

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

Street City County State Zip Code
presently located at _____,
Street City County State Zip Code
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:

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.]

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 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)FirstMiddleLast

StreetCityCountyStateZip Code

Conservator(s): _____
(Full name)FirstMiddleLast

StreetCityCountyStateZip 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: _____				\$ _____
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 *[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: \$ _____

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