

HOUSTON COUNTY PROBATE COURT

201 NORTH PERRY PARKWAY • POST OFFICE BOX 1801 • PERRY, GEORGIA 31069-1801

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KRISTEN W. HARRIS • JUDGE

FILING FEES

PETITION FOR LETTERS OF CONSERVATORSHIP FOR A MINOR

(Petition to Compromise Doubtful Claim of Minor not required)

Filing Fee.....	\$ 102.00
Background Fee.....	\$ 20.00 (for each Conservator and each Adult living with Minor)
Professional Fees- if required	
Guardian ad litem.....	\$ 175.00
Personal Service.....	\$ 50.00 each person
Recording per page.....	\$ 2.00 each page

PETITION TO COMPROMISE DOUBTFUL CLAIM OF MINOR

(Petition for Letters of Conservatorship of Minor - not required)

Filing Fee.....	\$ 97.00
Background Fee.....	\$ 20.00 (for each Conservator and each Adult living with Minor)
Professional Fees-	
Guardian ad litem.....	\$ 175.00
Personal Service(if required).....	\$ 50.00 each person
Recording per page.....	\$ 2.00 each page

PETITION FOR CONSERVATORSHIP AND PETITION TO COMPROMISE DOUBTFUL CLAIM OF MINOR (both required)

Filing Fee.....	\$ 184.00
Background Fee.....	\$ 20.00 (for each Conservator and each Adult living with Minor)
Professional Fees	
Guardian ad litem.....	\$ 175.00 (x2 if required on conservatorship)
Personal Service(if required).....	\$ 50.00 each person
Recording per page.....	\$ 2.00 each page

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.

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____.

Notary Public / Probate Court Clerk

Print Name

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 LETTERS OF CONSERVATORSHIP OF MINOR

INSTRUCTIONS

I. Specific Instructions

1. When to use this form: When a child is entitled to proceeds or any other property from whatever source.
2. Who should file this form:
 - a. A natural guardian when the net settlement amount is more than \$15,000.00. However, a natural guardian may file a conservatorship petition when the proceeds are \$15,000.00 or less, if deemed necessary by the parties and/or Court. The term “gross settlement” is defined by O.C.G.A. § 29-3-3.
 - b. Anyone else when the natural guardian is unable or unwilling to be appointed as conservator.
3. This form may be used in conjunction with a Petition to Compromise Doubtful Claim of Minor/Adult Ward when petitioning the Probate Court for authorization to compromise a doubtful personal injury claim of a minor pursuant to O.C.G.A. § 29-3-3.
4. The full particulars as to the facts that give rise to the Minor’s entitlement to the assets should be listed specifically in the Petition.
5. According to Uniform 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.
6. An oath must be administered by a Probate Judge or Clerk [the oath cannot be administered by a notary]. Use Georgia Probate Court Standard Form 35 for the oath. The oath is not included in this form. Georgia Probate Court Standard Form 53, Commission to Administer Oath, can be used if the oath is to be administered by a court outside the State of Georgia.
7. O.C.G.A. § 53-11-2 provides that a party to a probate proceeding who is not sui juris must be represented by a guardian provided that the Court may appoint a guardian ad litem or determine that the natural guardian, guardian, conservator or testamentary guardian has no conflict and may serve. Should a guardian ad litem be necessary because a party is not sui juris, use Supplement 1. A guardian ad litem must be appointed if additional powers are being sought pursuant to O.C.G.A. § 29-3-22 (b) and/or (c).
8. Use Supplement 2 if the Court determines it is appropriate to appoint a special process server.
9. Use Supplement 3 when an additional certificate of service is necessary.

10. The Court may require the Petitioner(s) to submit additional information.
11. Exhibits should be labeled at the bottom of each exhibit as Exhibit "A," Exhibit "B," etc. in consecutive order. The corresponding letter of each said exhibit should be inserted into the appropriate place in the form.
12. The Petition must list all the assets of the Minor regardless of the source of such assets.
13. When a structured settlement is to be purchased for the Minor, the terms of who is responsible for funding the annuity and terms of time limits for the purchase and/or funding should be included in the Final Order. The Petitioner(s) may file for discharge as conservator(s) when the conservatorship is completed.

II. General Instructions

General instructions applicable to all Georgia Probate Court Standard Forms are available in each Probate Court, labeled GPCSF 1.

7.

Is there a notarized witnessed document made by the parent of the Minor that deals with conservatorships of the Minor?

[Circle One] (Yes) (No)

If you answer "Yes," list the Nominated Conservator [provide full name and address] and attach the document that nominates or expresses a preference for the conservator as Exhibit "_____."

[Full name]	First	Middle	Last
[Full address]	Street	City	County State Zip Code
Telephone number(s) _____			

8.

In addition to the Petitioner(s) and the Nominated Conservator(s), the names and addresses of the following relatives of the Minor whose whereabouts are known: any parent of the Minor whose rights have not been terminated; if none, the adult siblings of the Minor, provided, however, that not more than three siblings be listed; if there are no adult siblings of the Minor, the grandparents of the Minor, provided, however, that not more than three grandparents need be listed; or if there are no grandparents of the Minor, any three of the nearest adult relatives of the Minor determined according to O.C.G.A. § 53-2-1.

[Full name]	First	Middle	Last
[Full address]	Street	City	County State Zip Code
Telephone number: _____		Relation: _____	

[Full name]	First	Middle	Last
[Full address]	Street	City	County State Zip Code
Telephone number: _____		Relation: _____	

[Full name]	First	Middle	Last
[Full address]	Street	City	County State Zip Code
Telephone number: _____		Relation: _____	

WHEREFORE, Petitioner(s) pray(s) that:

1. service be perfected as required by law; and
2. the Nominated Conservator(s) be vested with authority as conservator(s) of said Minor.

Signature of First Petitioner

Signature of Second Petitioner, if any

Printed Name

Printed Name

Address

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 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, if any

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name of Second Petitioner, if any

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
MINOR)

SELECTION OF THE MINOR

I, the undersigned Minor, being 14 years of age or older and a resident of _____ County, select _____ to be appointed my conservator(s).

This _____ day of _____, 20 _____.

Signature of Minor, if age 14 or over

Printed Name

IN THE PROBATE COURT
COUNTY OF _____
STATE OF GEORGIA

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
MINOR.)

**ACKNOWLEDGMENT OF SERVICE AND
CONSENT TO APPOINTMENT OF NOMINATED CONSERVATOR(S)**

The undersigned, being over 18 years of age, laboring under no legal disability and being interested persons named in the foregoing Petition, hereby acknowledge service of a copy of the Petition for Letters of Conservatorship of Minor, waive further service and notice, and hereby assent to the appointment of the Nominated Conservator(s) for the above Minor without further delay.

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

NOTARY/ CLERK OF PROBATE COURT Printed Name
My Commission Expires _____

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

NOTARY/ CLERK OF PROBATE COURT Printed Name
My Commission Expires _____

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

NOTARY/ CLERK OF PROBATE COURT Printed Name
My Commission Expires _____

PETITION TO COMPROMISE DOUBTFUL CLAIM OF MINOR/ADULT WARD
INSTRUCTIONS

I. Specific Instructions

1. This form is to be used when petitioning the Probate Court for authorization to compromise a doubtful personal injury claim of a minor pursuant to O.C.G.A. § 29-3-3.
2. The term “gross settlement” is defined in O.C.G.A. § 29-3-3.
3. This form can also be used to compromise a doubtful personal injury claim of an adult ward pursuant to O.C.G.A. § 29-5-23 (c) (5); however, some modifications may be necessary.
4. This form must be modified when a covenant not to sue, as opposed to a release from liability, will be executed by the natural guardian or conservator.
5. This form may also be used when compromising claims other than personal injury claims pursuant to O.C.G.A. § 29-3-3, provided appropriate changes are made in the form.
6. If there is a legally qualified Conservator, it may not be necessary to file a separate Petition to Encroach on Corpus concerning the expenses listed in Paragraph 17 of this form. However, the Court may direct that a separate encroachment petition be filed, in which case the prayers listed on Page 8 and the provisions of the Order should be modified.
7. The full particulars as to the facts that give rise to the cause of action should be listed in the Petition.
8. The amount of assets the Minor/Adult Ward has prior to the settlement or action addressed in this Petition must be listed.
9. If an annuity or structured settlement is being purchased for the Minor/Adult Ward, the terms of the annuity must be specified on the form titled “Disclosure of Structured Settlement” and signed by the parties and the insurance company that is funding the annuity.
10. When a structured settlement is to be purchased for the Minor/Adult Ward, the terms of who is responsible for funding the annuity, including terms and time limits for the purchase and/or funding, should be included in the Final Order.
11. O.C.G.A. § 53-11-2 provides that a party to a probate proceeding who is not sui juris must be represented by a guardian provided that the Court may appoint a guardian ad litem or determine that the natural guardian, guardian, conservator or testamentary

guardian has no conflict and may serve. Should a guardian ad litem be necessary because a party is not sui juris, use Supplement 1. [Also see O.C.G.A. § 29-3-22 (c) (5).]

12. Use Supplement 2 if the Court determines it is appropriate to appoint a special process server.
13. Use Supplement 3 when an additional certificate of service is necessary.
14. Exhibits should be labeled at the bottom of each exhibit as Exhibit "A," Exhibit "B," etc. in consecutive order. The corresponding letter of each exhibit should be inserted into the appropriate place in the form.

II. General Instructions

General instructions applicable to all Georgia Probate Court Standard Forms are available in each Probate Court, labeled GPCSF 1.

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

IN RE: ESTATE OF _____)
) **ESTATE NO.** _____
)
_____,)
MINOR/ADULT WARD)

**PETITION TO COMPROMISE DOUBTFUL CLAIM
OF MINOR OR ADULT WARD**

The Petition of _____,
[Full name of Petitioner(s)] First Middle Last
whose physical address(es) is/are _____,
Street City County State Zip Code
and mailing address(es) is/are _____,
Street City County State Zip Code
shows the Court the following:

1.

The Minor/Adult Ward: *[list full name and address of Minor/Adult Ward]*

[Full name and address of Minor/Adult Ward] First Middle Last

[Full physical address] Street City County State Zip Code

whose birth date is _____ and is _____ years old, received personal injuries as a result of the following occurrence:

2.

The Minor/Adult Ward currently has cash and/or personal property in the amount of \$ _____ and will receive funds of \$ _____ as a result of this settlement. Petitioner(s) currently has/have a bond on file, to cover the cash/personal property of this Minor/Adult Ward in the amount of \$ _____. Petitioner(s) is/are prepared to file a bond or rider for a total of \$ _____ to secure the amount of the personal property currently in the Minor's/Adult Ward's estate plus the proceeds of this compromised claim.

[Complete either Paragraph 3 or Paragraph 4]

3.

There is no conservator for the Minor/Adult Ward, and:

[Initial one]

_____ The Petitioner(s) herein has/have filed a Petition to be appointed conservator(s) along with the filing of this Petition.

_____ The Petitioner(s) do(es) not seek to be appointed as conservator(s), but another person, _____, will file a Petition for appointment as conservator at the same time or shortly after this Petition is filed.

_____ The Petitioner(s) allege(s) that the establishment of a conservatorship is not necessary because:

4.

[Initial if applicable]

_____ The Petitioner(s) is/are the Conservator for the Minor/Adult Ward. Copies of the Order of Appointment and Letters of Conservatorship are attached hereto as Exhibit "_____."

_____ _____ is/are the Conservator(s) for the Minor/Adult Ward. Copies of the Order of Appointment and Letters of Conservatorship are attached hereto as Exhibit "_____."

5.

The claim being settled by this Petition is against _____, 20_____.
by virtue of an incident occurring on or about _____.

List the full particulars giving rise to the cause of action by the Minor/Adult Ward:

[Full name(s) of Personal Representative(s)] *First* *Middle* *Last*

[Full physical address] *Street* *City* *County* *State* *Zip Code*

10.

The Minor/Adult Ward sustained the following injuries:

11.

The Minor/Adult Ward has been treated by:

12.

The Minor's/Adult Ward's physical, mental, and emotional condition, as evidenced by the statement of the treating doctor attached as Exhibit "____," has returned to the condition of said Minor/Adult Ward prior to such incident, except for:

13.

The following is a list of all medical expenses and other special damages incurred to date as a result of the injur(y)(ies) to said Minor/Adult Ward. (Documentation of which is attached as Exhibit "____."):

14.

The following is a list of all medical expenses and other special damages expected to be incurred in the future as a result of the injury to said Minor/Adult Ward as evidenced by the statement of the treating doctor or doctors attached as Exhibit “_____.”

15.

Medical expenses have been paid as follows:

- a. \$ _____ by _____’s medical payment reimbursement insurance coverage. \$ _____ of such coverage remains and will not be released by this settlement.
- b. \$ _____ from any group or private insurance sources.
- c. \$ _____ as a result of workers’ compensation coverage.
- d. \$ _____ from any other source. *[List the name(s) of such source(s):]*

16.

[Initial as many as are applicable]

- _____ a. The Petitioner(s) has/have made a full investigation into the facts and circumstances surrounding the incident.
- _____ b. It is uncertain or doubtful that more than the amount offered in the settlement could be recovered.
- _____ c. The opposing part(y)(ies) contend(s) that he/she/they is/are not responsible or liable in any way for the injuries that might have been sustained by said Minor/Adult Ward.

18.

The following is a description and explanation of any amounts being paid to persons other than for the benefit of the Minor/Adult Ward as a result of the injuries to said Minor/Adult Ward [Note: any amounts listed should have documentation of those claims attached as Exhibit "____."]:

19.

[Initial and complete all that apply]

_____ a. The adverse part(y)(ies) is/are covered by the following insurance company(ies) [provide full name(s) and address(es) for all insurance companies involved in the settlement]:

[Full name of insurance company]

[Full name of agent, if known] First Middle Last

[Full physical address] Street City County State Zip Code

[Full mailing address] Street City County State Zip Code

_____ b. The adverse part(y's)(ies') policy limits of insurance are \$ _____.

_____ c. Uninsured motorist coverage held by _____ is contributing \$ _____ to the settlement.

20.

[Initial if applicable]

_____ a. It appears that the claim is worth more than the insurance policy limits, but the Petitioner(s) investigated the assets of the part(y)(ies) being released as part of this settlement and offers the following explanation of why this settlement is appropriate and why any party should be released:

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 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, if any

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name of Second Petitioner, if any

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
)
 _____,
)
 MINOR/ADULT WARD)

DISCLOSURES REGARDING STRUCTURED SETTLEMENT

1. Total Cost of Structured Settlement: _____

2. This Structured Settlement is being funded by: _____

3. This Structured Settlement is purchased through the following:

[Full name of insurance company providing annuity]

[List full address of company] Street City County State Zip

4. Annuity Terms:

a. Total payout over life of annuity: _____

b. Amount GUARANTEED: _____

c. Do payments terminate at death: _____

d. Amount of payment: _____

i. If periodic

1. State period *[e.g., monthly]* _____

2. Beginning date: _____ Ending date: _____

ii. If lump sum distributions at date certain, please list:

1. \$ _____ date _____

2. \$ _____ date _____

3. \$ _____ date _____

NOTE: THE ESTATE OF THE MINOR/ADULT WARD MUST BE THE NAMED BENEFICIARY TO RECEIVE ANY GUARANTEED PAYMENTS THAT WILL BE PAID AFTER THE DEATH OF THE MINOR/ADULT WARD. The Petitioner(s) may NOT name himself/herself/themselves as the beneficiary(ies) of any assets paid after the death of the Minor/Adult Ward without Court approval.

5. List any amounts attorneys will receive AFTER INITIAL SETTLEMENT, if any:

a. _____ date _____

b. _____ date _____

6. Name, address, and telephone number of company underwriting the annuity:

Name: _____

Address: _____

Telephone Number: _____

7. The company is rated through _____ and has a rating of _____.

8. The Petitioner(s) has/have made an investigation into the facts of this case and the circumstances of the Minor/Adult Ward and determined that the structured settlement is in the best interest of the adult Minor/Adult Ward.

Signature of First Petitioner

Signature of Second Petitioner, if any

Printed Name

Printed Name

Address

Address

Telephone Number

Telephone Number

Signature of agent of annuity provider _____

Typed/printed name of agent _____

Address _____

Telephone number _____

Exhibit “ _____ ”

IN THE PROBATE COURT
COUNTY OF _____
STATE OF GEORGIA

IN RE: ESTATE OF _____)
) ESTATE NO. _____
)
_____,)
MINOR/ADULT WARD)

ORDER AUTHORIZING SETTLEMENT

The foregoing Petition was read and considered, and it appears upon hearing based on the record and facts set out in the Petition and introduced at trial that said settlement is fair, reasonable, and just, that the same is made in good faith and will be in the best interest of the said Minor/Adult Ward.

[Strike the portions of this Order that are not applicable to this case]

(No objection to the proposed compromised claim being raised by the guardian ad litem.)
(Objections were filed by the guardian ad litem or an interested party, but have now been resolved.)

[Insert any other relevant procedural history here]

IT IS HEREBY ORDERED AND ADJUDGED that Petitioner(s) be, and is/are, hereby authorized to consummate said settlement as prayed in said Petition and to execute any and all agreements, receipts, releases, or other documents necessary or proper to effect such settlement and that such agreements, receipts, releases, or other documents shall constitute the full, final, and complete settlement of any and all actions, causes of action, claims, or demands which the above-named Minor/Adult Ward may have against those parties to the settlement named in the Petition as fully and completely as if said Minor/Adult Ward had executed said agreements, receipts, releases, or other documents individually.

IT IS FURTHER ORDERED that the Petitioner(s) is/are hereby authorized to pay all fees and expenses as shown below:

- | | | |
|------|---|----------|
| a. | Gross Settlement <i>[Total amount of the settlement proceeds to be received by the Minor/Adult Ward]:</i> | \$ _____ |
| b. | Expenses: | |
| i. | Attorney's fees: | \$ _____ |
| ii. | Expenses of litigation: | \$ _____ |
| iii. | Medical expenses now due: | \$ _____ |
| iv. | Other: | \$ _____ |
| | Total Expenses | \$ _____ |
| c. | Cost of Annuity, if any: | \$ _____ |
| d. | Net Amount to Conservatorship <i>[Gross Settlement less Expenses and Cost of Annuity, if any]:</i> | \$ _____ |

[Initial those which are applicable]

_____ IT IS FURTHER ORDERED that the Minor's/Adult Ward's award is hereby paid to the court appointed Conservator(s).

and/or

_____ IT IS FURTHER ORDERED that a conservator is not necessary because the "net" award is under \$15,000.00 and therefore will be paid to the Natural Guardian(s) of the above-named Minor/Adult Ward.

and/or

_____ IT IS FURTHER ORDERED that an annuity (has been) (will be) purchased. Attorney _____, representing _____, has stated in open court that all funds owed to the Minor/Adult Ward will be held in the escrow account of _____, until the purchase of the annuity and that the money will be disbursed from the escrow account to purchase the annuity and will not be given over to the Petitioner(s). The attorney will confirm disbursement once the annuity is funded and file notice with this Court and the guardian ad litem. The appointed guardian ad litem will report to the Court once he/she has confirmed the annuity was purchased.

and/or

_____ IT IS FURTHER ORDERED that an annuity (has been) (will be) purchased by the insurance company liable for the Minor's/Adult Ward's claim(s). The insurance company will also pay the other claims above directly including the attorney's fees, expenses of litigation and/or medical expenses.

and

_____ IT IS FURTHER ORDERED that all terms of this Order shall be completed within _____ days of this Order.

SO ORDERED this _____ day of _____, 20____.

Judge of the Probate Court