

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 interpret at the evaluation or hearing.

What language does the proposed ward speak? _____

What language does the proposed ward understand? _____

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