

STATE OF GEORGIA

COUNTY OF _____

**LETTERS OF EMERGENCY GUARDIANSHIP
OF THE PERSON OF
GRAVELY INCAPACITATED ADULT**

From the Judge of the Probate Court of said County.

TO: _____, Guardian

RE: _____, Gravely Incapacitated Adult

This Court has found that the above-named ward is in need of an emergency guardian of the person and has designated you as such guardian, and you have taken your oath. Your powers and duties as such guardian are limited to the following:

1. To see that the ward is adequately fed, clothed, sheltered and cared for, and receives all necessary medical attention, including placement in a nursing home, if appropriate.
2. To submit a personal status report within 30 days.

These letters expire as soon as the petition for regular guardianship is heard, or 45 days after _____ (the date of filing of the petition for emergency guardianship), whichever occurs first.

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

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, Probate Court

(Seal)