

**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, labeled GPCSF 1.

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

IN RE: _____)
)
) ESTATE NO. _____)
PROPOSED WARD _____)

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 _____,
Street City County State Zip Code
and mailing address is _____,
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 _____,
Street City County State Zip Code
and mailing address is _____.
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 _____

presently located at _____

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:

(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):

[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.]

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: _____

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:

<i>Name</i>	<i>Age (if under 18)</i>	<i>Address</i>	<i>Relationship</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:

- (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:

- (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:

(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:

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

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:

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

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:

8.

Does anyone named above, or the proposed guardian(s)/ [Select One] Yes No conservator(s) have a financial conflict of interest with the Proposed Ward?

[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:

**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:	\$ _____
Yearly Total of All Income:	\$ _____

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 <i>[specify]</i> _____:	\$ _____

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:

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 _____ COUNTY
STATE OF GEORGIA**

IN RE: _____)
)
) **ESTATE NO.** _____
PROPOSED WARD)

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 _____ 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

ADULT GUARDIANSHIP AND/OR CONSERVATORSHIP

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

Proposed Ward's Name: _____

Petitioner(s) Email Address: _____

Is the Proposed Ward is in a facility? (please circle) YES NO

If yes, please complete the information below:

Name of Facility: _____

Facility Address: _____

Facility Phone: _____

Room Number: _____

Patient ID, if Behavioral/Psychiatric Facility: _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

1. Can the proposed ward be transported safely 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**, the doctor will travel to the proposed ward's location for an additional fee of \$50.00.*

*If the proposed ward does not speak or understand English or communicates through Sign Language, the court must appoint an interpreter. A family member or friend **CANNOT** interpret at the evaluation or hearing.*

3. Does the proposed ward and/or petitioner(s) need an interpreter? Yes No

4. If **Yes**, what language? _____

5. Does the proposed ward need a Sign language interpreter? Yes No

By signing this document, I understand that it is my responsibility to notify the court immediately of any changes to the proposed ward's location or any scheduling conflicts that may arise which may impact the evaluation or hearing. Any scheduling changes to the evaluation will require a court order. If the proposed ward is moved to another location and personal service is not perfected, an additional \$50 service fee will be required. If the scheduled evaluation is missed for ANY reason, I understand that I will be required to pay an additional evaluation fee before the court will reschedule the appointment with the court appointed evaluator. It is my responsibility to ensure that the proposed ward attends the scheduled evaluation.

Signature: _____
 Petitioner

Signature: _____
 Petitioner

COURT USE ONLY
GCIC REPORT RESULTS: Record? Yes No
Name(s) on Record _____
Terminal Operator's Initial: _____ Date: _____

Court Clerk

Proposed Ward's Name: _____

File # _____ Clerk _____

NOMINATED GUARDIAN'S CONSENT TO CRIMINAL BACKGROUND CHECK

In conjunction with the legal action filed in that Court, I hereby authorize the Probate Court of Gwinnett County to ask for and receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia, in any state or local criminal justice agency in any state in the United States or its territories, and in the Federal Bureau of Investigation.

I understand that Section 7 of the Privacy Act (found at 5 U.S.C. § 552a note [Disclosure of Social Security Number]) provides that "[I]t shall be unlawful for any Federal, State or local government agency to deny to any individual any right, benefit, or privilege provided by law because of such individual's refusal to disclose his social security account number." Sec. 7(a)(1).

"Any Federal, State or local government agency which requests an individual to disclose his social security account number shall inform that individual whether that disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it." Sec. 7(b).

I understand that the purpose of providing my Social Security Number is to perform a criminal background check based on my application for guardianship under Title 29 of the Official Code of Georgia, Annotated, in order for this Court to determine my fitness to act as a guardian.

I further understand providing this number is voluntary and that, while no legal proceeding or service shall be denied by this office for declining to provide a Social Security number, failing to provide this number may result in a delay in issuance of a guardianship as name based searches often result in information which is not applicable to the applicant and which must be more closely scrutinized by the Court.

PLACE OF BIRTH

State: _____ City: _____ County or District _____ Country _____

FULL LEGAL PRINTED NAME

_____, _____
Last First Middle

PERSONAL IDENTIFIERS

Sex: _____ Race _____ Date of Birth _____ Social Security Number: _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

CURRENT PHYSICAL ADDRESS

Street address City State Zip

Signed and sworn to or affirmed before me
This _____ day of _____, 20____.

SIGNATURE

CLERK/ NOTARY PUBLIC (SEAL)
Notary's name printed: _____
My commission expires: _____

Proposed Ward's Name: _____

File # _____ Clerk _____

NOMINATED GUARDIAN'S CONSENT TO CRIMINAL BACKGROUND CHECK

In conjunction with the legal action filed in that Court, I hereby authorize the Probate Court of Gwinnett County to ask for and receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia, in any state or local criminal justice agency in any state in the United States or its territories, and in the Federal Bureau of Investigation.

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PLACE OF BIRTH

State: _____ City: _____ County or District _____ Country _____

FULL LEGAL PRINTED NAME

_____, _____
Last First Middle

PERSONAL IDENTIFIERS

Sex: _____ Race _____ Date of Birth _____ Social Security Number: _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

CURRENT PHYSICAL ADDRESS

Street address City State Zip

Signed and sworn to or affirmed before me
This _____ day of _____, 20____.

SIGNATURE

CLERK/ NOTARY PUBLIC (SEAL)
Notary's name printed: _____
My commission expires: _____