

**DETERMINATION BY COURT THAT A PERSON MAY ACT AS GUARDIAN OR
APPOINTMENT OF GUARDIAN AD LITEM**

Supplement 1

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used when the Court determines, in accordance with O.C.G.A. § 53-11-2 (a) or O.C.G.A. § 29-9-2 (b), that for the purpose of a particular proceeding, the natural guardian, if any, or the testamentary guardian, if any, or the duly constituted conservator, if any, or the duly constituted guardian, if any, has no conflict of interest and thus may serve as guardian for purposes of the proceeding for a party who is not sui juris, who is unborn, or who is unknown.
2. This form may also be used whenever a Georgia Probate Court Standard Form does not contain a section concerning the appointment of a guardian ad litem, but the appointment of a guardian ad litem (or a determination by the Court that a person may act as guardian) is necessary.

Note: More than one guardian ad litem will be appointed, if necessary to represent parties who are not sui juris and who may have adverse interests.

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 OF _____)
)
_____,) ESTATE NO. _____
DECEASED/MINOR/ADULT WARD/)
ALLEGED INCAPACITATED ADULT)

ACCEPTANCE AND ACKNOWLEDGMENT OF SERVICE OF
GUARDIAN AD LITEM AS TO PETITION

[Name of Petition]

I hereby accept the foregoing appointment and acknowledge service and notice of the proceedings as provided by law.

This _____ day of _____, 20____.

Signature of Guardian Ad Litem (GAL): _____
Typed/printed name of GAL: _____
Address: _____

Telephone Number: _____

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

NOTARY/CLERK OF PROBATE COURT
My Commission Expires: _____

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

IN RE: ESTATE OF _____)
)
) **ESTATE NO.** _____
_____,)
DECEASED/MINOR/ADULT WARD/)
ALLEGED INCAPACITATED ADULT)

ANSWER OF GUARDIAN AD LITEM

[Name of Petition]

Now comes the guardian ad litem for _____,
in the referenced case and answers as follows:

This _____ day of _____, 20____.

Signature of Guardian Ad Litem (GAL): _____
Typed/printed name of GAL: _____
Address: _____

Telephone Number: _____

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

NOTARY/CLERK OF PROBATE COURT
My Commission Expires: _____