receive only a notice of service herein titled: "NOTICE OF FILING OF PETITION FOR GUARDIANSHIP AND/OR CONSERVATORSHIP."
9. According to Probate Court Rule 5.6 (A), unless the Court specifically assumes the responsibility, it is the responsibility of the moving party to prepare the proper citation and deliver it properly so it can be served according to law. All pages after the Notice regarding Uniform Probate Court Rule 5.6 (A) are to be completed by the moving party, unless otherwise directed by the Court.
10. An oath must be administered by a Probate Judge or Clerk (the oath cannot be administered by a notary public). Use Georgia Probate Court Supplement 4 for the oath. The oath is not included in this form. Georgia Probate Court Form 53, Commission to Administer Oath, can be used if the oath is to be administered by a court outside the State of Georgia.

## II. General Instructions

General instructions applicable to all Georgia Probate Court Standard Forms are available in each Probate Court or at [www.gaprobate.gov](http://www.gaprobate.gov), labeled GPCSF 1.



IN THE PROBATE COURT OF HOUSTON COUNTY  
STATE OF GEORGIA

IN RE:

\_\_\_\_\_,  
PROPOSED WARD

)  
)  
)  
)

ESTATE NO. \_\_\_\_\_

PETITION FOR APPOINTMENT OF A  
GUARDIAN AND/OR CONSERVATOR FOR A PROPOSED WARD

*[NOTE: Unless there are two or more Petitioners, the affidavit beginning on page 15 must be completed by a physician, psychologist, or licensed clinical social worker and based on an examination within fifteen (15) days prior to the filing of this Petition.]*

The Petition of \_\_\_\_\_,  
whose relationship to the above-named Proposed Ward is \_\_\_\_\_, whose  
domicile is \_\_\_\_\_,  
and mailing address is \_\_\_\_\_,  
*Street* *City* *County* *State* *Zip Code*  
*Street* *City* *County* *State* *Zip Code*

**AND [initial either (a) or (b) below]**

\_\_\_\_\_ (a) The Petition of \_\_\_\_\_  
whose relationship to the above Proposed Ward is \_\_\_\_\_,  
whose domicile is \_\_\_\_\_,  
and mailing address is \_\_\_\_\_,  
*Street* *City* *County* *State* *Zip Code*  
*Street* *City* *County* *State* *Zip Code*

**OR**

\_\_\_\_\_ (b) Attached hereto as pages 15 and 16 and made a part of this Petition is the completed affidavit of \_\_\_\_\_, a physician, psychologist licensed to practice in Georgia or licensed clinical social worker, who has examined the Proposed Ward within fifteen (15) days prior to the filing of this Petition, and shows to the Court the following:

1.

The Proposed Ward \_\_\_\_\_  
[Full name of Proposed Ward] First Middle Last  
whose age is \_\_\_\_\_, date of birth is \_\_\_\_\_,  
Social Security Number is \_\_\_\_\_, domicile is \_\_\_\_\_  
\_\_\_\_\_  
Street City County State Zip Code  
presently located at \_\_\_\_\_,  
\_\_\_\_\_  
Street City County State Zip Code  
which is a \_\_\_\_\_ and can be contacted at  
[type of facility, if applicable]  
telephone number: \_\_\_\_\_.

2.

- (a) Will the Proposed Ward be moved within the next three (3) days? [Select One] ☐ Yes ☐ No
- (b) Is the Proposed Ward a citizen of a foreign country? [Select One] ☐ Yes ☐ No

If you answer "Yes" to (a) and/or (b), provide the necessary information below:

- (a) The following is the address where the Proposed Ward is anticipated to be moved:

\_\_\_\_\_  
Street City County State Zip Code Telephone Number

- (b) The Proposed Ward is a citizen of a foreign country, said country being: \_\_\_\_\_ (if a guardianship or conservatorship is granted, pursuant to The Vienna Convention, the Probate Court must notify the consul).

3.

- (a) Is a guardianship necessary because the Proposed Ward lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety? [Select One] ☐ Yes ☐ No
- (b) Is a conservatorship necessary because the Proposed Ward lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property? [Select One] ☐ Yes ☐ No

If you answer "Yes" to (a) and/or (b), provide the facts that support the claim of the need for a guardian/conservator (continued on next page): **YOU MUST PROVIDE ANSWER ON THE NEXT PAGE**

**Paragraph 3 Continued:** *[NOTE: The Petition cannot be granted unless sufficient facts are presented that support the allegation that the appointment of a guardian and/or conservator is necessary. While an attached physician's, psychologist's, or social worker's affidavit is permissible, the Petition MUST specifically provide sufficient facts to support the granting of this Petition.]*

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4.

- (a) It is in the best interest of the Proposed Ward for the following individual to be appointed guardian: \_\_\_\_\_
- (b) It is in the best interest of the Proposed Ward for the following individual to be appointed conservator: \_\_\_\_\_

5.

The foreseeable duration of the Proposed Ward's incapacity is \_\_\_\_\_  
and the Court should allow the Proposed Ward to retain the following rights and powers:

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6.

*[NOTE: The law requires notice to be given to the spouse, if any, and to all living children whose addresses are known, if any. If there are no living adult children whose addresses are known, then list at least two (2) adults in the following order of priority: lineal descendants of the Proposed Ward; parents and siblings of the Proposed Ward; and friends of the Proposed Ward. In determining the persons to whom notice is required to be given according to the foregoing rules, the Petitioner(s) should not be counted as persons receiving notice. The "Notice of Filing of Petition for Guardianship and/or Conservatorship" will be sent to these parties and not the entire Petition.]*

Pursuant to law, the names, addresses, telephone numbers, and relationships of the persons to be notified are as follows:

Name	Age (if under 18)	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



7.

- (a) Was an individual nominated to serve under a living will, durable power of attorney for healthcare, or other instrument that deals with the management of the person of the Proposed Ward in the event of incapacity, prior to the filing of this Guardianship Petition? [Select One] ☐ Yes ☐ No

*If you answer "Yes" to (a), provide the name(s), address(es), and relationship(s) to the Proposed Ward, if any, indicate the nature of his/her/their interest, and whether he/she/they are willing to act or have failed to act under said appointment and attach the document as an exhibit to this Petition:*

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- (b) Was an individual nominated in writing to serve as guardian by the Proposed Ward, or any other individual such as a spouse, adult child, or parent, to care for the Proposed Ward either because of or in the event of incapacity? [Select One] ☐ Yes ☐ No

*If you answer "Yes" to (b), provide the name(s), address(es), and relationship(s) to the Proposed Ward, if any, indicate the nature of his/her/their interest, whether he/she/they are willing to act under said appointment, and whether the individual(s) is/are an owner, operator, or employee of a caregiving institution in which the Proposed Ward currently is receiving care and attach the document as an exhibit to this Petition:*

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- (c) Was an order relating to cardiopulmonary resuscitation issued by the Proposed Ward or another individual addressing end of life decisions and/or life sustaining procedures? [Select One] ☐ Yes ☐ No

*If you answer "Yes" to (c), provide the name(s), address(es), and relationship(s) to the Proposed Ward, if any, indicate the nature of his/her/their interest, whether he/she/they are willing to act under said appointment, and attach the document as an exhibit to this Petition:*

---

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(d) Was a trust created for or by the Proposed Ward?

[Select One] ☐ Yes ☐ No

*If you answer "Yes" to (d), provide the name(s), address(es), and relationship(s) to the Proposed Ward (if any) of the Trustee; indicate the nature of the Ward's interest in the Trust, whether the Trustee(s) is/are willing to act under said appointment, and attach the document as an exhibit to this Petition:*

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(e) Was any other document created which gave another individual authority to act on the Proposed Ward's behalf either by the Proposed Ward or someone else? [Select One] ☐ Yes ☐ No

*If you answer "Yes" to (e), provide the name(s), address(es), and relationship(s) to the Proposed Ward, if any, indicate the nature of his/her/their interest, whether he/she/they are willing to act under said appointment, and attach the document as an exhibit to this Petition:*

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---

(f) Does another person have the authority to act on behalf of the Proposed Ward? [Select One] ☐ Yes ☐ No

*If you answer "Yes" to (f), provide the name(s), address(es), and relationship(s) to the Proposed Ward, if any, indicate the nature of his/her/their interest, whether he/she/they are willing to act under said appointment, and attach the document as an exhibit to this Petition:*

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---

8.

Does anyone named above, or the proposed guardian(s)/ conservator(s) have a financial conflict of interest with the Proposed Ward?

[Select One] ☐ Yes ☐ No

*[Note: A conflict of interest may exist if the proposed conservator is co-owner of real property or a joint account with the Proposed Ward.]*

*If you answer "Yes," list the nature of the conflict of interest:*

---

---

9.

- (a) On behalf of the Proposed Ward, a Petition for Emergency Guardianship and/or Conservatorship was filed. [Select One] ☐ Yes ☐ No

*If you answer "Yes" to (a), provide the filing date of the Petition for Emergency Guardianship and/or Conservatorship and the name of the County and State in which it was filed:*

---

- (b) On behalf of the Proposed Ward, an Emergency Guardianship and/or Conservatorship was created. [Select One] ☐ Yes ☐ No

*If you answer "Yes" to (b), list the full name and address of the person(s) appointed as Emergency Guardian(s) and/or Conservator(s):*

Emergency Guardian(s): \_\_\_\_\_,  
(Full name) First Middle Last

Street City County State Zip Code

Emergency Conservator(s): \_\_\_\_\_,  
(Full name) First Middle Last

Street City County State Zip Code

- (c) On behalf of the Proposed Ward, a Petition for Permanent Guardianship and/or Conservatorship was filed. [Select One] ☐ Yes ☐ No

*If you answer "Yes" to (c), provide the filing date of the Petition for Guardianship and/or Conservatorship and the name of the County and State in which it was filed:*

---

---

(d) On behalf of the Proposed Ward, a Petition for Permanent Guardianship and/or Conservatorship was created. [Select One] ☐ Yes ☐ No

*If you answer "Yes" to (d), list the full name and address of the person(s) appointed as Guardian(s) and/or Conservator(s):*

Guardian(s): \_\_\_\_\_,  
(Full name) First Middle Last

Street City County State Zip Code

Conservator(s): \_\_\_\_\_,  
(Full name) First Middle Last

Street City County State Zip Code

(e) On behalf of the Proposed Ward, a Petition for Permanent Guardianship and/or Conservatorship was denied. [Select One] ☐ Yes ☐ No

*If you answer "Yes" to (e), provide the reason the Petition for Guardianship and/or Conservatorship was denied and whether any change of circumstances has occurred with the Proposed Ward:*

\_\_\_\_\_  
\_\_\_\_\_



10.

**ASSETS, INCOME, OTHER SOURCES OF FUNDS, LIABILITIES, AND EXPENSES  
OF PROPOSED WARD**

**REAL PROPERTY**

*[Indicate if property is jointly owned and, if so, with whom]*

Description	County	State	Joint Owner, if any	Approximate Equity:
Parcel 1:	_____	_____	_____	\$ _____
Parcel 2:	_____	_____	_____	\$ _____
Parcel 3:	_____	_____	_____	\$ _____

**INCOME FROM ALL SOURCES**

**Yearly Total:**

Social Security per year:	\$ _____
SSI <i>[Supplemental Security Income]</i> per year:	\$ _____
Retirement benefits per year:	\$ _____
VA benefits per year:	\$ _____
Other income per year (e.g., alimony, annuity, or trust distributions):	\$ _____
Interest, dividend, or investment income:	\$ _____
<b>Yearly Total of All Income:</b>	\$ _____

**PERSONAL AND INTANGIBLE PROPERTY**

*[Indicate if property is jointly owned and, if so, with whom]*

**(1) Checking/Savings/Money Market/Certificates of Deposit/**

**Liquid Accounts:**

Bank/Financial Institution/Broker	Account Number	Joint Owner, if any	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**(2) Stocks/Bonds/Investments (including retirement and profit-sharing accounts):**

**(a) Held by Brokers:**

Brokerage Firm/Institution	Account Number	Joint Owner, if any	
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

**(b) Privately Held:**

Company/Issuer	Number of Shares	Joint Owner, if any	
			\$ _____
			\$ _____

**(3) Automobiles**

Year/Make/Model	V.I.N.	Joint Owner, if any	
			\$ _____
			\$ _____

**(4) Other assets of significant value:**

Description	Joint Owner, if any	
		\$ _____
		\$ _____

**Total Value of Personal and Intangible Property:**

\$ \_\_\_\_\_

**DEBTS AND OTHER LIABILITIES**

**PERSONAL AND INTANGIBLE PROPERTY**

The Proposed Ward has the following debts and/or liabilities:

**Approximate Balance:**

**(1) Secured Debts**

Obligor/Payee	Collateral	Joint Owner, if any	
			\$ _____
			\$ _____
			\$ _____

**(2) Unsecured Debts**

Obligor/Payee	Account Number	Joint Owner, if any	
			\$ _____
			\$ _____
			\$ _____

**Total Debts and Other Liabilities of Proposed Ward:**

\$ \_\_\_\_\_

**AVERAGE MONTHLY LIABILITIES AND EXPENSES**

Household:

Care Facility/Rent/Mortgage Payments:	\$ _____
Property Taxes/Insurance:	\$ _____
Utilities/Lawn Care/Pest Control:	\$ _____
Miscellaneous Household Food:	\$ _____
Total Credit Account and Other Debt Payments:	\$ _____
Other [specify] _____:	\$ _____

Automotive/Transportation:

Fuel and Repairs:

\$ \_\_\_\_\_

Tags, License Fees, Insurance:

\$ \_\_\_\_\_

Bus/Train/Taxi Fares:

\$ \_\_\_\_\_

Minors or Other Dependents of Proposed Ward:

Childcare:

\$ \_\_\_\_\_

School Tuition/Supplies/Expenses/Lunches:

\$ \_\_\_\_\_

Clothing/Diapers/Grooming/Hygiene:

\$ \_\_\_\_\_

Medical/Dental/Prescription:

\$ \_\_\_\_\_

Other Insurance:

Health:

\$ \_\_\_\_\_

Life/Disability:

\$ \_\_\_\_\_

Other [specify] \_\_\_\_\_ :

\$ \_\_\_\_\_

Proposed Ward's Other Expenses:

Laundry/Clothing/Grooming/Hygiene:

\$ \_\_\_\_\_

Medical/Dental/Prescriptions/Medications:

\$ \_\_\_\_\_

Entertainment/Vacations/Subscriptions/Dues:

\$ \_\_\_\_\_

Personal Caretakers/Cleaning Personnel:

\$ \_\_\_\_\_

**Total Expenses:**

\$ \_\_\_\_\_

**PAYMENTS TO CREDITORS**

Is the Proposed Ward behind on any debt payments?

[Select One]

☐ Yes ☐ No

If so, payee and amount: \_\_\_\_\_

\$ \_\_\_\_\_

**SUMMARY**

(1) Average Monthly Income:

\$ \_\_\_\_\_

(2) Average Monthly Expenses:

\$ \_\_\_\_\_

11.

A guardian ad litem should be appointed because the following additional powers pursuant to O.C.G.A. §§ 29-4-23 (b) and/or 29-5-23 (b) and (c) are requested, with the reasons for seeking such powers:

---

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12.

Was the Proposed Ward physically present in another state at least six (6) consecutive months during the year preceding the filing of this Petition? [Select One] ☐ Yes ☐ No

*If you answer "Yes," list below the address, county, and state in which the Proposed Ward resided during the preceding year.*

\_\_\_\_\_  
*Street City County State Zip Code*

Did the Proposed Ward live alone? [Select One] ☐ Yes ☐ No

*If you answer "No," list below the name(s) and address(es) of those individuals with whom the ward resided.*

\_\_\_\_\_  
*(Full name) First Middle Last*

\_\_\_\_\_  
*Street City County State Zip Code*

\_\_\_\_\_  
*(Full name) First Middle Last*

\_\_\_\_\_  
*Street City County State Zip Code*

*If you answer "Yes," list the names and addresses of the friends or family members living in that area. List the two individuals in the closest degree of kinship to the Proposed Ward who live in that area, not previously listed. Include the individuals' full names and complete addresses:*

\_\_\_\_\_  
*(Full name) First Middle Last*

\_\_\_\_\_  
*Street City County State Zip Code*

\_\_\_\_\_  
*(Full name) First Middle Last*

\_\_\_\_\_  
*Street City County State Zip Code*



13.

This Court has jurisdiction to hear this action under Georgia law, and particularly under Chapters 4, 5, and 11 of Title 29 because: \_\_\_\_\_

14.

Additional Data: *[Where full particulars are lacking, state here the reasons for any such omission.]*

15.

It is in the best interest of the Proposed Ward that the within nominated guardian and/or conservator be appointed.

WHEREFORE, Petitioner(s) pray(s):

1. that service be perfected as required by law;
2. that the Court appoint legal counsel and an evaluator for the Proposed Ward and order an evaluation as required by law;
3. that upon receipt of the evaluation report, the Court order a hearing to determine the need for a guardian and/or conservator for the Proposed Ward; and
4. that a guardian and/or conservator be appointed for the Proposed Ward.

\_\_\_\_\_  
Signature of First Petitioner

\_\_\_\_\_  
Signature of Second Petitioner, if any

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

Signature of Attorney: \_\_\_\_\_

Printed name of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

State Bar # \_\_\_\_\_

**VERIFICATION**

**GEORGIA, \_\_\_\_\_ COUNTY**

Personally appeared before me the undersigned Petitioner(s) who, after being duly sworn, state(s) that the facts set forth in the foregoing Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward (and the attached Exhibit(s)) are true and correct.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of First Petitioner

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name of First Petitioner

-----  
Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Second Petitioner

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Second Petitioner

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

**IN RE:**

\_\_\_\_\_,  
**PROPOSED WARD**

)  
)  
)  
)

**ESTATE NO.** \_\_\_\_\_

**CONSENT TO SERVE AS GUARDIAN/CONSERVATOR**

**RE:** Petition for the Appointment of a Guardian and/or Conservator for the above-named Proposed Ward

I, \_\_\_\_\_, having been nominated as guardian, and  
I, \_\_\_\_\_, having been nominated as  
conservator of the above-named Proposed Ward, do hereby consent to serve as guardian and/or  
conservator if so appointed.

\_\_\_\_\_  
Signature Proposed Guardian

\_\_\_\_\_  
Signature Proposed Conservator

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

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

IN RE:

\_\_\_\_\_,  
**PROPOSED WARD**

)  
)  
)  
)

**ESTATE NO.** \_\_\_\_\_

RE: Petition for Appointment of a Guardian and/or Conservator for the above-named  
Proposed Ward

**AFFIDAVIT OF PHYSICIAN, PSYCHOLOGIST, OR CLINICAL SOCIAL WORKER  
FOR GUARDIANSHIP AND/OR CONSERVATORSHIP**

I, being first duly sworn, depose and say that I am a physician licensed to practice under Chapter 34 of Title 43 of the Official Code of Georgia Annotated, a psychologist licensed to practice under Chapter 39 of Title 43 of the Official Code of Georgia Annotated, or a licensed clinical social worker; that my office address is \_\_\_\_\_  
and that I have examined the above-named Proposed Ward on the \_\_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_.

***[NOTE: The examination on which this affidavit is based must occur WITHIN FIFTEEN (15) DAYS prior to the filing of the Petition.]***

I found him/her to be incapacitated by reason of:

\_\_\_\_\_

\_\_\_\_\_ to the extent that said Proposed Ward:

*[initial all that apply]*

- \_\_\_\_\_ (a) *[for guardianship:]* lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety.
- \_\_\_\_\_ (b) *[for conservatorship:]* lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property.

The following facts support my opinion of incapacity and the existence of an immediate threat(s) or risk(s) to the Proposed Ward: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



The foreseeable limits on the duration of such incapacity are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

WITNESS MY HAND AND SEAL this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Physician/Psychologist/Social Worker

\_\_\_\_\_  
Printed Name of Evaluator

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public  
My Commission Expires \_\_\_\_\_  
(NOTARY SEAL AFFIXED)

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

**IN RE:**

\_\_\_\_\_,  
**PROPOSED WARD**

)  
)  
)  
)

**ESTATE NO.** \_\_\_\_\_

**ACKNOWLEDGMENT OF SERVICE**

Due and legal service of the Petition for Appointment of a Guardian and/or Conservator is hereby acknowledged by the following interested persons as shown in paragraph 6 of said Petition, in addition to any nominated guardian(s) and/or conservator(s). The undersigned acknowledges that he/she has received a copy of the Petition and all further service and notice is waived.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name

-----  
Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name

-----  
Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name