

**PETITION FOR TEMPORARY LETTERS OF GUARDIANSHIP OF MINOR**  
**INSTRUCTIONS**

I. Specific Instructions

1. This form is to be used for filing a Petition for Temporary Letters of Guardianship of a Minor pursuant to O.C.G.A. § 29-2-5.
2. Notice of the Petition must be given to the "parents" of the Minor. If an objection to the establishment of the temporary guardianship is filed by a parent who is also a "natural guardian," the Court will dismiss the Petition without a hearing. If a parent who is not a natural guardian objects, a hearing on the matter will be scheduled.

A "parent" is defined as the biological or adoptive father or mother whose parental rights have not been surrendered or terminated. However, in the case of a child born out of wedlock, the Father shall be considered a "parent" only if he has legitimated the Minor.

A father of a child born out of wedlock has legitimated the Minor if he married the Mother after the child's birth or obtained an order of legitimation from a court of competent jurisdiction.

A "natural guardian" is defined as each parent, unless the parents are divorced. If one parent has sole legal custody, that parent is the sole "natural guardian." If both parents have joint legal custody, then both parents are the "natural guardians."
3. Although a mother or father may not be a "legal parent," the Court may require service on such person.
4. A temporary guardianship will be deemed to be a permanent guardianship for the purposes of obtaining medical insurance coverage for the Minor if the guardian assumes in writing the obligation to support the Minor while the guardianship is in effect to the extent that no other sources of support are available.
5. Unless otherwise permitted by the Probate Court in which the Petition is filed, a separate Petition must be filed for each minor. Contact the Probate Court in which the Petition will be filed for its policy. If the filing of one Petition for more than one minor is permitted by the Probate Court, modify the Petition accordingly.
6. According to Uniform 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.

7. O.C.G.A. § 53-11-2 provides that a party to a probate proceeding who is not sui juris must be represented by a guardian provided that the Court may appoint a guardian ad litem or determine that the natural guardian, guardian, conservator or testamentary guardian has no conflict and may serve. Should a guardian ad litem be necessary because a party is not sui juris, use Supplement 1.
8. Use Supplement 2 if the Court determines it is necessary to appoint a special process server.
9. Use Supplement 3 when an additional certificate of service is necessary.
10. Exhibits should be labeled at the bottom of each exhibit as Exhibit "A," Exhibit "B," etc. in consecutive order. The corresponding letter of each said exhibit should be inserted into the appropriate place in the form.
11. 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 Standard 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](http://www.gaprobate.gov), labeled GPCSF 1.

IN THE PROBATE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

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

MINOR \_\_\_\_\_,

)  
)  
)  
)

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

PETITION FOR TEMPORARY GUARDIANSHIP OF A MINOR

The Petition of \_\_\_\_\_  
*[Full name(s) of Petitioner(s)] First Middle Last*

who is/are domiciled in \_\_\_\_\_ County and reside(s) at the following  
address(es): \_\_\_\_\_

*Street City County State Zip Code*

who has/have actual physical custody of the Minor named above and whose mailing address(es)  
is/are: \_\_\_\_\_

*Street City County State Zip Code*

show(s):

1.

\_\_\_\_\_ *[Full name of Minor] First Middle Last*

age \_\_\_\_\_, whose date of birth is \_\_\_\_\_, is found at:

\_\_\_\_\_ *Street City County State Zip Code*

2.

A copy of the Minor's birth certificate is attached as Exhibit "\_\_\_\_\_."

3.

Said Minor is in need of a temporary guardian. The Petitioner(s) has/have the following  
relationship(s) with the Minor: \_\_\_\_\_

4.

The Minor's Mother is:

<i>[Full name of Mother]</i>	<i>First</i>	<i>Middle</i>	<i>Last</i>
<i>Street</i>	<i>City</i>	<i>County</i>	<i>State</i>
			<i>Zip Code</i>

- a. Is the Mother deceased? *[Select One]*  Yes  No  
*If yes, attach death certificate as Exhibit " \_\_\_\_\_ " and skip b-g*
- b. Has the Mother signed a consent for the creation of this temporary guardianship? *[Select One]*  Yes  No
- c. Is the Mother's address known and listed above? *[Select One]*  Yes  No
- d. Have the Mother's rights been terminated via Court Order? *[Select One]*  Yes  No  
*If yes, attach the Order as Exhibit " \_\_\_\_\_ ".*
- e. Has the Mother lost custody via Court Order? *[Select One]*  Yes  No  
*If yes, attach the Order as Exhibit " \_\_\_\_\_ ".*
- f. Does the Mother have joint legal custody via Court Order? *[Select One]*  Yes  No  
*If yes, attach the Order as Exhibit " \_\_\_\_\_ ".*
- g. Does the Mother have sole legal custody via Court Order? *[Select One]*  Yes  No  
*If yes, attach the Order as Exhibit " \_\_\_\_\_ ".*
- h. Was the Mother married to the Father of the child during or after the conception of the Child? *[Select One]*  Yes  No
- i. Was the Mother married to another during the conception, gestation or birth of the Child? *[Select One]*  Yes  No  
*If yes, list that man's name below:*

\_\_\_\_\_  
*[Full name of Mother's Husband] First Middle Last*

\_\_\_\_\_  
*Street City County State Zip Code*

The Minor's Father is:

5.

\_\_\_\_\_  
*[Full name of Father] First Middle Last*

\_\_\_\_\_  
*Street City County State Zip Code*

- a. Is the Father deceased? *[Select One]*  Yes  No  
*If yes, attach death certificate as Exhibit " \_\_\_\_\_ "*  
*and skip b-g.*
- b. Has the Father signed a consent for the *[Select One]*  Yes  No  
creation of this temporary guardianship?
- c. Is the Father's address known and listed above? *[Select One]*  Yes  No
- d. Have the Father's rights been terminated via Court *[Select One]*  Yes  No  
Order?  
*If yes, attach the Order as Exhibit " \_\_\_\_\_ ."*
- e. Has the Father lost custody via Court Order? *[Select One]*  Yes  No  
*If yes, attach the Order as Exhibit " \_\_\_\_\_ ."*
- f. Does the Father have joint legal custody *[Select One]*  Yes  No  
via Court Order?  
*If yes, attach the Order as Exhibit " \_\_\_\_\_ ."*
- g. Does the Father have sole legal custody *[Select One]*  Yes  No  
via Court Order?  
*If yes, attach the Order as Exhibit " \_\_\_\_\_ ."*

6.

Is the Minor fourteen years of age or older? *[Select One]*  Yes  No

*If you answer " Yes," and the Minor made a selection, attach the Minor's Selection for the Petitioner(s) to act as temporary guardian(s) as Exhibit " \_\_\_\_\_ ."*

7.  
The temporary guardianship is needed because:

8.  
Additional Data: *[Where full particulars are lacking, state here the reasons for any such omission. Also, state here all pertinent facts that may govern the method of giving notice to any party and that may determine whether or not a guardian ad litem should be appointed for any party.]*

WHEREFORE, Petitioner(s) pray(s) that:

1. Service be perfected as provided by law; and
2. Petitioner(s) be appointed temporary guardian(s) of the Minor named above.

\_\_\_\_\_  
Signature of First Petitioner

\_\_\_\_\_  
Signature of Second Petitioner, if any

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

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

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Mailing Address

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

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

\_\_\_\_\_  
Signature of Attorney

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

\_\_\_\_\_  
Address

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

\_\_\_\_\_  
State Bar #

VERIFICATION

GEORGIA, \_\_\_\_\_ COUNTY

Personally appeared before me the undersigned Petitioner(s) who, after being duly sworn, state(s) that the facts set forth in the foregoing Petition for Temporary Letters of Guardianship of Minor (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

\_\_\_\_\_  
Printed Name of First Petitioner

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

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Second Petitioner, if any

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

\_\_\_\_\_  
Printed Name of Second Petitioner, if any

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

IN THE PROBATE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN RE: ESTATE OF \_\_\_\_\_ )  
 )  
 )

MINOR \_\_\_\_\_ )  
 )

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

**SELECTION BY MINOR IF AGE 14 OR OLDER**

I, the undersigned Minor, being 14 years of age or older and a resident of \_\_\_\_\_  
\_\_\_\_\_ County, select \_\_\_\_\_  
to be appointed my guardian(s).

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

Sworn to and subscribed before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

\_\_\_\_\_  
Signature of Minor if age 14 or over

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

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

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

Exhibit " \_\_\_\_\_ "



IN THE PROBATE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN RE: ESTATE OF \_\_\_\_\_ )  
 )  
 )  
 )

MINOR

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

CONSENT OF MOTHER

I, \_\_\_\_\_  
[Full name of Mother] First Middle Last

\_\_\_\_\_  
Street City County State Zip Code

Mother of the above named Minor, do hereby consent to the creation of a temporary guardianship and the appointment of [list all parties to whom you wish to grant temporary guardianship]:

\_\_\_\_\_  
[Full name of first Temporary Guardian] First Middle Last

\_\_\_\_\_  
[Full name of second Temporary Guardian] First Middle Last

and also acknowledge service of the Petition for Appointment of a Temporary Guardian for said Minor and waive any and all further service and notice concerning said Petition.

I further understand that, pursuant to O.C.G.A. § 29-2-8 (b), upon a petition for termination by a natural guardian as defined in said statute [see instructions], the Court will remove the Temporary Guardian(s) and dissolve the temporary guardianship unless an objection is timely filed by the appointed Temporary Guardian(s). If an objection is timely filed to such petition for termination, the Juvenile Court or the Probate Court shall determine, after notice and hearing, whether a continuation or dissolution of the temporary guardianship is in the best interest of the Minor. I understand that nothing herein, including any optional Assumption by the Guardian(s) of the obligation to support the Minor to the extent that no other sources of support are available, affects my legal obligation to support and maintain said Minor.

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

\_\_\_\_\_  
Signature of Mother

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

\_\_\_\_\_  
Printed Name of Mother

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

IN THE PROBATE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN RE: ESTATE OF

\_\_\_\_\_  
MINOR

)  
)  
)  
)

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

CONSENT OF FATHER

I, \_\_\_\_\_  
*[Full name of Father] First Middle Last*

\_\_\_\_\_  
*Street City County State Zip Code*

Father of the above named Minor, do hereby consent to the creation of a temporary guardianship and the appointment of *[list all parties to whom you wish to grant temporary guardianship]*:

\_\_\_\_\_  
*[Full name of first Temporary Guardian] First Middle Last*

\_\_\_\_\_  
*[Full name of second Temporary Guardian] First Middle Last*

and also acknowledge service of the Petition for Appointment of a Temporary Guardian for said Minor and waive any and all further service and notice concerning said Petition.

I further understand that, pursuant to O.C.G.A. § 29-2-8 (b), upon a petition for termination by a natural guardian as defined in said statute *[see instructions]*, the Court will remove the Temporary Guardian(s) and dissolve the temporary guardianship unless an objection is timely filed by the appointed Temporary Guardian(s). If an objection is timely filed to such petition for termination, the Juvenile Court or the Probate Court shall determine, after notice and hearing, whether a continuation or dissolution of the temporary guardianship is in the best interest of the Minor. I understand that nothing herein, including any optional Assumption by the Guardian(s) of the obligation to support the Minor to the extent that no other sources of support are available, affects my legal obligation to support and maintain said Minor.

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

\_\_\_\_\_  
Signature of Father

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

\_\_\_\_\_  
Printed Name of Father

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

IN THE PROBATE COURT OF \_\_\_\_\_ COUNTY  
STATE OF GEORGIA

IN RE: ESTATE OF

\_\_\_\_\_,  
MINOR

)  
)  
)  
)

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

**ASSUMPTION OF OBLIGATION TO SUPPORT (OPTIONAL)**

The undersigned, if appointed temporary guardian(s) of the above named Minor, assume(s) the obligation to support the Minor while the guardianship is in effect to the extent that no other sources of support are available.

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, if any

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

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

\_\_\_\_\_  
Printed Name of Second Petitioner, if any

Exhibit " \_\_\_\_\_ "



Father's Full Name \_\_\_\_\_  
Address \_\_\_\_\_  
Street Apt. City State Zip  
Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Race/National Origin \_\_\_\_\_  
Place of Employment \_\_\_\_\_

**Sisters and brothers of the child**

Name Age Address (include street #, apt, city, state and zip code)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. INFORMATION RELATING TO PAST HISTORY THIS MUST BE COMPLETED**

Has child(ren) been in a foster home or removed from parental custody? \_\_\_\_\_  
If so, by what authority: (D.F.A.C.S.? \_\_\_\_\_ ) What county? \_\_\_\_\_  
Juvenile Court Order? \_\_\_\_\_ What county? \_\_\_\_\_ Other? \_\_\_\_\_

**YOU MUST TELL THE WHOLE TRUTH. EXPLAIN THE CIRCUMSTANCES.** (Use additional sheet if necessary).  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. IS THERE NOW OR HAS THERE EVER BEEN A TEMPORARY GUARDIAN APPOINTED FOR THE CHILD(REN)?** \_\_\_\_\_

IF SO, NAME OF COUNTY WHERE TEMPORARY GUARDIANSHIP WAS GRANTED. PROBATE COURT OF \_\_\_\_\_ COUNTY.

**5. INFORMATION ON PERSON(S) APPLYING TO BE GUARDIAN**

Guardian's Full Name \_\_\_\_\_  
Date of birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Race/National Origin \_\_\_\_\_  
Address \_\_\_\_\_  
Street Apt # City State Zip  
County Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
Place of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_  
Marital Status \_\_\_\_\_ Full Name of Your Spouse \_\_\_\_\_  
How are you related to this child? \_\_\_\_\_  
For checking criminal history background purposes only: Your Social Security # \_\_\_\_\_  
Have you ever been convicted of a felony? \_\_\_\_\_ If so, for what, when, and where convicted?  
\_\_\_\_\_

2<sup>nd</sup> Guardian's Full Name \_\_\_\_\_

Date of birth \_\_\_\_\_ State of Birth \_\_\_\_\_ Race/National Origin \_\_\_\_\_

Address \_\_\_\_\_

Street \_\_\_\_\_ Apt # \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
County \_\_\_\_\_ Telephone (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Place of Employment \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Marital Status \_\_\_\_\_ Full Name of Your Spouse \_\_\_\_\_

How are you related to this child? \_\_\_\_\_

For checking criminal history background purposes only: Your Social Security # \_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ If so, for what, when, and where convicted?

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

List the name, age and relationship to you of all other minor children in your home.

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

Have you resided somewhere other than Clayton County during the last ten (10) years? \_\_\_\_\_

If so, list prior address(es) \_\_\_\_\_

\_\_\_\_\_

**LIST ALL OTHER ADULTS LIVING IN YOUR HOME:**

Name \_\_\_\_\_ Age \_\_\_\_\_ Relationship to you \_\_\_\_\_

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

**STATE THE REASON THIS GUARDIANSHIP IS NECESSARY (explain in detail).**

(Note: "The child wants to live with me" or "His parents decided they wanted the child to live with me, "or "The child just wants to go to school here" is not sufficient reason for guardianship. You must explain the circumstances.

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

**ANSWER THE FOLLOWING QUESTIONS:**

1. Is the mother of this child a resident of Clayton County, Georgia? Yes \_\_\_ No \_\_\_  
Is the father of this child a resident of Clayton County, Georgia? Yes \_\_\_ No \_\_\_
2. Do the parents of this child realize that they are giving up their parental rights insofar as custody and control, but probably have continuing responsibility for support, maintenance, and the duty to provide necessaries for this child? Yes \_\_\_ No \_\_\_
3. Do you and the natural parents realize that all parental rights can only be severed by the Juvenile Court of proper jurisdiction upon a due process hearing for that purpose, or by the Superior Court of proper jurisdiction as an adjunct to an adoptive proceeding?  
Yes \_\_\_ No \_\_\_
4. Is the home where the child has been living so deprived that the best interest of the child demands removal? Yes \_\_\_ No \_\_\_
5. Is your home, environment and circumstance a better nurturing condition for this child?  
Yes \_\_\_ No \_\_\_
6. Do you contend that your guardianship is required:  
Indefinitely \_\_\_\_\_ or Temporarily, only \_\_\_\_\_

7. Which school will the child(ren) attend?

Child	School	Complete address for school
1.	_____	_____
2.	_____	_____
3.	_____	_____

**I understand that furnishing false (untrue) information to the Court may result in criminal action being taken against me.**

**The undersigned does consent to being investigated and appointed as temporary guardian (s) of the above-named minor and does/do further hereby acknowledge service of the foregoing Petition.**

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

\_\_\_\_\_  
First Petitioner Signature

\_\_\_\_\_  
Clerk of Probate Court/Notary Public

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

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

\_\_\_\_\_  
Second Petitioner Signature

\_\_\_\_\_  
Clerk of Probate Court/Notary Public

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

Clayton County Probate Court

Minor \_\_\_\_\_

Case Number \_\_\_\_\_

Temporary Guardianship Acknowledgment

I, \_\_\_\_\_, being the petitioner for the above-named minor, hereby acknowledge that my Petition for Temporary Guardianship is being filed today, and I am receiving my letter that will allow such child(ren) to be enrolled in school.

I understand that in the event something is lacking and I fail to provide such, this petition may be dismissed. I also understand that in the event my petition is dismissed, there will not be a refund. In the event my petition is dismissed, I understand I will need to pay the filing fee again to have a new Petition for Temporary Guardianship should one still be necessary.

I understand the court may set my case for a hearing and notice will be provided at the home address and a zoom link will be send to the email provided. The petitioner shall submit a written change of address, in the event the petitioner(s) move.

I understand that certain information is needed to complete my petition. I understand I must provide such information prior to \_\_\_\_\_ or my petition will be denied.

\_\_\_\_\_ I must provide all information listed below:

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

\_\_\_\_\_ The initial information required to file my petition regarding the above-mentioned estate case has been provided; however, I understand I will be sent a letter at the above address should additional information be necessary. Should I be sent a request for further information, I understand that I must provide The Court with that information in a timely manner.

**Below is my contact information:**

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

Phone Numbers:  
Cell: \_\_\_\_\_  
Home: \_\_\_\_\_

Although I have paid \$ \_\_\_\_\_ receipt # \_\_\_\_\_, I understand that there may be further costs in my case for which I am responsible. **My signature below attests to the fact that I have been made aware that failure to pay any balance due will result in the failure to move my petition forward and possibly cause the dismissal of my petition.**

This \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
Witnessed by Clerk



Clayton County Probate Court

Minor \_\_\_\_\_

Case Number \_\_\_\_\_

Temporary Guardianship Acknowledgment

I, \_\_\_\_\_, being the petitioner for the above-named minor, hereby acknowledge that my Petition for Temporary Guardianship is being filed today, and I am receiving my letter that will allow such child(ren) to be enrolled in school.

I understand that in the event something is lacking and I fail to provide such, this petition may be dismissed. I also understand that in the event my petition is dismissed, there will not be a refund. In the event my petition is dismissed, I understand I will need to pay the filing fee again to have a new Petition for Temporary Guardianship should one still be necessary.

I understand the court may set my case for a hearing and notice will be provided at the home address and a zoom link will be send to the email provided. The petitioner shall submit a written change of address, in the event the petitioner(s) move.

I understand that certain information is needed to complete my petition. I understand I must provide such information prior to \_\_\_\_\_ or my petition will be denied.

\_\_\_\_\_ I must provide all information listed below:

\_\_\_\_\_

\_\_\_\_\_ The initial information required to file my petition regarding the above-mentioned estate case has been provided; however, I understand I will be sent a letter at the above address should additional information be necessary. Should I be sent a request for further information, I understand that I must provide The Court with that information in a timely manner.

**Below is my contact information:**

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

Phone Numbers: \_\_\_\_\_

\_\_\_\_\_

Cell: \_\_\_\_\_

\_\_\_\_\_

Home: \_\_\_\_\_

Although I have paid \$ \_\_\_\_\_ receipt # \_\_\_\_\_, I understand that there may be further costs in my case for which I am responsible. **My signature below attests to the fact that I have been made aware that failure to pay any balance due will result in the failure to move my petition forward and possibly cause the dismissal of my petition.**

This \_\_\_\_\_ day of \_\_\_\_\_, 2022.

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
Witnessed by Clerk

IN THE PROBATE COURT OF CLAYTON COUNTY  
STATE OF GEORGIA

IN RE: \_\_\_\_\_ ) ESTATE NO. \_\_\_\_\_  
MINOR )

**ZOOM HEARING FORM**

**TO: ALL INTERESTED PARTIES**

A hearing may be scheduled at a date and time to be determined at a later date. In furtherance of our commitment to the engagement of healthy practices to protect the court personnel and the public, it may be necessary for the Court to hold this hearing virtually via Zoom Video Communications. Should any party object to holding the hearing virtually, the Court will decide how to proceed.

Please provide your e-mail address below and sign consenting to receive information regarding the hearing and to participate virtually in the hearing. Please write legibly.

---

**Virtual Hearing held via Zoom Video Communications:** This hearing may be held virtually by video conference. You must have a device compatible with audio and video features so the Judge can see and hear you. If you use a desktop computer, it must have a camera and a microphone. A smart cell phone or laptop is best for a virtual hearing. By signing below, you are consenting to receive an invitation for the hearing at the e-mail address you provide and for your hearing to be held virtually rather than in person. Make sure you have access to this e-mail address to ensure you receive the invitation link. You are expected to be on time for your virtual hearing. You will also be expected to participate in a quiet environment so all parties can be heard during the hearing.

**E-mail address (required):** \_\_\_\_\_

**I agree to this hearing being scheduled via Zoom Video Communications.**

**(Choose either a. or b.)**

a.  **I have access to a device capable of Zoom Video Communications.**

b.  **I do not have access to a device capable of accessing Zoom Video Communications**

*By choosing this option, you hereby agree to avail yourself to appear at the Clayton County Probate Court in-person at 121 S. McDonough Street, Annex 1, Jonesboro, GA 30236 and a device will be provided for your use. **Masks are required to enter the courthouse.** You are expected to be on time for your in-person hearing and are advised to arrive early to ensure you enter through security timely. You must bring with you all original relevant documents for the Court to review*

**I do not agree to hold an hearing being scheduled via Zoom Video Communications. I understand that should a hearing be required, that I will appear in person at 121 S. McDonough St, Annex 3 Jonesboro, GA 30236 and will be required to wear a mask.**

Name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Phone Number:  
\_\_\_\_\_

\_\_\_\_\_  
Signature

# Probate Court of Clayton County

Pam Ferguson, Chief Judge

Atha H. Pryor, Associate Judge

121 South McDonough Street Annex Bldg. 3

Jonesboro, Georgia 30236

## AUTHORIZATION TO RELEASE INFORMATION

I have filed a Petition for Temporary Guardianship with the Clayton County Probate Court. I understand that in order for the Court to process my petition, a background check must be performed. This check includes a criminal history search.

I hereby authorize the Court, the Clayton County Sheriff's Department, the Clayton County Police Department, and/ or their servicing agency, to conduct a check of their files for any records related to the information I have provided below. I hereby release them from any damage whatsoever for issuing such information. I also authorize the Probate Court to receive the information regarding the same, for its use in determining whether my appointment as guardian will be in the best interest of the Minor

### Required Information

\* Disclosure of your Social Security Number is not mandatory. Per CFR § 1.32, except as otherwise provided by law, an individual shall not be denied any right, benefit or privilege provided by law because of such individual's refusal to disclose their social security number.

FULL LEGAL NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ STATE OF BIRTH: \_\_\_\_\_ SS# (optional) \_\_\_\_ - \_\_\_\_ - \_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

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

HOME PHONE #: \_\_\_\_\_ WORK PHONE #: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

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

OTHER ASSOCIATED/ PRIOR NAMES (if applicable)

\_\_\_\_\_

**I understand that furnishing false (untrue) information to the Court may result in criminal action being taken against me. I affirm that the foregoing information is true and correct to the best of my knowledge and ability.**

\_\_\_\_\_  
SIGNATURE OF PETITIONER

\_\_\_\_\_  
DATE

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

\_\_\_\_\_  
Clerk of Probate Court/Notary Public

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**Katherine Reeves, Chief Clerk**

**Estates Division 770-477-3299      Licensing Division 770-477-3301**

**Katherine.Reeves@claytoncountyga.gov**

**Fax 770-477-3306**