

**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 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.
3. 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.
4. 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. Pages after page 17 are to be completed by the moving party, unless otherwise directed by the court.
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 firearm permit. 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. An oath must be administered by a Probate Judge or Clerk (the oath cannot be administered by a notary). Use Georgia Probate Court Form 35 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, labeled GPCSF 1.

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

**IN RE: ESTATE OF** \_\_\_\_\_ )  
 ) **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 14 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 \_\_\_\_\_,  
who is the (relationship) \_\_\_\_\_ of the above proposed ward,  
whose domicile address is \_\_\_\_\_,  
Street City County State Zip Code  
and whose mailing address is \_\_\_\_\_,  
Street City County State Zip Code  
and **(initial either a. or b. below)**

\_\_\_\_\_(a) The Petition of \_\_\_\_\_,  
who is the (relationship) \_\_\_\_\_ of the above named proposed ward,  
whose domicile address is \_\_\_\_\_,  
Street  
City County State Zip Code  
and mailing address is \_\_\_\_\_,  
Street  
City County State Zip Code

**or**

\_\_\_\_\_(b) Attached hereto as pages 14 and 15, and made a part of this Petition, is the completed affidavit of \_\_\_\_\_,  
a physician, psychologist, or licensed clinical social worker licensed to practice in Georgia, who has examined the proposed ward within fifteen (15) days prior to the filing of this Petition, shows to the Court the following:

1.

The proposed ward, \_\_\_\_\_,  
First Name Middle Name Last Name  
whose age is \_\_\_\_\_, date of birth is \_\_\_\_\_, whose social security  
number is \_\_\_\_\_, and domicile is \_\_\_\_\_  
(Full Address)  
\_\_\_\_\_  
Street City County State Zip  
and is presently located at \_\_\_\_\_  
Street City County State Zip  
which is a (type and name of facility, if applicable) \_\_\_\_\_,  
and can be contacted at telephone number: \_\_\_\_\_.

2.

Is it anticipated that the proposed ward will be moved within the next three (3) days? (Circle One) (Yes)(No)

If you answer "Yes," give the address expected to move to:

\_\_\_\_\_  
Street City County State Zip Code  
Telephone number: \_\_\_\_\_.

3.

Is the proposed ward a citizen of a foreign country? (Circle One) (Yes)(No)

If you answer "Yes," provide name of the country: \_\_\_\_\_  
(if a guardianship or conservatorship is granted, pursuant to The Vienna Convention, the Probate Court must notify the consul).

4.

- 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? (Circle 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? (Circle One) (Yes) (No)

If you answer "Yes" to a. and/or b., state facts that support the claim that a guardian and/or conservator is necessary (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.)

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5.

It is in the best interest of the proposed ward that:

\_\_\_\_\_ be appointed as guardian; and/or  
(Full name of person to be appointed)

\_\_\_\_\_ be appointed as conservator.  
(Full name of person to be appointed)

6.

The foreseeable duration of the incapacity will be \_\_\_\_\_ and the Court should allow the proposed ward to retain the following rights and powers:

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7.

(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 Petition" 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 (or over 18)	ADDRESS	TELEPHONE	RELATIONSHIP
_____				
_____				
_____				

8.

- 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? (Circle One) (Yes) (No)
- 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? (Circle One) (Yes) (No)
- 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? (Circle One) (Yes) (No)
- d. Was a trust created for or by the proposed ward? (Circle One) (Yes) (No)
- 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? (Circle One) (Yes) (No)
- f. Does another person have the authority to act on behalf of the proposed ward? (Circle One) (Yes) (No)

- (a) 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:

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- (b) If you answer "Yes" to b., provide the name(s), address(es), 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:

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- (c) If you answer “Yes” to c., provide the name(s), address(es), relationship(s) to 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:

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- (d) If you answer “Yes” to d., provide the name(s), address(es), relationship(s) to 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:

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- (e) If you answer “Yes” to e., provide the name(s), address(es), relationship(s) to 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:

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- (f) If you answer “Yes” to f., provide the name(s), address(es), relationship(s) to 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:

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9.

Does anyone named above, the proposed conservator(s), and/or proposed guardian(s) have a financial conflict of interest with the proposed ward? NOTE: A CONFLICT OF INTEREST MAY EXIST IF THE PROPOSED CONSERVATOR IS A CO-OWNER OF A JOINT ACCOUNT OR REAL PROPERTY WITH THE PROPOSED WARD. (Circle One) (Yes)(No)

If you answer “Yes,” list the nature of the conflict of interest:

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10.

- a. On behalf of the proposed ward, a Petition for Emergency Guardianship and/or Conservatorship was filed. (Circle One) (Yes) (No)
- b. On behalf of the proposed ward, an Emergency Guardianship and/or Conservatorship was created. (Circle One) (Yes) (No)
- c. On behalf of the proposed ward, a Petition for Permanent Guardianship and/or Conservatorship was filed. (Circle One) (Yes) (No)
- d. On behalf of the proposed ward, a Petition for Permanent Guardianship and/or Conservatorship was created. (Circle One) (Yes) (No)
- e. On behalf of the proposed ward, a Petition for Permanent Guardianship and/or Conservatorship was denied. (Circle One) (Yes) (No)

If you answer "Yes" to a., a Petition was filed on \_\_\_\_\_  
in \_\_\_\_\_ County, State of \_\_\_\_\_.

If you answer "Yes" to b., list the full name and address of the person appointed as  
Emergency Guardian and/or Conservator.

\_\_\_\_\_,  
(Full name of Emergency Guardian) First Middle Last  
\_\_\_\_\_  
Street City County State Zip Code

\_\_\_\_\_,  
(Full name of Emergency Conservator) First Middle Last  
\_\_\_\_\_  
Street City County State Zip Code

If you answer "Yes" to c., a Petition was filed on \_\_\_\_\_  
in \_\_\_\_\_ County, State of \_\_\_\_\_.

If you answer "Yes" to d., list the full name and address of the person appointed as  
Permanent Guardian and/or Conservator.

\_\_\_\_\_,  
(Full name of Permanent Guardian) First Middle Last  
\_\_\_\_\_  
Street City County State Zip Code

\_\_\_\_\_,  
(Full name of Permanent Conservator) First Middle Last  
\_\_\_\_\_  
Street City County State Zip Code



If you answer "Yes" to e., list the details and the reason the Petition was denied and whether any change of circumstances has occurred with the proposed ward.

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11.

**THESE ARE ALL KNOWN 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	Approximate Equity:
Parcel 1: _____			\$ _____
Parcel 2: _____			\$ _____
Parcel 3: _____			\$ _____

**INCOME FROM ALL SOURCES**

	Yearly Total:
Social Security per year:	\$ _____
SSI (Supplemental Security Income) 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:	\$ _____
<b>Yearly Total of All Income:</b>	<b>\$ _____</b>

**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:** (continued on next page)

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/Law 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: \$ \_\_\_\_\_  
Entertainment/Activities: \$ \_\_\_\_\_

### 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? (Yes) (No)  
If so, payee and amount: \_\_\_\_\_ \$ \_\_\_\_\_

## SUMMARY

(1) Average Monthly Income: \$ \_\_\_\_\_  
(2) Average Monthly Expenses: \$ \_\_\_\_\_

12.

A guardian ad litem should be appointed because the following additional powers pursuant to O.C.G.A. §§ 29-4-23 (b) and 29-5-23(c) are requested, with the reasons for seeking such powers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

13.

Was the proposed ward physically present in another state at least six (6) consecutive months during the year preceding the filing of this Petition? (Circle One) (Yes)(No)

If you answer "Yes," list below the address, county, and state in which the proposed ward resided during the preceding year. Also list the names and addresses of those individuals with whom the ward resided. If the proposed ward lived alone, 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
.					
(Full name)	First	Middle	Last		
.					
Street	City		County	State	Zip Code
.					

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	_____
Attorney's Address	_____
Telephone #	_____
State Bar #	_____

## VERIFICATION

### GEORGIA, BIBB 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 (and the attached exhibits) are true.

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

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

**PROPOSED WARD.** )

**CONSENT TO SERVE AS GUARDIAN AND/OR CONSERVATOR**

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

I/We, \_\_\_\_\_, having been nominated  
as guardian(s) and I/we, \_\_\_\_\_, having  
been nominated as conservator(s) of the above-named proposed ward, do hereby consent to serve  
as such if so appointed.

\_\_\_\_\_  
Signature Proposed Guardian

\_\_\_\_\_  
Signature Proposed Conservator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature Proposed Guardian/Conservator

\_\_\_\_\_  
Signature Proposed Guardian/Conservator

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Telephone Number

IN THE PROBATE COURT  
COUNTY OF BIBB  
STATE OF GEORGIA

IN RE: ESTATE OF \_\_\_\_\_,

PROPOSED WARD.

ESTATE NO. \_\_\_\_\_

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

**AFFIDAVIT OF PHYSICIAN, PSYCHOLOGIST, OR CLINICAL SOCIAL WORKER  
FOR GUARDIANSHIP/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 \_\_\_\_\_ Georgia, 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 applicable)

- \_\_\_\_\_ (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.

The following facts support my opinion of incapacity and the existence of immediate threat(s) or risk(s) to the proposed ward: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.



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)

**(NOTE: The examination on which this affidavit is based must occur WITHIN FIFTEEN (15) DAYS prior to the filing of the Petition.)**

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

**PROPOSED WARD.** )

**ACKNOWLEDGMENT OF SERVICE**

Due and legal service of the Petition for Appointment of a Guardian and/or Conservator is hereby acknowledged by the following interested persons as shown in paragraph 7, in addition to any nominated guardian(s) and/or conservator(s). The undersigned acknowledges that he/she has received a copy of the Petition and all further service and notice is waived.

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT  
My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
Printed Name

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 only 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  
COUNTY OF BIBB  
STATE OF GEORGIA**

**IN RE: ESTATE OF**

**ESTATE NO.** \_\_\_\_\_

\_\_\_\_\_,  
**PROPOSED WARD.**

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

The above and foregoing Petition 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 \_\_\_\_\_ o'clock \_\_\_\_\_ M., on \_\_\_\_\_, 20\_\_\_\_ at (location) \_\_\_\_\_.

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/deputy 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 a clerk/deputy 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 7, 8, 10, and 13 of the Petition.

SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Sarah S. Harris  
Judge of the Probate Court

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

**PROPOSED WARD.** )

**NOTICE TO PROPOSED WARD OF PROCEEDINGS  
TO APPOINT GUARDIAN AND/OR CONSERVATOR**

**TO:** \_\_\_\_\_

This is to notify you of a proceeding initiated in this court by \_\_\_\_\_  
seeking to appoint

(initial one or both)

\_\_\_\_\_ (a) a guardian for your person; and/or

\_\_\_\_\_ (b) a conservator for your property

and to inform you of your right to independent counsel. If you wish to retain your own attorney, you must notify this court within two days; otherwise, an attorney will be appointed for you by the court.

You are further notified that \_\_\_\_\_ has been  
appointed by the Court to evaluate you. You must submit to an evaluation by being present at:  
(location) \_\_\_\_\_ on \_\_\_\_\_,  
20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_m., which is not sooner than the fifth (5<sup>th</sup>) day after the service  
of notice on you.

Failure to present yourself for evaluation at the time and place above will authorize the court to order you transported directly to and from a medical facility or the office of the physician, psychologist, or licensed clinical social worker for the court-ordered evaluation.

**YOU ARE FURTHER NOTIFIED:**

**YOU AND YOUR ATTORNEY HAVE THE RIGHT TO ATTEND ANY HEARING  
HELD ON THIS MATTER.**

**IF A GUARDIAN IS APPOINTED FOR YOU, YOU MAY LOSE IMPORTANT  
RIGHTS TO CONTROL AND MANAGE YOUR PERSON.**

**IF A CONSERVATOR IS APPOINTED FOR YOU, YOU MAY LOSE IMPORTANT  
RIGHTS TO CONTROL AND MANAGE YOUR PROPERTY.**

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

Witness my hand and seal this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court

\_\_\_\_\_  
Printed Name

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,

**PROPOSED WARD.** )

**ORDER FOR APPOINTMENT OF SPECIAL PROCESS SERVER**

IT IS HEREBY ORDERED that \_\_\_\_\_  
is appointed as Special Process Server in the above styled case to serve the necessary documents  
on the proposed ward.

SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Sarah S. Harris  
Judge of the Probate Court

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,

**PROPOSED WARD.** )

**RETURN OF SPECIAL PROCESS SERVER AGENT**

I have this day served the proposed ward, \_\_\_\_\_,  
personally with a copy of the Petition for Appointment of a Guardian and/or Conservator and  
Order for Evaluation, Appointment of Counsel, Appointment of Special Process Server, and  
Notice of Hearing.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Special Agent

\_\_\_\_\_  
Print Name

Sworn to and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT

My Commission Expires \_\_\_\_\_



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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,  
**PROPOSED WARD.** )

**APPOINTMENT OF ATTORNEY**

It appears that the ward has not notified the court of his or her retention of counsel; therefore, the attorney named below is hereby appointed as counsel for the proposed ward:

Printed Name of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

The clerk shall serve the appointed attorney with a copy of the Petition and any amendments, any objections, and all other orders pertaining to this case via first class mail.

SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Sarah S. Harris

Judge of the Probate Court

I certify that I have on this date mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for first-class delivery a copy of this order to the following parties at the address listed below:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court

\_\_\_\_\_  
Printed Name

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,

**PROPOSED WARD.** )

**COURT APPOINTED EVALUATOR'S REPORT**

**PROPOSED WARD:** \_\_\_\_\_

In compliance with the Order of the Probate Court of \_\_\_\_\_ County dated \_\_\_\_\_, 20\_\_\_\_, I performed an evaluation of the above-named proposed ward on \_\_\_\_\_, 20\_\_\_\_. This evaluation took place at \_\_\_\_\_.

The evaluation continued for \_\_\_\_\_ (minutes)(hours). I explained the purpose of the evaluation to the proposed ward.

The following questions and tests were utilized in the evaluation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Below is a list of all persons and other sources of information consulted in evaluating the proposed ward:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following is a description of the proposed ward's mental and physical state and condition, including all observed facts considered by me:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following is a description of the overall social condition of the proposed ward, including support, care, education, and well-being, and the functional capabilities of the proposed ward, if determined by the evaluator:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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) days after the date of examination.)**

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

**PROPOSED WARD.** )

**APPOINTMENT OF A GUARDIAN AD LITEM**

IT IS ORDERED that \_\_\_\_\_ is appointed guardian ad litem for the proposed ward and said individual shall:

- \_\_\_\_\_ (a) attend the guardianship hearing and make a recommendation to the Court; and/or
- \_\_\_\_\_ (b) file a written recommendation/report with the Court prior to the hearing and shall (be excused from appearing at) (attend) the hearing.

The clerk shall serve the appointed guardian ad litem with a copy of the Petition and any amendments, any objections, and all other orders pertaining to this case via first class mail.

SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Sarah S. Harris  
Judge of the Probate Court

I certify that I have on this date mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for first-class delivery a copy of this order to the following parties at the address listed below:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court

\_\_\_\_\_  
Printed Name

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,

**PROPOSED WARD.** )

**CERTIFICATE OF SERVICE OF ORDER FOR SERVICE AND NOTICE OF  
PROCEEDINGS TO PROPOSED WARD'S GUARDIAN AD LITEM AND ATTORNEY**

[NOTE: The entire Petition is required to be mailed to the proposed ward's guardian ad litem (if any) and attorney.]

I certify that I have on this date mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for first-class delivery a copy of the Petition and order(s) to the following parties at the address listed below:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court

\_\_\_\_\_  
Printed Name

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

**PROPOSED WARD.** )

**NOTICE OF FILING OF PETITION FOR  
GUARDIANSHIP AND/OR CONSERVATORSHIP**

The Petition of \_\_\_\_\_, was filed on \_\_\_\_\_, 20\_\_\_\_. The Petition is for \_\_\_\_\_ to be appointed as Guardian and for \_\_\_\_\_ to be appointed as Conservator for \_\_\_\_\_, the above-named proposed ward. All interested persons are hereby notified to show cause, if any they have, on or before \_\_\_\_\_, 20\_\_\_\_, why said Petition should not be granted.

All objections to the Petition must be in writing, setting forth the grounds of any such objections, and must be filed on or before the time stated in the preceding sentence. All pleadings/objections must be signed before a notary public or before a probate court clerk, and filing fees must be tendered with your pleadings/objections, unless you qualify to file as an indigent party. Contact probate court personnel at the following address/telephone number for the required amount of filing fees.

\_\_\_\_\_  
Sarah S. Harris  
Judge of the Probate Court  
P.O. Box 6518  
Macon, GA 31208  
478-621-6494  
By: \_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,

**PROPOSED WARD.** )

**CERTIFICATE OF SERVICE OF ORDER FOR SERVICE AND  
NOTICE OF PROCEEDINGS TO INTERESTED PARTIES**

[NOTE: Notice is required to be mailed to the spouse, family, and/or friends of the proposed ward as found in paragraphs 7, 8, 10, and 13 of the Petition.]

I certify that I have on this date mailed in an envelope with proper postage affixed thereto for first-class delivery (unless otherwise noted) the “Notice of Filing of Petition for Guardianship and/or Conservatorship” and Order(s), to the following parties at the address listed below:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court

\_\_\_\_\_  
Printed Name

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,

**PROPOSED WARD.** )

**ORDER FOR SERVICE AND NOTICE OF HEARING**

After review and consideration of the Petition and the court-ordered evaluation report, the Court finds that there is probable cause to support a finding 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; therefore

**IT IS ORDERED AND ADJUDGED THAT:**

- (1) A hearing shall be set for \_\_\_\_\_ o'clock \_\_\_\_\_.m., on \_\_\_\_\_, 20\_\_\_\_\_, which is not less than ten (10) days from the date that this notice is mailed, to determine the need for the appointment of a (guardian) (and/or) (conservator) for the above-named proposed ward, to be held in the Probate Court of Bibb County, courtroom "F", (address) 275 2<sup>nd</sup> Street, Macon, GA 31201.
- (2) A copy of this order and a copy of the evaluation report shall be sent to the proposed ward, his or her attorney and guardian ad litem, if any, to the interested persons shown in paragraphs 7, 8, 10, and 13 of the Petition, and to the Petitioner(s) and his/her/their attorney, if any. These copies shall be sent by the Clerk/Deputy Clerk, first-class mail, as soon as practicable after the signing of this order.

**SO ORDERED** this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Sarah S. Harris  
Judge of the Probate Court



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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_, )  
**PROPOSED WARD.** )

**CERTIFICATE OF SERVICE OF ORDER AND NOTICE OF HEARING**

[NOTE: Notice is required to be mailed to the proposed ward's guardian ad litem (if any) and attorney; and the proposed ward's spouse, family, and/or friends as found in paragraphs 7, 8, 10, and 13 of the Petition.]

I certify that I have on this day mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for first-class delivery a copy of the Order and Notice of Hearing and a copy of the evaluation report to the proposed ward and other persons listed below as required by law and to the following parties at the address listed below:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court

\_\_\_\_\_  
Printed Name

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,  
**PROPOSED WARD.** )

**ORDER FOR DISMISSAL**

The above and foregoing Petition 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\_\_\_\_.

\_\_\_\_\_  
Sarah S. Harris

Judge of the Probate Court

**CERTIFICATE OF SERVICE OF ORDER FOR DISMISSAL**

I certify that I have on this day mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for first-class delivery with a copy of the order for dismissal to the proposed ward and other persons listed below as required by law, and to the following parties at the address listed below:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court

\_\_\_\_\_  
Printed Name

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

**IN RE: ESTATE OF** \_\_\_\_\_ )  
 ) **ESTATE NO.** \_\_\_\_\_  
 )  
\_\_\_\_\_, )  
**PROPOSED WARD.** )

**STIPULATION AND WAIVER BY PROPOSED WARD'S ATTORNEY**

**IN RE:        PETITION FOR THE APPOINTMENT OF A GUARDIAN AND/OR  
              CONSERVATOR FOR THE ABOVE NAMED PROPOSED WARD**

The undersigned, as the attorney representing the above-named proposed ward in these proceedings,

(initial all applicable)

- \_\_\_\_\_ (a)     does hereby stipulate into evidence the affidavit prepared by (name of affiant evaluator) \_\_\_\_\_, being the evaluation report ordered by the Court in this matter, and hereby waives the appearance of such affiant at any hearing concerning the said Petition;
- \_\_\_\_\_ (b)     does hereby stipulate into evidence the affidavit(s) prepared by (name of affiant evaluator) \_\_\_\_\_, which is the affidavit referred to in the introductory paragraph part (b) of the Petition, and hereby waives the appearance of such affiant at any hearing concerning the said Petition; and/or
- \_\_\_\_\_ (c)     does further waive the appearance of my client the proposed ward at said hearing.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Proposed Ward's Attorney

Typed/printed name of Attorney: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ State Bar # \_\_\_\_\_

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

**IN RE: ESTATE OF**

**ESTATE NO.** \_\_\_\_\_

\_\_\_\_\_,  
**WARD.**

**FINAL ORDER**

A hearing was held on the above-referenced Petition 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 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 and 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 7, 8, 10, and 13 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/deputy 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\_\_\_\_.

---

Sarah S. Harris  
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)

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,

**WARD.**

)

**CERTIFICATE OF SERVICE OF FINAL ORDER**

[NOTE: Notice is required to be mailed to the ward's attorney and guardian ad litem (if any); and the ward's spouse, family, and/or friends as found in paragraphs 7, 8, 10, and 13 of the Petition.]

I certify that I have on this date mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for first-class delivery a copy of the Final Order to the ward and other persons listed below as required by law, and to the following parties at the address listed below:

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court  
Probate Court of Bibb County  
P.O. Box 6518  
Macon, GA 31208-6518  
(478) 621-6494



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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,

**WARD.**

)

**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/Deputy Clerk of the Probate Court

\_\_\_\_\_  
Printed Name

Probate Court of Bibb County

P.O. Box 6518

Macon, GA 31208

912-282-4875

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

Probate Court Return Mailing Address:

P.O. Box 6518

Macon, GA 31208

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

**IN RE: ESTATE OF**

)

**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/Deputy Clerk of the Probate Court

\_\_\_\_\_  
Printed Name

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

**IN RE: ESTATE OF**

**ESTATE NO.** \_\_\_\_\_

\_\_\_\_\_,  
**WARD.**

**LETTERS OF GUARDIANSHIP OF ADULT WARD**

From the Judge of the Probate Court of said County.

Date of Birth: \_\_\_\_\_

TO: \_\_\_\_\_, Guardian(s)

The above-named adult ward was found by this Court to be in need of a guardian and this Court entered an order designating you as such guardian(s). You have assented to this appointment by taking your oath. In general, your duties as guardian are to protect and maintain the person of the ward.

Special Instructions:

1. It is your duty to see that the ward is adequately fed, clothed, sheltered, and cared for and that the ward receives all necessary medical attention.
2. 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.
3. 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 the ward's general condition, changes since the last report, and needs;
  - (b) Your recommendations for any alteration in the guardianship order;
  - (c) All addresses of the ward during the reporting period and the living arrangements of the ward for all addresses; and
  - (d) A description of the amount of any funds received and expended by the guardian for the support of the ward.
4. Please consult your attorney if you have any questions.
5. 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\_\_\_\_.

\_\_\_\_\_  
Sarah S. Harris  
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/Deputy Clerk of the Probate Court

(Seal)

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

**IN RE: ESTATE OF**

**ESTATE NO. \_\_\_\_\_**

**WARD.**

**LETTERS OF CONSERVATORSHIP OF ADULT WARD**

From the Judge of the Probate Court of said County.

Date of Birth: \_\_\_\_\_

TO: \_\_\_\_\_, Conservator(s)

The above-named adult ward has been found by this Court to be in need of a conservator, and this Court has entered an order designating you as such conservator(s). You have assented to this appointment by taking your oath and posting a bond. In general, your duties as conservator are to protect and maintain the property of the ward.

**Special Instructions:**

1. You must keep your ward's funds separate from your own. You should put your ward's funds in a separate checking or savings account, as appropriate, and make all payments by check.
2. You may not sell, mortgage, give away, or otherwise dispose of any of your ward's property without a court order.
3. You may not spend any of your ward's funds for any purpose except as set forth in the court approved budget without a court order.
4. You must file within two months of your appointment an inventory showing the ward's property and a plan for managing, expending, and distributing the property. Further, you must file, within sixty (60) days of each anniversary date of these Letters, an annual return showing all receipts and disbursements, accompanied by an affidavit certifying that the original vouchers (checks) have been compared with the items listed on the return, and that the return is correct, together with an updated inventory and plan for managing the property. A copy of said return shall be sent by first class mail to the surety, the ward, and the guardian, if any.
5. 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.
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\_\_\_\_.

\_\_\_\_\_  
Sarah S. Harris  
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/Deputy Clerk of the Probate Court

(Seal)

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

**IN RE: ESTATE OF**

**ESTATE NO.** \_\_\_\_\_

\_\_\_\_\_,  
**WARD.**

**LETTERS OF GUARDIANSHIP AND CONSERVATORSHIP OF ADULT WARD**

From the Judge of the Probate Court of said County.

Date of Birth: \_\_\_\_\_

TO: \_\_\_\_\_, Guardian(s) and Conservator(s)

The above-named adult ward has been found by this Court to be in need of a guardian and conservator, and this Court has entered an order designating you as such guardian(s) and conservator(s). You have assented to this appointment by taking your oath and posting a bond. In general, your powers and duties are to protect and maintain the person and property of the ward.

Special Instructions:

1. It is your duty to see that your ward is adequately fed, clothed, sheltered and cared for, and that your ward receives all necessary medical attention.
2. You must keep your ward's funds separate from your own. You should put your ward's funds in a separate checking or savings account, as appropriate, and make all payments by check.
3. You may not sell, mortgage, give away, or otherwise dispose of any of your ward's property without a court order.
4. You may not spend any of your ward's funds for any purpose, except as set forth in the court approved budget, without a court order.
5. You must file within two months of your appointment an inventory showing the ward's property and a plan for managing, expending, and distributing the property. Further, you must file, within sixty (60) days of each anniversary date of these Letters, an annual return showing all receipts and disbursements, accompanied by an affidavit certifying that the original vouchers (checks) have been compared with the items listed on the return, and that the return is correct, together with an updated inventory and plan for managing the property. A copy of said return shall be sent by first class mail to the surety, the ward, and the guardian, if any.
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\_\_\_\_.

NOTE: The following must be signed if the Judge does not sign the original of this document:  
Issued by:

\_\_\_\_\_  
Sarah S. Harris,

\_\_\_\_\_  
Probate Judge

\_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court

(Seal)

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,

**WARD.**

)

**CERTIFICATE OF VOTING RIGHTS REMOVED**

TO: Secretary of State  
Election Division  
1104 West Tower  
2 Martin Luther King, Jr. Dr., SE  
Atlanta, Georgia 30334

The following individual has been adjudicated to lack sufficient mental capacity and his or her voting rights have been removed:

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

DATE OF ORDER REMOVING RIGHT TO VOTE: \_\_\_\_\_

I have this date mailed for filing a Certificate of Voting Rights Removed and enclosed a copy of the Order removing such voting rights to the Office of the Secretary of State by placing a copy of same in an envelope addressed as set forth above and depositing same in the U.S. Mail, first-class, with adequate postage thereon.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court

\_\_\_\_\_  
Printed Name  
Bibb County Courthouse, Room 207  
P.O. Box 6518  
Macon, GA 31208-6518  
(478) 621-6494

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

**IN RE: ESTATE OF**

)

)

**ESTATE NO.** \_\_\_\_\_

)

\_\_\_\_\_,  
**WARD.**

)

**CERTIFICATE OF GUARDIANSHIP/CONSERVATORSHIP ESTABLISHED**

**Georgia Crime Information Center  
Attention: CJIS Operations Unit  
3121 Panthersville Road  
Decatur, Georgia 30034**

**FROM: SARAH S. HARRIS**

**PROBATE COURT ORI NUMBER: \_\_\_\_\_**

(Judge's Name)

The following individual has been adjudicated to lack sufficient mental capacity and guardianship/conservatorship has been established:

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

\_\_\_\_\_

**DATE OF ORDER DECLARING PERSON**

**LACKS SUFFICIENT MENTAL CAPACITY: \_\_\_\_\_**

**DATE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_**

**RACE: \_\_\_\_\_**

(List Asian, Black, Indian, White, or Other)

I hereby certify that the above stated information is true and correct and that I have this date mailed this Certificate of Guardianship/Conservatorship Established to the Georgia Bureau of Investigation by placing copies of same in an envelope addressed as set forth above and depositing same in the U.S. Mail, first-class, with adequate postage thereon.

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Clerk/Deputy Clerk of the Probate Court

\_\_\_\_\_  
Printed Name

Bibb County Courthouse, Room 207

Probate P.O. Box 6518

Macon, GA 31208

(478) 621-6494