

IN THE PROBATE COURT OF Gwinnett COUNTY
STATE OF GEORGIA

IN RE:

(your child)
PROPOSED WARD

)
)
)
)

ESTATE NO. (Court will create)

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 (guardian #1)

whose relationship to the above-named Proposed Ward is (Parent, or ?), whose
domicile is (address)

and mailing address is

<u>Street</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip Code</u>
<u>(address)</u>				
<u>Street</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip Code</u>

AND [initial either (a) or (b) below]

Both
guardians
initial

> (a) The Petition of (guardian #2)
whose relationship to the above Proposed Ward is (Parent, or ?),
whose domicile is (address)

<u>Street</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip Code</u>
<u>(address)</u>				
<u>Street</u>	<u>City</u>	<u>County</u>	<u>State</u>	<u>Zip Code</u>

OR

< if only 1 guardian >

(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 (where they live)

Street

City

County

State

Zip Code

presently located at (Same)

Street

City

County

State

Zip Code

which is a (Parent's home, Group home, etc.) 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:

Street

City

County

State

Zip Code

Telephone Number

(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.]

ex. > in your words Summary of care needed w/ medical Condition, mental age, physical Limitations, etc.

"Ward" has (condition(s)) which exhibits as (Level of delay, i.e. (moderate delay at age 6-8 yrs of mental age, Seizures, along with other medical Conditions. "Ward" needs or requires 24/7 medical, Daily Living, and Safety Supervision and assistance. "Ward" is in (Class/Program). "Ward" requires a wheelchair, behavior or other physical / mental assistance.)

(a) It is in the best interest of the Proposed Ward for the following individual to be appointed guardian: Guardian #1 & #2

(b) It is in the best interest of the Proposed Ward for the following individual to be appointed conservator: guardian #1 / #2 (Keep on file)

5. "(Put conservatorship on file for future use)"

The foreseeable duration of the Proposed Ward's incapacity is Permanent and the Court should allow the Proposed Ward to retain the following rights and powers:

Vote (optional, judge can help with this option)

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:

Name	Age (if under 18)	Address	Relationship
Adult 1	"Bd date" or "over 18"		
Adult 2			

mom/dad → not being used for guardianship
 Sister/Brother → over 18
 Aunt / Uncle → " "
 Grandparent → " "
 last friend → " "

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

most likely 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

most likely 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 authority to act on the Proposed Ward's behalf either by the Proposed Ward or someone else?

[Select One] ☐ Yes ☐ No

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 Proposed Ward?

[Select One] ☐ Yes ☐ No

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)/ conservator(s) have a financial conflict of interest with the Proposed Ward?

[Select One] ☐ Yes ☐ No

[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:

(d) On behalf of the Proposed Ward, a Petition for Permanent Guardianship and/or Conservatorship was created. [Select One] ☐ Yes ☐ No

If you answer "Yes" to (d), list the full name and address of the person(s) appointed as Guardian(s) and/or Conservator(s):

Guardian(s): _____,
(Full name) First Middle Last

Street City County State Zip Code

Conservator(s): _____,
(Full name) First Middle Last

Street City County State Zip Code

(e) On behalf of the Proposed Ward, a Petition for Permanent Guardianship and/or Conservatorship was denied. [Select One] ☐ Yes ☐ No

If you answer "Yes" to (e), provide the reason the Petition for Guardianship and/or Conservatorship was denied and whether any change of circumstances has occurred with the Proposed Ward:

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: _____				\$ NA
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:	\$ 0.00

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	
_____			\$
_____			\$
_____			\$
_____			\$

(Court does not want filled out)

(b) Privately Held:

Company/Issuer	Number of Shares	Joint Owner, if any	
			\$ NA
			\$

(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:

\$ 0.00

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:

\$ 0.00

AVERAGE MONTHLY LIABILITIES AND EXPENSESHousehold:

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, 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:

NA

\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____

\$ _____
\$ _____
\$ _____
\$ _____
\$ _____

\$ _____ 0.00

\$ _____
\$ _____ 0.00

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:

(na)

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:

We currently reside in Guinnett County.

14.

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

Na

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.

Guardian #1
Signature of First Petitioner

Guardian #2
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:

only if attorney used

State Bar #

Complete in front of Notary

VERIFICATION

GEORGIA, Gwinnett 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

Stamp & Date of notary # 1 guardian

Stamp & Date of notary # 2 guardian

(make sure stamped 2x for 2 guardians)

IN THE PROBATE COURT OF Gwinnett COUNTY
STATE OF GEORGIA

IN RE: _____)
(child))
_____,) ESTATE NO. (leave blank)
PROPOSED WARD)

CONSENT TO SERVE AS GUARDIAN/CONSERVATOR

RE: Petition for the Appointment of a Guardian and/or Conservator for the above-named Proposed Ward

I, _____, having been nominated as guardian, and
I, _____, having been nominated as
conservator of the above-named Proposed Ward, do hereby consent to serve as guardian and/or
conservator if so appointed.

Signature Proposed Guardian

Signature Proposed Conservator

Printed Name

Printed Name

Mailing Address

Mailing Address

Telephone Number

Telephone Number

Add: (Put on file for future use.)
*if you do not want now. may need
in future. (car accident, unknown, etc.)

Print 2 if 2 guardians

* Use only if doing single guardian

IN THE PROBATE COURT OF Gwinnett COUNTY
STATE OF GEORGIA

IN RE:

(child)

PROPOSED WARD

)
)
)
)

ESTATE NO. (leave blank)

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.

Add: (for future use. keep on file)

The following facts support my opinion of incapacity and the existence of an immediate threat(s) or risk(s) to the Proposed Ward:

Do both a & b - either for now or future use.

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)