

**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 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.

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 _____

Street City County State Zip Code

which is a [type of facility, if applicable] and can be contacted at 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 an emergency 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 an emergency guardian/emergency 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:

(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:

[NOTE: If the appointment of an emergency conservator is sought and no petition for permanent conservatorship is being filed simultaneously, this form must be completed.]

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: _____

Typed/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

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)

NOTICE:

- 1. As to the Certificate to the Secretary of State, this page is to be used **only** when a determinative finding has been made that voting rights should be removed due to the lack of capacity of the Proposed Ward. The Order must be modified to reflect that this right was removed. The Certificate must be mailed to the Secretary of State.*
- 2. As to the Certificate to the GBI, this page shall be used in all cases where a Guardianship and/or Conservatorship is established. Individuals so listed in this database will be prohibited from obtaining a firearm permit. In the event the Proposed 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.*

NOTICE

THE FOLLOWING PAGES ARE TO BE COMPLETED BY THE PETITIONER (MOVING PARTY) UNLESS OTHERWISE DIRECTED BY THE COURT.

SEE PROBATE COURT RULE 5.6 (A).

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

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

**ORDER FOR SERVICE AND EVALUATION
OF THE PROPOSED WARD**

The above and foregoing Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward having been read and considered and it appearing that there is sufficient evidence to believe that the Proposed Ward is in need of a guardian and/or conservator within the meaning of O.C.G.A. §§ 29-4-1 and/or 29-5-1,

IT IS HEREBY ORDERED that _____
(physician) (psychologist) (licensed clinical social worker), telephone number _____,
is appointed to evaluate the above-named Proposed Ward at __:__ __M., on
_____, 20__ at _____.
[location name and address]

In compliance with Georgia law and federal law, including HIPAA, healthcare providers shall permit the above evaluator to have access to the Proposed Ward's medical records;

IT IS FURTHER ORDERED that the above-named Proposed Ward shall submit to an evaluation at the time and place stated above;

IT IS FURTHER ORDERED that the evaluator shall explain the purpose of the evaluation to the Proposed Ward;

IT IS FURTHER ORDERED that the Clerk shall immediately notify the Proposed Ward of these proceedings by having all pleadings, as well as this order and the notice of proceedings to appoint guardian and/or conservator, personally served on the Proposed Ward; and

IT IS FURTHER ORDERED that the Clerk shall mail by first-class mail the notice of filing of Petition for Guardianship and/or Conservatorship to all interested individuals identified in paragraphs 6, 7, 9, and 12 of the Petition.

SO ORDERED this _____ day of _____, 20__.

Judge of the Probate Court

ALTHOUGH YOU MUST ATTEND THE EVALUATION, YOU DO NOT HAVE TO RESPOND TO QUESTIONS.

Witness my hand and seal this _____ day of _____, 20_____.

Clerk of the Probate Court

Printed Name

The following are my findings as to the needs of the Proposed Ward and their foreseeable duration:

[initial all applicable]

_____ (a) I find the Proposed Ward to be incapacitated by reason of _____

_____ to the extent that said Proposed
Ward:

_____ (i) *[for guardianship:]* lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety; and/or

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

_____ (b) I do not find that the Proposed Ward meets the standards for guardianship set out in (a) (i) above.

_____ (c) I do not find that the Proposed Ward meets the standards for conservator set out in (a) (ii) above.

Physician licensed under Chapter 34 of Title 43 of the
Official Code of Georgia Annotated/
Psychologist licensed under Chapter 39 of Title 43 of the
Official Code of Georgia Annotated/
Licensed Clinical Social Worker

Printed Name

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

NOTARY/ CLERK OF PROBATE COURT
My Commission Expires _____

[NOTE: This report must be filed with the Probate Court no later than seven (7) day after the Order for Evaluation being issued.]

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

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

ORDER FOR DISMISSAL

The above and foregoing Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward having been read and considered pursuant to O.C.G.A. §§ 29-4-11 and/or 29-5-11:

[Use only (a) or (b) and strike through the portion that does not apply.]

- _____ (a) Based on the allegations made in the Petition and prior to the court-ordered evaluation, it appears that there is not probable cause to believe that the Proposed Ward is in need of a guardian or conservator within the meaning of O.C.G.A. §§ 29-4-1 and/or 29-5-1; therefore:

- _____ (b) Based on the allegations made in the Petition and after review and consideration of the court-ordered evaluation report filed with this Court, this Court finds that there is not probable cause to support a finding that the Proposed Ward is in need of a guardian or a conservator within the meaning of O.C.G.A. §§ 29-4-1 and/or 29-5-1; therefore:

IT IS HEREBY ORDERED that the Petition is dismissed and that a copy of this order and the court-ordered evaluation report be served on the Proposed Ward, his or her attorney, his or her guardian ad litem, if any, and to the Petitioner(s) or his/her/their attorney, if any, by first class mail.

SO ORDERED this _____ day of _____, 20____.

Judge of the Probate Court

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

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

FINAL ORDER

A hearing was held on the above-referenced Petition for the Appointment of a Guardian and/or Conservator for a Proposed Ward on _____, 20____, and after considering the pleadings, the evaluation report, and the evidence taken at the hearing, the Court makes the following:

FINDINGS OF FACT

1.

All procedural requirements of O.C.G.A. §§ 29-4-11 and/or 29-5-11 have been met.

2.

The above-named ward (does) (does not) lack sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her health and safety due to *[state how or why lacks capacity]*: _____

_____.

The above-named ward (does) (does not) lack sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property due to *[state how or why lacks capacity]*: _____
_____.

Such incapacity appears to be (permanent) (temporary, not lasting more than ____ days).

3.

The current value of the personal property and annual income of the ward is approximately \$ _____. The ward has an interest in real property in the following locations:

- (a) _____ County, (state) _____;
- (b) _____ County, (state) _____;
- (c) _____ County, (state) _____.

The ward has outstanding debts of \$ _____ and average expenditures of \$ _____ per month.

4.

Petitioner(s) moved the Court to appoint _____ as guardian and _____ as conservator asserting those individual(s) should serve because:

_____.

[initial if applicable]

_____ (a) Another individual, being _____, was nominated/designated by the ward to serve as guardian,
_____ (i) and no good cause was shown to override such preference.
_____ (ii) but good cause was shown not to appoint said individual, being: _____
_____.

_____ (b) Another individual with higher preference, being _____, was nominated/designated to serve as guardian by someone other than the ward, and/but it (is) (is not) in the best interest of the ward to appoint him/her guardian because _____

_____.

_____ (c) Another individual, being _____, was nominated/designated by the ward to serve as conservator,
_____ (i) and no good cause was shown to override such preference.
_____ (ii) but good cause was shown not to appoint said individual, being: _____
_____.

_____ (d) Another individual with higher preference, being _____, was nominated/designated to serve as conservator by someone other than the ward, and/but it (is) (is not) in the best interest of the ward to appoint him/her conservator because _____
_____.

5.

The Petitioner(s) requested that the guardian(s) and/or conservator(s) be granted the following additional powers pursuant to O.C.G.A. §§ 29-4-23 (b) and/or 29-5-23 (b) and/or (c):

_____.

CONCLUSIONS OF LAW

The Court finds, by clear and convincing evidence that the above-named ward (hereinafter referred to as the “ward”) is in need of:

[initial all applicable]

- _____ (a) a guardian because the ward lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety. The duration of the guardianship is (permanent) (temporary not lasting more than _____ days); and/or
- _____ (b) a conservator because the ward lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property. The duration of the conservatorship is (permanent) (temporary not lasting more than _____ days).

IT IS ORDERED that _____ should be, and hereby is/are, appointed guardian(s) and _____ should be, and hereby is/are, appointed conservator(s) of the ward because: _____

Letters of guardianship and/or conservatorship shall issue to such guardian(s) and/or conservator(s) upon taking the required oath and upon the conservator(s) posting bond in the amount of \$_____. **The appointed guardian(s) and/or conservator(s) shall have no authority to act on behalf of the ward until Letters of Guardianship and/or Conservatorship have issued.**

IT IS FURTHER ORDERED that due to the appointment of a guardian, this Order REMOVES from the ward the power to:

[initial all that are applicable]

- _____ (a) Contract marriage;
- _____ (b) Make, modify, or terminate other contracts;
- _____ (c) Consent to medical treatment;
- _____ (d) Establish a residence or dwelling place;
- _____ (e) Change domicile;
- _____ (f) Revoke a revocable trust established by the ward; and/or
- _____ (g) Bring or defend any action at law or equity, except an action relating to the guardianship.

IT IS FURTHER ORDERED that due to the appointment of a conservator, this Order REMOVES from the ward the power to:

[initial all that are applicable]

- _____ (a) Make, modify, or terminate contracts, other than the power to contract marriage;
- _____ (b) Buy, sell, or otherwise dispose of or encumber property;
- _____ (c) Enter into or conduct other business or commercial transactions;
- _____ (d) Revoke a revocable trust established by the ward; and/or
- _____ (e) Bring or defend any action at law or equity, except an action relating to the conservatorship.

IT IS FURTHER ORDERED that the guardian(s) and/or conservator(s) shall have the following additional powers as set forth in O.C.G.A. §§ 29-4-23 (b) and 29-5-23 (b) and/or (c):

IT IS FURTHER ORDERED that the following reasonable sums of property shall be provided to the guardian to provide adequately for the ward's support, care, education, health, and welfare until further Order of the Court: \$ _____ per _____.

IT IS FURTHER ORDERED that the guardian shall file, in addition to the personal status report, the following supplemental report (monthly) (annually): _____.

IT IS FURTHER ORDERED that a copy of this Order shall be served by first class mail on the ward, the ward's attorney, guardian ad litem, if any, the guardian(s) and/or conservator(s), the Petitioner(s) or his/her/their attorney, if any, and the individuals listed in paragraphs 6, 7, 9, and 12 of the Petition.

IT IS FURTHER ORDERED that the ward's legal counsel shall make reasonable efforts to explain to the ward this Order and the ward's rights under this Order.

IT IS FURTHER ORDERED that, within thirty (30) days of the date hereof, the clerk shall file the certificate of creation of conservatorship in accordance with O.C.G.A. § 29-5-13 (d) with the Clerk of Superior Court of each county in this state in which the ward owns real property.

SO ORDERED this _____ day of _____, 20____.

Judge of the Probate Court/Hearing Officer
exercising the jurisdiction of the Probate Court
pursuant to O.C.G.A. §§ 29-4-12 (d)(7) and/or
29-5-12 (d)(7)

Probate Court Return Mailing Address:

(Above space to be used for filing in Superior Court Clerk's Office Deeds and Records)

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

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

CERTIFICATE OF CREATION OF CONSERVATORSHIP
[Pursuant to O.C.G.A. § 29-5-13 (d)]

DATE ORDER ISSUED: _____

GRANTOR *[NAME OF WARD]*: _____

GRANTEE *[NAME OF CONSERVATOR(S) OF ABOVE WARD]*: _____

A conservatorship has been created for the above-named ward.

_____ (a) The Conservatorship is permanent.

_____ (b) The expiration date set by court order is _____, 20____.

Original Certificate delivered or mailed to Clerk of Superior Court of _____ County
on _____, 20____.

I do hereby certify that the above information is based on the
Order of the Probate Court issued on the date set out above
and that the above information is true and correct.

By: _____
Clerk of the Probate Court

IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA

IN RE:

WARD

)
)
)
)

ESTATE NO. _____

**CERTIFICATE OF FILING
CERTIFICATE OF CREATION OF CONSERVATORSHIP**

I have this date hand-delivered and/or mailed for filing a Certificate of Creation of Conservatorship to the Clerk of the Superior Court of each of the following counties, together with payment of any recording costs:

This _____ day of _____, 20____.

Clerk of the Probate Court

Address

Telephone Number

6. You must keep the Court informed of any change in your name or address and promptly notify the Court of any conflict of interest arising between you and your ward.
7. You should inform the Court of any change of location of your ward.
8. Please consult your attorney if you have any questions.
9. Your authority to act pursuant to these Letters is subject to applicable statutes and to any special orders entered in this case.

Given under my hand and official seal, the _____ day of _____, 20____.

Judge of the Probate Court

[NOTE: The following must be signed if the judge does not sign the original of this document:]

Issued by:

Clerk of the Probate Court

(Seal)

6. The regular commissions allowed a conservator are 2.5% on all sums of money received, and 2.5% on all sums paid out, as shown by the annual or final return. There are special rules concerning commissions for property delivered in kind, interest earned, extraordinary services, and market value of property held as of the last day of your reporting period.
7. You must keep the Court informed of any change in your name or address and promptly notify the Court of any conflict of interest arising between you and your ward.
8. Within sixty (60) days after appointment and within sixty (60) days after each anniversary date of appointment, you must file with the probate court a personal status report concerning your ward which shall include:
 - (a) A description of your ward's general condition, changes since the last report, and needs;
 - (b) Your recommendations for any alteration in the guardianship and/or conservatorship order; and
 - (c) All addresses of the ward during the reporting period and the living arrangements of the ward for all addresses.
9. Your authority to act pursuant to these Letters is subject to applicable statutes and to any special orders entered in this case.

Given under my hand and official seal, the _____ day of _____, 20____.

Judge of the Probate Court

[NOTE: The following must be signed if the judge does not sign the original of this document:]

Issued by:

Clerk of the Probate Court

(Seal)

