

**Re: Petition to Change Accounting Period**

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used by a guardian or personal representative who petitions to change the accounting period pursuant to O.C.G.A. §§29-2-44(b) or 53-7-67(b).

2. This form consists of 2 pages.

II. General Instructions

General instructions applicable to all Georgia probate court standard forms are available in each probate court.

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**PETITION TO CHANGE ACCOUNTING PERIOD**

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

To the Honorable Judge of the Probate Court:

The petition of \_\_\_\_\_, duly qualified  
( \_\_\_\_\_ of the Estate of \_\_\_\_\_  
\_\_\_\_\_, shows to the Court that:

1.

Petitioner was issued letters of \_\_\_\_\_ by this Court on \_\_\_\_\_.

2.

Petitioner desires to change the reporting period for petitioner's returns to the Court from the year immediately preceding the anniversary date of qualification to the period beginning on \_\_\_\_\_ of each year and ending on \_\_\_\_\_ of each year, except that the first reporting period with such ending date will begin on \_\_\_\_\_ and the final reporting period will end upon the date the estate is terminated.

Wherefore, petitioner prays that the Court change the required reporting period to that requested in paragraph 2 above.

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

Address:

Telephone Number:

State Bar #:

**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 Petitioner

Residence Address:

Telephone Number:

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

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

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

STATE OF GEORGIA

RE: ESTATE OF \_\_\_\_\_ ) ESTATE NO. \_\_\_\_\_  
 )  
\_\_\_\_\_, ) RE: PETITION TO CHANGE  
 ) ACCOUNTING PERIOD  
 )

**FINAL ORDER**

Probate Court of \_\_\_\_\_ County

The foregoing petition, having been read and considered, is hereby granted.

\_\_\_\_\_  
Date

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

**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 to Change Accounting Period**, except for additions or deletions indicated as required by the Uniform Probate Court Rules.

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Date

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Signature of Attorney  
Address:

Telephone Number:  
State Bar#: