

**Re: Service upon Minor or Incapacitated Adult by Guardian**

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used when serving a minor or incapacitated adult pursuant to O.C.G.A. §15-9-17. It will be inserted by the court at the appropriate place in the underlying proceedings.
2. With respect to service upon an incapacitated adult, this form should only be used after the person has been adjudicated to be an incapacitated adult.
3. When this form is used, Uniform Probate Court Rule 22(D) applies. It provides, “Unless the court specifically assumes the responsibility otherwise, in connection with any citation which must be served by mail, including without limitation a citation concerning an application for year’s support, a properly stamped envelope, addressed to each interested party, must be provided to the court by the petitioner.” The envelope should show the return address of the court.
4. The attached form consists of 1 page.

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.

**SERVICE UPON MINOR OR INCAPACITATED ADULT BY GUARDIAN**

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

STATE OF GEORGIA

In the Matter of _____,	)	File Number _____
	)	
	)	Re (type of proceeding):
	)	Petition of _____
	)	_____ (to) (for)
	)	_____
	)	_____

**Certificate of Mailing**

This is to certify that I have this date forwarded by certified mail to \_\_\_\_\_  
 \_\_\_\_\_, \_\_\_\_\_, a copy of the following document(s)  
 concerning the above proceeding:

(Check one:)

\_\_\_\_\_ the petition, order for citation and citation.

\_\_\_\_\_ [list document(s)] \_\_\_\_\_.

Date	Clerk of the Probate Court
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**Acknowledgment and Certificate of Service**

I hereby acknowledge service of a copy of the document(s) listed in the above certificate of mailing and certify that I have delivered a copy of such document(s) to said (minor) (incapacitated adult).

Date	(Legal Guardian) (Guardian ad Litem)
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**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 **Service upon Minor or Incapacitated Adult by Guardian**, 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#: