

ADULT GUARDIANSHIP

Additional information required by Gwinnett Probate Court for Standard Form 11 and 12:

If the proposed ward is in a facility, please list the complete information below:

Proposed Ward's Name: _____

Facility Name: _____

Facility Address: _____

Facility Phone: _____

Room Number: _____ Patient ID, if Behavioral/Psychiatric Facility: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Can the proposed ward be transported to the doctor for the evaluation? Yes No

2. Will the proposed ward willingly attend the doctor's evaluation? Yes No

If either answer is NO, do you want the doctor to travel to the proposed ward's location for an additional fee of \$50? Yes No

3. Does the proposed ward have a physical disability that will not allow them to communicate with the court-appointed physician and attorney? Yes No If YES, please explain: _____

If the proposed ward does not speak English, the court must appoint an interpreter, a family member or friend cannot interrupt at the evaluation or hearing.

Is there any person who does not speak or understand English? Yes No

If YES, please check the party: Petitioner Witness Other _____

The court can arrange for an interpreter for the evaluation and hearing; however the fee for this must be paid by the petitioner when the petition is filed.

Upon filing this petition, if the proposed ward is currently expected to move from his/her current location within a few days or a week, please notify the court of his/her moving date, new location address and phone number:

Moving Date: _____

New Address: _____

Phone Number: _____

The court must be notified immediately if the proposed ward is moved to another location anytime during the filing of this petition and the hearing; failure to do so can result in additional service fees.

Signature

Signature

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 O.C.G.A. §29-5-10.
2. 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 30 days of the date of such order.
3. 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.
4. 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. Pages after 15 which are labeled "Court" are to be completed by the moving party, unless otherwise directed by the court.

II. General Instructions

General instructions applicable to all Georgia probate court standard forms are available in each probate court.

PROBATE COURT OF _____ COUNTY

STATE OF GEORGIA

IN RE: _____, PROPOSED WARD)))))	ESTATE NO. _____ PETITION FOR APPOINTMENT OF A GUARDIAN AND/OR CONSERVATOR FOR A PROPOSED WARD
---	-----------------------	---

TO THE HONORABLE JUDGE OF THE PROBATE COURT:

[NOTE: Unless there are two or more petitioners, the affidavit on page 9 must be completed by a physician, psychologist, or licensed clinical social worker based upon an examination within 15 days prior to the filing of this petition.]

1.

Petitioner, _____, is the
 (relationship) _____ of the proposed ward, and is
 domiciled at (address) _____
 _____ County of _____, State of
 _____, telephone number _____, and

(Initial either a. or b. below):

____ a. (Second Petitioner, if any) _____, is
 the (relationship) _____ of the proposed ward, and is domiciled at
 (address) _____
 _____, County of _____, State
 of _____ telephone number _____, show that:

or

____ b. attached hereto as page 9 and made a part of this petition is the completed affidavit of
 _____, a physician or
 psychologist licensed to practice in Georgia or a licensed clinical social worker, who has
 examined the proposed ward within fifteen days prior to the filing of this petition, show that:

2.

The proposed ward, age _____, date of birth _____, social security no. _____, is domiciled at (address) _____
_____ County, State of _____, and is presently located at _____,
which is a (type of facility, if applicable) _____
and can be contacted at (telephone number): _____.

(initial if applicable)

_____ It is anticipated that the proposed ward will be moved within the next _____
days to the following address: _____,
_____, telephone number _____.
_____ The proposed ward is a citizen of a foreign country, being _____ (if
a guardianship or conservatorship is granted, pursuant to The Vienna
Convention, the Probate Court must notify the consul).

3.

The proposed ward is in need of a guardian and/or conservator by reason of the following incapacity:
_____ to the
extent that the proposed ward (initial one or both):

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

The facts which support the claim of the need for a guardian and/or conservator are as follows:

(NOTE: the Petition cannot be granted unless sufficient facts are presented which support the claim for the need for the appointment of a guardian or conservator. While an attached physician's/psychologist's/social worker's affidavit is permissible, the Petitioner(s) MUST specifically allege sufficient facts to support the granting of this Petition.)

4.

It is in the best interest of the proposed ward that _____
_____ be appointed guardian and _____
_____ appointed conservator.

5.

The foreseeable duration of the incapacity will be: _____ and the Court
should allow the proposed ward to retain the following rights and powers: _____

_____.

6.

(NOTE: The law requires notice to be given to the spouse, if any, and to all living children, if any, whose addresses are known. If there are no living adult children whose addresses are known, then list at least two 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.)

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

NAME	AGE (or over 18)	ADDRESS	TELEPHONE	RELATIONSHIP

7.

a. As to the guardianship, prior to the filing of this Petition, to the best of my/our knowledge, the following individual(s) has/have been nominated to serve under a living will, durable power of

attorney for healthcare, order relating to cardiopulmonary resuscitation, or other instrument that deals with the management of the person of the proposed ward in the event of incapacity. If any, please provide their name(s), address (es), indicate the nature of their interest, whether they are willing to act or have failed to act under said appointment: _____

- b. As to the guardianship, prior to the filing of this Petition, to the best of my/our knowledge, the following individual(s) has/have been nominated in writing to serve as guardian by the proposed ward, his/her spouse, adult child, or parent. If any, please provide their name(s), addresses(es), indicate the nature of their interest, whether 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: _____
- _____
- _____

8.

- a. As to the conservatorship, prior to the filing of this Petition, to the best of my/our knowledge, the following individual(s) has/have been nominated to serve under a power of attorney, trust, or other instrument that deals with the management of the property of the proposed ward in the event of incapacity. If any, please provide their name(s), address(es), the nature of their interest, and indicate whether they are willing to act or have failed to act under said appointment: _____
- _____

- b. As to the conservatorship, prior to the filing of this Petition, to the best of my/our knowledge, the following individual(s) has/have been nominated in writing to serve as conservator by the proposed ward, his/her spouse, adult child, or parent. If any, please provide their name(s), address (es), the nature of their interest, and indicate whether 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 : _____
- _____

(initial if applicable)

_____ The above individual(s) may have the following ownership or financial conflict of interest in serving as conservator: NOTE: A CONFLICT OF INTEREST MAY EXIST IF THE PROPOSED CONSERVATOR IS A CO-OWNER OF A JOINT ACCOUNT OR REAL PROPERTY WITH THE PROPOSED WARD. (list) _____

9.

Regarding other petitions for guardianship and/or conservatorship, (initial if applicable)

_____ a. (Name) _____, residing
at _____, has been
appointed as an emergency or permanent guardian/conservator for the proposed
ward in the following county and state: _____.

_____ b. A ruling on a Petition for the appointment of an emergency or permanent
guardian/conservator is pending in the following county and state: _____
_____.

_____ c. A petition for emergency or permanent guardianship/conservatorship has been
denied or dismissed within the two years prior to this filing by a court in the
following county and state: _____

_____.

_____ d. A petition for emergency or permanent guardianship/conservatorship has been
denied or dismissed within the two years prior to this filing by a court in this
state; however, there has been a significant change in the condition or
circumstances of the proposed ward as shown by the affidavit or evaluation,
attached as Exhibit "A."

10.

All known income and assets of the proposed ward are shown on page 11 attached hereto.

11.

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

12.

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

13.

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

Address

Address

Telephone Number

Telephone Number

Signature of Attorney: _____

Typed/printed name of Attorney: _____

Address: _____

Telephone: _____ State Bar # _____

VERIFICATION

GEORGIA, _____ COUNTY

Personally appeared before me the undersigned petitioner(s) who on oath state(s) that the facts set forth in the foregoing petition are true.

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

First Petitioner

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name

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

Second Petitioner, if any

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name

CONSENT TO SERVE AS GUARDIAN/CONSERVATOR

RE: Petition for the appointment of guardian and/or conservator for _____
_____.

I/We, _____ having been nominated as guardian
and I/we, _____, having been nominated as
conservator of the above-named proposed ward, do hereby consent to serve as such.

Proposed Guardian/Conservator

Proposed Guardian/Conservator

Print Name

Print Name

Address

Address

Telephone

Telephone

Proposed Guardian/Conservator

Print Name

Address

Telephone

STATE OF GEORGIA

COUNTY OF _____

PROBATE COURT OF _____ COUNTY

RE: Petition for appointment of a guardian and/or conservator for _____.

AFFIDAVIT OF PHYSICIAN, PSYCHOLOGIST, OR LICENSED CLINICAL SOCIAL WORKER

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 _____, Georgia,

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 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 applicable):

_____ a. (for guardianship:) lacks sufficient capacity to make or communicate significant responsible decisions concerning his/her health or safety.

_____ b. (for conservatorship:) lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.

The following facts support said diagnosis:

The foreseeable limits on the duration of such incapacity are:

WITNESS MY HAND AND SEAL this _____ day of _____, 20_____.

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

Signature of (Physician)(Psychologist)(Social Worker)

Notary Public

My commission expires on the ____ day Typed Name _____

of _____, 20_____.

(NOTARIAL SEAL AFFIXED)

NOTE: The examination on which this affidavit is based must occur WITHIN FIFTEEN DAYS prior to the filing of the petition.

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

PROPOSED WARD: _____

REAL PROPERTY

(Indicate if property is jointly owned and with whom)

Description	County	State	Approximate equity and interest as to proposed ward.
Parcel 1 _____			\$ _____
Parcel 2 _____			\$ _____
Parcel 3 _____			\$ _____

INCOME FROM ALL SOURCES

	Yearly Total
Social Security per year	\$ _____
SSI (Supplemental Security Income) per year	\$ _____
Retirement benefits per year	\$ _____
VA benefits per year	\$ _____
Other income per year, including, e.g., alimony, annuity, or trust distributions	\$ _____
Interest, dividend, or investment income	\$ _____
YEARLY TOTAL OF ALL INCOME	\$ _____

PERSONAL AND INTANGIBLE PROPERTY

(Indicate if property is jointly owned and with whom)

Approximate Current Value

1. Checking/Savings/Money Market/Certificates of Deposit/Liquid Accounts:	Value of proposed ward's interest.
Bank/Financial Institution/Broker Acct. No. Joint Owner (if any)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
2. Stocks/Bonds/Investments (including retirement and profit-sharing accounts):	
a. held by brokers:	
Brokerage Firm or Institution Acct. No. Joint Owner (if any)	
_____	\$ _____
_____	\$ _____
_____	\$ _____
b. privately held:	
Company/Issuer No. 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

The proposed ward owes the following debts/liabilities:

1. Secured debts:

Obligor/Payee	Collateral	Solely/Jointly Owed	Approx. Current Balance as to proposed ward.
_____			\$ _____
_____			\$ _____
_____			\$ _____

2. Unsecured debts:

Obligor/Payee	Acct. No.	Solely/Jointly Owed	Approx. Current Balance
_____			\$ _____
_____			\$ _____
_____			\$ _____
TOTAL DEBTS AND OTHER LIABILITIES OF PROPOSED WARD			\$ _____

**AVERAGE MONTHLY LIABILITIES AND EXPENSES
AS TO PROPOSED WARD**

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 and license fees, Insurance	\$ _____
Bus/Train/Taxi fares	\$ _____

Minors or Other Dependents of the Proposed Ward

Child Care	\$ _____
School Tuition/Supplies/Expenses/Lunches	\$ _____
Clothing/Diapers /Grooming/Hygiene	\$ _____

Medical/Dental/Prescription \$ _____

Entertainment/Activities \$ _____

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 \$ _____

Other (specify) \$ _____

Total Expenses \$ _____

Payments to Creditors:

Is the proposed ward behind in any debt payments? (yes) (no)

If so, payee and amount: _____

SUMMARY

1. Average Monthly Income \$ _____

2. Average Monthly Expenses <\$ _____>

ACKNOWLEDGMENT OF SERVICE

PROPOSED WARD _____ ESTATE NO. _____

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, 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.

SIGNATURE(S)

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

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name

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

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name

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

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name

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

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name

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

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name

GEORGIA PROBATE COURT
STANDARD FORM