

**INSTRUCTIONS**

**I. Specific Instructions**

1. This form is to be used for filing a Petition for the Appointment of a Guardian for an Alleged Incapacitated Adult pursuant to O.C.G.A. §29-5-6.
2. In any case involving the creation of a guardianship over property where the ward owns real property, the attached certificate 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 ward owns real property within 30 days of the date of such order.
3. This form consists of 16 pages.

**II. General Instructions**

General instructions applicable to all Georgia probate court standard forms appear in Volume 255 of the Georgia Reports and are available in each probate court.

**PETITION FOR THE APPOINTMENT OF A  
GUARDIAN FOR AN ALLEGED INCAPACITATED ADULT**

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

TO THE HONORABLE JUDGE OF THE PROBATE COURT:

IN RE:

\_\_\_\_\_,  
ALLEGED INCAPACITATED ADULT, PROPOSED WARD

**[NOTE: Unless there are two or more petitioners, the affidavit on page 6 must be completed by a physician or psychologist, based upon an examination within 10 days prior to the filing of this petition.]**

1.

\_\_\_\_\_, whose residence address and telephone  
Name of first petitioner  
number are \_\_\_\_\_, and who is the  
\_\_\_\_\_ (relationship) of the proposed ward, is a resident of  
\_\_\_\_\_ County, \_\_\_\_\_, and

**(Complete either a. or b. below):**

\_\_\_\_\_ a. \_\_\_\_\_, whose residence address and  
Name of second petitioner, if any  
telephone number are \_\_\_\_\_  
\_\_\_\_\_ ) of  
the proposed ward, is a resident of \_\_\_\_\_ Coun  
ty, \_\_\_\_\_.

or

\_\_\_\_\_ b. attached hereto as page 6 and made a part of this petition is the completed affidavit of  
\_\_\_\_\_, a physician or psychologist licensed to  
practice in Georgia, who has examined the proposed ward within ten days prior to the  
filing of this petition.

2.

The proposed ward, age \_\_\_\_\_ (date of birth \_\_\_\_\_), social security no.  
\_\_\_\_\_, is a resident of \_\_\_\_\_  
County, \_\_\_\_\_, has a residence address of  
\_\_\_\_\_, and is presently located at  
\_\_\_\_\_.



4.

The law requires notice to be given to the spouse, if any, and to all living adult children, if any, whose addresses are known. If there is no spouse and no living adult child or children whose addresses are known, then two living adult next of kin whose addresses are known must be notified, or if there is only one living adult next of kin whose address is known, that person must be given notice. If there are no adult living next of kin whose addresses are known, then two adult friends must be notified. (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.) Therefore, the names, addresses, telephone numbers and relationships of the persons to be notified are as follows:

NAME	ADDRESS	TELEPHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5.

The names and addresses of the proposed ward's representatives appointed under a prior proceeding pursuant to Official Code of Georgia Annotated Chapters 37-7, 37-3 or 37-4 are:

_____	_____
(name)	(address)
_____	_____
(name)	(address)

6.

All known income and assets of the proposed ward are shown on page 7 attached hereto.

7.

**[NOTE: If nominations of a person or persons to act as guardian have been made by more than one of the following methods, indicate all nominees and methods. Attach a separate sheet if necessary.]**

\_\_\_\_\_ whose address(es) is/are \_\_\_\_\_ is/are nominated as guardian(s) of the (person)(and)(property) (respectively) by virtue of:

- \_\_\_\_\_ a. nomination by the petitioner(s);
- \_\_\_\_\_ b. selection by the proposed ward in writing, attested by at least two witnesses, prior to the filing of the petition;
- \_\_\_\_\_ c. selection by will or other writing signed by a deceased parent and attested by at least two witnesses.

The nominated guardian(s) will consent to serve, or has/have consented to serve as shown by the consent on page 5 attached hereto.

WHEREFORE, the petitioner(s) pray(s):

- (a) that service be perfected as required by law;
- (b) that the court appoint an evaluation physician or psychologist as provided in §29-5-6 of the Official Code of Georgia Annotated;
- (c) that upon receipt of the evaluation report, the court order a hearing to determine the need for a guardian for the alleged incapacitated person; and
- (d) that a guardian of the person and/or property be appointed for the alleged incapacitated adult.

\_\_\_\_\_  
Signature of second petitioner  
(if any and if pro se)

\_\_\_\_\_  
Signature of Attorney  
(or first petitioner if pro se)

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

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

\_\_\_\_\_

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

\_\_\_\_\_

**VERIFICATION**

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

Personally appeared before me the undersigned petitioner who on oath states that the facts set forth in the foregoing petition are true.

\_\_\_\_\_  
Signature of second petitioner, if any

\_\_\_\_\_  
Signature of first petitioner

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

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

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

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

**CONSENT TO SERVE AS GUARDIAN**

RE: Petition for the appointment of guardian for \_\_\_\_\_  
, an alleged incapacitated adult.

I, \_\_\_\_\_, having been nominated as guardian  
of the (person)(and)(property) of the above-named alleged incapacitated adult, do hereby consent to serve as  
such.

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

**AFFIDAVIT OF PHYSICIAN OR PSYCHOLOGIST**

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

PROBATE COURT OF \_\_\_\_\_ COUNTY

RE: Petition for appointment of a guardian for \_\_\_\_\_,  
an alleged incapacitated adult.

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 or a psychologist licensed to practice under Chapter 39 of Title 43 of the Official Code of Georgia Annotated, that my office address is \_\_\_\_\_, Georgia, that I have examined the above-named alleged incapacitated adult on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and that I have found him/her to be incapacitated by reason of:

- |                                       |    |                    |    |                                 |
|---------------------------------------|----|--------------------|----|---------------------------------|
| <b>Circle the specific incapacity</b> | 1. | Mental illness     | 4. | Physical illness or disability  |
|                                       | 2. | Mental retardation | 5. | Chronic use of drugs or alcohol |
|                                       | 3. | Mental disability  | 6. | Other cause: _____              |

to the extent that said alleged incapacitated adult:

- Circle A or B or both**
- A. (re guardianship of person:) lacks sufficient understanding or capacity to make significant responsible decisions concerning his/her person or is incapable of communicating such decisions.
  - B. (re guardianship of property:) is incapable of managing his/her estate, and the property of the proposed ward will be wasted or dissipated unless proper management is provided or the property of the proposed ward is needed for her/her support of the support of persons entitled to be supported by the proposed ward.

The following facts support said diagnosis:

The foreseeable limits on the duration of such incapacity are:

WITNESS MY HAND AND SEAL this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

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

\_\_\_\_\_  
Signature of (Physician)(Psychologist)

Typed Name \_\_\_\_\_

\_\_\_\_\_  
Notary Public  
My commission expires on the \_\_\_\_\_ day  
of \_\_\_\_\_, \_\_\_\_\_.  
(NOTARIAL SEAL AFFIXED)

**NOTE: The examination on which this affidavit is based must occur WITHIN TEN DAYS prior to the filing of the petition.**

**INCOME AND ASSETS**

Below are listed all of the known income and assets of the proposed ward:

**REAL PROPERTY**

Description	County	State	Approximate equity
Parcel_1 _____			
Parcel_2 _____			
Parcel_3 _____			

**INCOME FROM ALL SOURCES**

Source	Yearly Total
Social_Security _____	_____
SSI_(Supplemental_Security_Income) _____	_____
Retirement_benefits _____	_____
VA_benefits _____	_____
Other_monthly_income _____	_____

YEARLY TOTAL OF ALL INCOME

=====

**PERSONAL PROPERTY**

Description including applicable account numbers, numbers of shares, models and years, any other descriptive information	Approximate value
Checking_account _____	_____
Savings_account _____	_____
Certificate_of_deposit _____	_____
Bonds _____	_____
Stocks _____	_____
Automobile _____	_____
Other_items _____	_____
_____	_____
_____	_____
_____	_____
_____	_____

TOTAL PERSONAL PROPERTY VALUE

\_\_\_\_\_

**TOTAL YEARLY INCOME + TOTAL PERSONAL PROPERTY VALUE**

=====

**ORDER FOR EVALUATION**

GEORGIA, PROBATE COURT OF \_\_\_\_\_ COUNTY

PROPOSED WARD: \_\_\_\_\_ ESTATE NUMBER \_\_\_\_\_

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 incapacitated within the meaning of §29-5-1 of the Official Code of Georgia Annotated, it is hereby ordered that \_\_\_\_\_, (physician) (psychologist), is appointed to evaluate the above-named alleged incapacitated adult at \_\_\_\_\_ o'clock \_\_\_\_M., on \_\_\_\_\_ at \_\_\_\_\_.

Ordered further that the above-named alleged incapacitated adult shall submit to evaluation at the time and place stated above;

Ordered further that the Clerk of the Probate Court immediately notify the proposed ward of these proceedings by having all pleadings, as well as this order and the following notice, served personally on the proposed ward;

Ordered further that the Clerk shall mail by first-class mail copies of the petition, this order and the following notice to:

NAME	RELATIONSHIP	ADDRESS
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

So ordered this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judge of the Probate Court

**CERTIFICATE OF MAILING**

This is to certify that I have this day served the above-named persons, who were ordered to be served by first-class mail, with a copy of the petition, order and the following notice, by placing a copy of same in an envelope addressed to each and depositing same in the U.S. Mail, first-class, with adequate postage thereon.

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

\_\_\_\_\_  
Clerk, Probate Court

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

PROBATE COURT OF \_\_\_\_\_ COUNTY

**NOTICE TO ALLEGED INCAPACITATED ADULT  
OF PROCEEDINGS TO APPOINT GUARDIAN**

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

This is to notify you of the proceedings filed in this court by \_\_\_\_\_  
\_\_\_\_\_ seeking to appoint a guardian for you as an alleged  
incapacitated adult, and to inform you of your right to independent counsel. If you wish to retain counsel, you  
must notify the court within two days; otherwise, counsel will be appointed for you by the court.

You are further notified that \_\_\_\_\_ has been appointed as  
guardianship evaluation (physician) (psychologist) by the court and you must submit to an evaluation by being  
present at: \_\_\_\_\_

\_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_M. on \_\_\_\_\_.

Failure to present yourself for evaluation at the place and time above will authorize the court to order you  
transported directly to and from a medical facility or the office of the physician or psychologist for the completion  
of the evaluation.

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

\_\_\_\_\_  
Clerk, Probate Court

**RETURN OF SHERIFF**

I have this day served \_\_\_\_\_ personally with a copy of the within  
petition, order and notice.

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

\_\_\_\_\_  
Deputy Sheriff \_\_\_\_\_ County, Georgia

**APPOINTMENT OF ATTORNEY**

It appearing that this Court has not been notified of the retention of counsel by the proposed ward within  
the prescribed two-day period, \_\_\_\_\_ is hereby  
appointed as attorney for the proposed ward in this matter.

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

\_\_\_\_\_  
Judge of the Probate Court

**EVALUATOR'S REPORT**

**GUARDIANSHIP PROCEEDINGS**

PETITIONER(S) \_\_\_\_\_

\_\_\_\_\_

PROPOSED WARD \_\_\_\_\_

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

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:

The following are my findings as to the needs of the proposed ward and their foreseeable duration:

I find the proposed ward to be incapacitated by reason of:

- Circle the specific incapacity**
- |                       |                                    |
|-----------------------|------------------------------------|
| 1. Mental illness     | 4. Physical illness or disability  |
| 2. Mental retardation | 5. Chronic use of drugs or alcohol |
| 3. Mental disability  | 6. Other cause: _____              |

to the extent that said alleged incapacitated adult:

- Circle A or B or both or C**
- A. (re guardianship of person:) lacks sufficient understanding or capacity to make significant responsible decisions concerning his/her person or is incapable of communicating such decisions.
  - B. (re guardianship of property:) is incapable of managing his/her estate, and the property of the proposed ward will be wasted or dissipated unless proper management is provided or the property of the proposed ward is needed for her/her support of the support of persons entitled to be supported by the proposed ward.
  - C. I do not find that the proposed ward meets the standards for guardianship set out in either A or B above.

\_\_\_\_\_  
Physician licensed under Chapter 34 of Title 43 of the  
Official Code of Georgia Annotated  
or  
Psychologist licensed under Chapter 39 of Title 43 of the  
Official Code of Georgia Annotated

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

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

**NOTE: This report must be filed with the Probate Court no later than (7) days after the date of examination.**

**ORDER FOR DISMISSAL BEFORE EVALUATION**

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

PROBATE COURT OF \_\_\_\_\_ COUNTY ESTATE NUMBER: \_\_\_\_\_

Re: Petition for the appointment of a guardian for  
\_\_\_\_\_, an alleged incapacitated adult.

The above and foregoing petition having been read and considered pursuant to §29-5-6 of the Official Code of Georgia Annotated, and it appearing that there is not sufficient evidence to believe that the proposed ward is incapacitated within the meaning of O.C.G.A. §29-5-1, it is hereby ordered that the petition be, and hereby is, dismissed.

Ordered further that a copy of the petition and this order be served on the proposed ward by first-class mail, and a copy of this order be served in the same manner upon the petitioner(s) or his/her/their attorney, if any.

So ordered this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judge of the Probate Court

**ORDER FOR DISMISSAL AFTER EVALUATION**

After review and consideration of the petition and the evaluation report filed with this court on \_\_\_\_\_, this court finds that there is not probable cause to support a finding that the proposed ward is incapacitated within the meaning of O.C.G.A. §29-5-1;

Therefore, it is ordered and adjudged that the petition be dismissed and a copy of this order be sent to the proposed ward, his attorney, his guardian ad litem, if any, and to the petitioner(s) or her/her/their attorney, if any.

So ordered this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judge of the Probate Court

**CERTIFICATE OF MAILING**

This is to certify that I have this day served the proposed ward with a copy of this (petition and)\* order for dismissal by placing a copy of same in an envelope addressed to the proposed ward and depositing same in the U.S. Mail, first-class, with adequate postage thereon. I have also served a copy of the above order in the same manner upon the persons required in the above order for dismissal to be so served.

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

\_\_\_\_\_  
CLERK, PROBATE COURT

\* not necessary if dismissal is after evaluation.

**ORDER AND NOTICE OF HEARING**

STATE OF GEORGIA  
COUNTY OF \_\_\_\_\_

PROBATE COURT OF \_\_\_\_\_ COUNTY ESTATE NUMBER \_\_\_\_\_

RE: Petition for the appointment of a guardian for \_\_\_\_\_, an  
alleged incapacitated adult, filed \_\_\_\_\_.

After review and consideration of the petition and the evaluation report filed with the court on  
\_\_\_\_\_, the court finds that there is probable cause to support a finding that the proposed  
ward incapacitated within the meaning of §29-5-1 of the Official Code of Georgia Annotated,

WHEREFORE, it is ordered and adjudged that:

1. A hearing be set for \_\_\_\_\_ o'clock \_\_\_\_\_.M. on \_\_\_\_\_ to determine the  
need for the appointment of a guardian for the above-named alleged incapacitated adult, to be  
held in the Probate Court of \_\_\_\_\_ County, \_\_\_\_\_  
\_\_\_\_\_, Georgia. The proposed ward shall be represented by  
\_\_\_\_\_, attorney, at such hearing.
2. A copy of this order and a copy of the evaluation report shall be sent to the proposed ward,  
his/her attorney and guardian ad litem, if any, and to the petitioner(s) and his/her/their attorney, if  
any. These copies shall be sent by the Clerk of the Probate Court, first-class mail, as soon as  
practicable after the signing of this order.

So ordered this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judge of the Probate Court

**[NOTE: Either the proposed ward of the petitioner(s) may file a written response to the evaluation report  
at any time up to the conclusion of the hearing. The response may include, but is not limited to,  
independent evaluations, affidavits of individuals with personal knowledge of the proposed ward, and a  
statement of applicable law.]**

**CERTIFICATE OF MAILING**

This is to certify that I have this day served the persons show above in paragraph 2 of the Order and Notice of  
Hearing with a copy of the order and a copy of the evaluation report by placing copies of same in an envelope  
addressed to each and depositing same in the U.S. Mail, first-class, with adequate postage thereon.

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

\_\_\_\_\_  
Clerk, Probate Court

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

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

TO THE PROBATE COURT OF SAID STATE AND COUNTY

IN RE: PETITION FOR THE APPOINTMENT OF A GUARDIAN FOR \_\_\_\_\_  
\_\_\_\_\_, ALLEGED INCAPACITATED ADULT

The undersigned, as the attorney representing the above-named alleged incapacitated adult in these proceedings, does hereby stipulate into evidence the affidavit(s) of \_\_\_\_\_

Name of Affiant

\_\_\_\_\_, which is the evaluation report Ordered by the Court in this matter (,  
and \_\_\_\_\_, being the affidavit referred to

Name of Affiant

in Paragraph 1(b) of the petition). I hereby waive the appearance of such affiant(s) at any hearing concerning the said petition.

I further waive the appearance of my client (the proposed ward) at said hearing for the following reason(s):

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

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

\_\_\_\_\_  
Attorney

**[NOTE: If a guardian ad litem is appointed by the Court to represent the proposed ward, then the above or a similar Stipulation and Waiver should be signed by the guardian ad litem if such guardian ad litem agrees with the substance of such document.]**

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

IN THE MATTER OF \_\_\_\_\_ ) ESTATE NUMBER \_\_\_\_\_  
\_\_\_\_\_) )  
\_\_\_\_\_) RE: PETITION FOR APPOINTMENT OF  
ALLEGED INCAPACITATED ADULT ) A GUARDIAN FOR AN ALLEGED  
\_\_\_\_\_) INCAPACITATED ADULT

**FINAL ORDER**

A hearing was held on the above-referenced petition on \_\_\_\_\_, \_\_\_\_\_,  
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 §29-5-6 of the Official Code of Georgia Annotated have been met.

2.

The above-named alleged incapacitated adult (hereinafter referred to as "the ward") is incapacitated by reason of \_\_\_\_\_ to the extent that the ward lacks sufficient understanding or capacity to make significant responsible decisions concerning his/her person or is incapable of communicating such decisions and is incapable of managing his/her estate and the property of the ward will be wasted or dissipated unless proper management is provided or the property of the ward is needed for his/her support or the support of persons entitled to be supported by the ward. Such incapacity appears to be (permanent) (\_\_\_\_\_).

3.

The approximate current value of the personal property of the ward is \$\_\_\_\_\_. The ward has an interest in real property in \_\_\_\_\_ Count(y)(ies), \_\_\_\_\_.

4.

\_\_\_\_\_ should be appointed guardian of the person and \_\_\_\_\_ should be appointed guardian of the property because \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

**CONCLUSIONS OF LAW**

The duration of the guardianship is (permanent) (\_\_\_\_\_). \_\_\_\_\_ should be, and hereby is, appointed guardian of the person and \_\_\_\_\_ should be, and hereby is, appointed guardian of the property of the ward. Letters of guardianship of the person and of the property shall issue to such guardian(s) upon taking the required oath and upon the guardian of the property's posting bond in the amount of \$\_\_\_\_\_. The ward shall retain the following powers which would otherwise be removed from the ward pursuant to O.C.G.A. §29-5-7(d) or (c):

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge/Hearing Officer

**CERTIFICATE OF MAILING**

I have this date mailed (or handed) a copy of the above Order to the ward, his/her attorney, (his/her guardian ad litem), (his/her representatives,) the guardian(s), and the (petitioner(s)) (petitioner's attorney).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Clerk, Probate Court

**CERTIFICATE OF CREATION OF GUARDIANSHIP**

(Pursuant to O.C.G.A. §29-5-6(f)(4))

GEORGIA, \_\_\_\_\_ County

DATE ORDER ISSUED: \_\_\_\_\_

GRANTOR: (NAME OF INCAPACITATED ADULT) \_\_\_\_\_  
\_\_\_\_\_

GRANTEE: (NAME OF GUARDIAN OF PROPERTY OF ABOVE INCAPACITATED  
ADULT) \_\_\_\_\_

Guardianship of the property has been created for the above-named incapacitated adult.

The expiration date set by court order, if any, is \_\_\_\_\_.

Original Certificate delivered or mailed to Clerk of Superior Court of \_\_\_\_\_  
\_\_\_\_\_ Count(y)(ies) on \_\_\_\_\_, \_\_\_\_\_.

I do hereby certify that the above information is true and correct.

JUDGE OF THE PROBATE COURT

By: \_\_\_\_\_  
Clerk, Probate Court of \_\_\_\_\_ County

**CERTIFICATE IN ACCORDANCE WITH  
UNIFORM PROBATE COURT RULE 21(F)**

I certify that the content of the foregoing is identical in all material respects with Georgia probate court standard form entitled **Petition for the Appointment of a Guardian for an Alleged Incapacitated Adult**, except for additions or deletions indicated as required by the Uniform Probate Court Rules.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Attorney  
Address:

Telephone Number:  
State Bar#: