

**Houston County Probate Court
Minor Guardianship Information Sheet**

Case No.

Complete Name of Minor: _____

Minor's Date of Birth: _____ Minor's Current Age: _____

Current school minor attends and current grade: _____

<p>Name Current Temporary Guardian: _____</p> <p>Relationship to child: _____</p> <p>Home Phone: _____</p> <p>Work/Cell Phone: _____</p> <p>Email address: _____</p>	<p>Name of 1st Petitioner/Guardian: _____</p> <p>Relationship to child: _____</p> <p>Home Phone: _____</p> <p>Work/Cell Phone: _____</p> <p>Email address: _____</p>
<p>Name of 1st Nominated Successor Guardian: _____</p> <p>Relationship to child: _____</p> <p>Home Phone: _____</p> <p>Work/Cell Phone: _____</p> <p>Email address: _____</p> <p>Place of Employment: _____</p>	<p>Name of 2nd Nominated Successor Guardian: _____</p> <p>Relationship to child: _____</p> <p>Home Phone: _____</p> <p>Work/Cell Phone: _____</p> <p>Email address: _____</p> <p>Place of Employment: _____</p>

Reason for the change in guardianship: _____

Is DFCS involved with any party? Yes No

If yes, please provide all information available including the County that is investigating, the caseworker's name and contact information, etc. _____

Additional Information:			
<u>List all other children in the home:</u>			
Name _____	Age _____	Gender: M/F	School Attending: _____
Name _____	Age _____	Gender: M/F	School Attending: _____
Name _____	Age _____	Gender: M/F	School Attending: _____
Name _____	Age _____	Gender: M/F	School Attending: _____
<u>List all adults living in the home:</u>			
Name _____	Age _____	Gender: M/F	Relationship to Guardian _____
Name _____	Age _____	Gender: M/F	Relationship to Guardian _____
Name _____	Age _____	Gender: M/F	Relationship to Guardian _____
Name _____	Age _____	Gender: M/F	Relationship to Guardian _____

PETITION FOR TEMPORARY LETTERS OF GUARDIANSHIP OF MINOR

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used for filing a Petition for Temporary Letters of Guardianship of a Minor pursuant to O.C.G.A. § 29-2-5.
2. Notice of the Petition must be given to the “parents” of the Minor. If an objection to the establishment of the temporary guardianship is filed by a parent who is also a “natural guardian,” the Court will dismiss the Petition without a hearing. If a parent who is not a natural guardian objects, a hearing on the matter will be scheduled.

A “parent” is defined as the biological or adoptive father or mother whose parental rights have not been surrendered or terminated. However, in the case of a child born out of wedlock, the Father shall be considered a “parent” only if he has legitimated the Minor.

A father of a child born out of wedlock has legitimated the Minor if he married the Mother after the child’s birth or obtained an order of legitimation from a court of competent jurisdiction.

A “natural guardian” is defined as each parent, unless the parents are divorced. If one parent has sole legal custody, that parent is the sole “natural guardian.” If both parents have joint legal custody, then both parents are the “natural guardians.”

3. Although a mother or father may not be a “legal parent,” the Court may require service on such person.
4. A temporary guardianship will be deemed to be a permanent guardianship for the purposes of obtaining medical insurance coverage for the Minor if the guardian assumes in writing the obligation to support the Minor while the guardianship is in effect to the extent that no other sources of support are available.
5. Unless otherwise permitted by the Probate Court in which the Petition is filed, a separate Petition must be filed for each minor. Contact the Probate Court in which the Petition will be filed for its policy. If the filing of one Petition for more than one minor is permitted by the Probate Court, modify the Petition accordingly.
6. 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.

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.
8. Use Supplement 2 if the Court determines it is necessary to appoint a special process server.
9. Use Supplement 3 when an additional certificate of service is necessary.
10. 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.
11. 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 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.

II. General Instructions

General instructions applicable to all Georgia Probate Court Standard Forms are available in each Probate Court or at www.gaprobate.gov, labeled GPCSF 1.

4.

The Minor's Mother is:

<i>[Full name of Mother]</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
------------------------------	--------------	---------------	-------------

<i>Street</i>	<i>City</i>	<i>County</i>	<i>State</i>	<i>Zip Code</i>
---------------	-------------	---------------	--------------	-----------------

- a. Is the Mother deceased? *[Select One]* Yes No
*If yes, attach death certificate as Exhibit “ _____ ”
and skip b-g*
- b. Has the Mother signed a consent for the creation of this temporary guardianship? *[Select One]* Yes No
- c. Is the Mother's address known and listed above? *[Select One]* Yes No
- d. Have the Mother's rights been terminated via Court Order? *[Select One]* Yes No
If yes, attach the Order as Exhibit “ _____ .”
- e. Has the Mother lost custody via Court Order? *[Select One]* Yes No
If yes, attach the Order as Exhibit “ _____ .”
- f. Does the Mother have joint legal custody via Court Order? *[Select One]* Yes No
If yes, attach the Order as Exhibit “ _____ .”
- g. Does the Mother have sole legal custody via Court Order? *[Select One]* Yes No
If yes, attach the Order as Exhibit “ _____ .”
- h. Was the Mother married to the Father of the child during or after the conception of the Child? *[Select One]* Yes No
- i. Was the Mother married to another during the conception, gestation or birth of the Child? *[Select One]* Yes No
If yes, list that man's name below:

[Full name of Mother's Husband] First Middle Last

Street City County State Zip Code

5.

The Minor's Father is:

[Full name of Father] First Middle Last

Street City County State Zip Code

a. Is the Father deceased? *[Select One]* Yes No

If yes, attach death certificate as Exhibit " _____ " and skip b-g.

b. Has the Father signed a consent for the creation of this temporary guardianship? *[Select One]* Yes No

c. Is the Father's address known and listed above? *[Select One]* Yes No

d. Have the Father's rights been terminated via Court Order? *[Select One]* Yes No

If yes, attach the Order as Exhibit " _____ ."

e. Has the Father lost custody via Court Order? *[Select One]* Yes No

If yes, attach the Order as Exhibit " _____ ."

f. Does the Father have joint legal custody via Court Order? *[Select One]* Yes No

If yes, attach the Order as Exhibit " _____ ."

g. Does the Father have sole legal custody via Court Order? *[Select One]* Yes No

If yes, attach the Order as Exhibit " _____ ."

6.

Is the Minor fourteen years of age or older? *[Select One]* Yes No

If you answer "Yes," and the Minor made a selection, attach the Minor's Selection for the Petitioner(s) to act as temporary guardian(s) as Exhibit " _____ ."

7.

The temporary guardianship is needed because:

8.

Additional Data: [Where full particulars are lacking, state here the reasons for any such omission. Also, state here all pertinent facts that may govern the method of giving notice to any party and that may determine whether or not a guardian ad litem should be appointed for any party.]

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

1. Service be perfected as provided by law; and
2. Petitioner(s) be appointed temporary guardian(s) of the Minor named above.

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 Temporary Letters of Guardianship of Minor (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

Printed Name of First Petitioner

My Commission Expires _____

Sworn to and subscribed before me this

_____ day of _____, 20_____

Signature of Second Petitioner, if any

NOTARY/CLERK OF PROBATE COURT

Printed Name of Second Petitioner, if any

My Commission Expires _____

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

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

SELECTION BY MINOR IF AGE 14 OR OLDER

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

This _____ day of _____, 20 ____.

Sworn to and subscribed before me this

_____ day of _____, 20_____

Signature of Minor if age 14 or over

NOTARY/CLERK OF PROBATE COURT

Printed Name

My Commission Expires _____

Exhibit “ _____ ”

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

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

CONSENT OF FATHER

I, _____,
[Full name of Father] First Middle Last

Street City County State Zip Code

Father of the above named Minor, do hereby consent to the creation of a temporary guardianship and the appointment of *[list all parties to whom you wish to grant temporary guardianship]*:

[Full name of first Temporary Guardian] First Middle Last

[Full name of second Temporary Guardian] First Middle Last

and also acknowledge service of the Petition for Appointment of a Temporary Guardian for said Minor and waive any and all further service and notice concerning said Petition.

I further understand that, pursuant to O.C.G.A. § 29-2-8 (b), upon a petition for termination by a natural guardian as defined in said statute *[see instructions]*, the Court will remove the Temporary Guardian(s) and dissolve the temporary guardianship unless an objection is timely filed by the appointed Temporary Guardian(s). If an objection is timely filed to such petition for termination, the Juvenile Court or the Probate Court shall determine, after notice and hearing, whether a continuation or dissolution of the temporary guardianship is in the best interest of the Minor. I understand that nothing herein, including any optional Assumption by the Guardian(s) of the obligation to support the Minor to the extent that no other sources of support are available, affects my legal obligation to support and maintain said Minor.

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

Signature of Father

NOTARY/CLERK OF PROBATE COURT

Printed Name of Father

My Commission Expires _____

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

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

ASSUMPTION OF OBLIGATION TO SUPPORT (OPTIONAL)

The undersigned, if appointed temporary guardian(s) of the above named Minor, assume(s) the obligation to support the Minor while the guardianship is in effect to the extent that no other sources of support are available.

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

Exhibit “ _____ ”

- _____ ➤ Contacting the known friends and relatives of the person, being:
- Name: _____ Relation to person: _____
- Name: _____ Relation to person: _____
- Name: _____ Relation to person: _____
- Name: _____ Relation to person: _____;
- _____ ➤ Hiring professionals to conduct or assist in a search for the person, said professionals being: _____.

3.

Despite the above-described efforts, Affiant was unable to locate the person named in Paragraph 2 of this Affidavit.

Personally appeared before me the undersigned Affiant who on oath states that the facts set forth in the foregoing petition (and any attachments) are true.

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

 Notary / Clerk of the Probate Court
 My commission expires: _____

 Signature of Affiant

 Printed Name of Affiant

 Address

 Address

 Telephone Number

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

IN RE: ESTATE OF

_____,
MINOR

)
)
)
)

ESTATE NO. _____

AFFIDAVIT OF UNKNOWN NAME/WHEREABOUTS OF FATHER/MOTHER

I, the undersigned (Mother, Father, Guardian) being duly sworn, state(s) that the name of the father/mother of the above-named minor is unknown and/or his/her whereabouts are unknown and that after reasonable efforts have been made cannot be ascertained.

The following describes the reason(s) that the name and/or whereabouts of the minor's father/mother are unknown:

(Please include any and all efforts made to obtain name/whereabouts as requested)

This _____ day of _____, 20 ____.

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

Signature of Mother/Father/Guardian

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name

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____.

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 _____