

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

**IN RE:** \_\_\_\_\_ ) **ESTATE NO.: 20** \_\_\_\_ **-GA-** \_\_\_\_\_  
 )  
 )  
\_\_\_\_\_, )  
**INCAPACITATED ADULT WARD.** )

**PETITION OF GUARDIAN AND/OR CONSERVATOR FOR APPOINTMENT OF A  
CO-GUARDIAN AND/OR CO-CONSERVATOR**

The Petition of \_\_\_\_\_ shows:

1.

Petitioner(s) is/are the Guardian(s) and/or Conservator(s) of the above-named ward.

2.

On \_\_\_\_\_, this Court appointed \_\_\_\_\_  
as Guardian(s) and/or Conservator(s) of the above-named ward.

3.

Further, the Petitioner(s) declare(s) that \_\_\_\_\_  
is another person suitable and willing to accept the guardianship and/or conservatorship, and that  
appointment of said person would not be disadvantageous to the Ward.

4.

The following persons have not acknowledged service and must therefore receive Citation  
in the matter indicated:

\_\_\_\_\_ a. Personal service shall be made upon the Ward and legal counsel appointed for the Ward  
by the Court;

\_\_\_\_\_ b. Service shall be made by First Class Mail on the:  
Conservator(s) if the Guardian(s) is/are petitioning; the Guardian(s) if the Conservator(s)  
is/are petitioning, unless such persons are one and the same;

**Current Guardian(s):**

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Name	Address	Telephone Number
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**Current Conservator(s):**

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Name	Address	Telephone Number
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**Surety on the Bond with a copy to the local agent, if any:**

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Name	Address	Telephone Number
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**Proposed Co-Guardian(s) and/or Co-Conservator(s):**

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Name	Address	Telephone Number
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**Spouse of the Ward, if any:**

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Name	Address	Telephone Number
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**All adult children of the Ward, if any:**

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Name	Address	Telephone Number
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Name	Address	Telephone Number
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Name	Address	Telephone Number
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If there is no adult child, then at least two adults in the following order of priority: lineal descendants of the Ward, parents and siblings of the Ward, friends of the Ward (not to include either the current Guardian(s)/Conservator(s) or the proposed Co-Guardian(s)/Co-Conservator(s)):

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Name	Address	Telephone Number
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Name	Address	Telephone Number
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Name	Address	Telephone Number
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Wherefore, Petitioner(s) pray(s) that the Court enter an Order allowing the appointment of the Co-Guardian(s) and/or Co-Conservator(s) nominated herein upon such hearing as the Court deems appropriate.

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Signature of First Petitioner

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Signature of Second Petitioner, if any

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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 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

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 )  
 )  
\_\_\_\_\_, )  
**INCAPACITATED ADULT WARD** )

**ACKNOWLEDGEMENT OF SERVICE**

The undersigned, being 18 years of age or older, laboring under no legal disability and being an interested party of the above incapacitated adult, hereby acknowledges due and legal service of the within and foregoing Petition; all further notice, citation, summons and process are hereby expressly 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

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 )  
 )  
\_\_\_\_\_, )  
**INCAPACITATED ADULT WARD** )

**CONSENT TO SERVE AS CO-GUARDIAN AND/OR CO-CONSERVATOR**

**RE:** Petition of Guardian and/or Conservator for Appointment of Co-Guardian and/or Co-Conservator

I/We, \_\_\_\_\_, having been nominated as Co-Guardian, and I/We, \_\_\_\_\_, having been nominated as Co-Conservator of the above-named Incapacitated Adult Ward, do hereby consent to serve as Co-Guardian and/or Co-Conservator if so appointed.

\_\_\_\_\_  
Signature of Proposed Co-Guardian

\_\_\_\_\_  
Signature of Proposed Co-Conservator

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

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

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

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

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

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