

STATE OF GEORGIA
COUNTY OF _____

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

From the Judge of the Probate Court of said County.

TO: _____, Guardian
RE: _____, Incapacitated Adult

The above-named incapacitated adult (the "ward") has been found by this Court to be in need of a guardian of the person, and this Court has entered an order designating you as such guardian. 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.
 3. Within four months after appointment and within two months 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 special description of the ward's general condition, living situation, progress, development, and needs;
 - (b) Your recommendations for any alteration in the guardianship order.
 4. Please consult your attorney if you have any questions.
- 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)