



POWER OF ATTORNEY DOCUMENTS

IMPORTANT:

The following forms are included for informational purposes and should only be executed after consulting with a lawyer. These forms should in no way replace individualized advice from a trusted lawyer.

IMPORTANTE:

Los siguientes formularios se incluyen con fines informativos y sólo deben ser ejecutados después de consultar con un abogado. Estos formularios no deben reemplazar el consejo individualizado de un abogado de confianza.

POWER OF ATTORNEY FOR CARE OF A MINOR CHILD

Important information about this form

Effective September 1, 2018 –

Pursuant to the Supporting and Strengthening Families Act (the “Act”), O.C.G.A. § 19-9-120, *et seq.*, a parent of a child may delegate caregiving authority regarding such child to an individual who is:

- 1) an adult;
- 2) a Georgia resident; and
- 3) is related to the child as follows:
 - a. the grandparent,
 - b. great-grandparent,
 - c. stepparent,
 - d. former stepparent,
 - e. step-grandparent,
 - f. aunt,
 - g. uncle,
 - h. great aunt,
 - i. great uncle,
 - j. cousin, or
 - k. sibling of such child

Appointment of a non-relative:

- a. the non-relative is approved as an agent by a child-placing agency or a nonprofit entity or faith based organization; and
- b. the power of attorney is for a period of one year or less

Active duty military parents

Any parent who is deployed for active duty may delegate an individual with power of attorney for the period of deployment plus 30 days. See O.C.G.A. § 19-9-132.

WHO SIGNS THE POWER OF ATTORNEY

1. The parent; and
 2. The individual accepting care of the child (agent).
- Both signatures must be notarized as indicated on the power of attorney.

**FORM FOR POWER OF ATTORNEY TO DELEGATE
THE POWER AND AUTHORITY FOR THE CARE OF A CHILD**
O.C.G.A. § 19-9-134

NOTICE:

(1) THE PURPOSE OF THIS POWER OF ATTORNEY IS TO GIVE THE INDIVIDUAL WHOM YOU DESIGNATE (THE AGENT) POWERS TO CARE FOR YOUR CHILD, INCLUDING THE POWER TO: HAVE ACCESS TO EDUCATIONAL RECORDS AND DISCLOSE THE CONTENTS TO OTHERS; ARRANGE FOR AND CONSENT TO MEDICAL, DENTAL, AND MENTAL HEALTH TREATMENT FOR THE CHILD; HAVE ACCESS TO RECORDS RELATED TO SUCH TREATMENT OF THE CHILD AND DISCLOSE THE CONTENTS OF THOSE RECORDS TO OTHERS; PROVIDE FOR THE CHILD'S FOOD, LODGING, RECREATION, AND TRAVEL; AND HAVE ANY ADDITIONAL POWERS AS SPECIFIED BY THE INDIVIDUAL EXECUTING THIS POWER OF ATTORNEY.

(2) THE AGENT IS REQUIRED TO EXERCISE DUE CARE TO ACT IN THE CHILD'S BEST INTERESTS AND IN ACCORDANCE WITH THE GRANT OF AUTHORITY SPECIFIED IN THIS FORM.

(3) A COURT OF COMPETENT JURISDICTION MAY REVOKE THE POWERS OF THE AGENT.

(4) THE AGENT MAY EXERCISE THE POWERS GIVEN IN THIS POWER OF ATTORNEY FOR THE CARE OF A CHILD FOR THE PERIOD SET FORTH IN THIS FORM UNLESS THE INDIVIDUAL EXECUTING THIS POWER OF ATTORNEY REVOKES THIS POWER OF ATTORNEY AND PROVIDES NOTICE OF THE REVOCATION TO THE AGENT OR A COURT OF COMPETENT JURISDICTION TERMINATES THIS POWER OF ATTORNEY.

(5) THE AGENT MAY RESIGN AS AGENT AND MUST IMMEDIATELY COMMUNICATE SUCH RESIGNATION TO THE INDIVIDUAL EXECUTING THIS POWER OF ATTORNEY AND TO SCHOOLS, HEALTH CARE PROVIDERS, AND OTHERS KNOWN TO THE AGENT TO HAVE RELIED UPON SUCH POWER OF ATTORNEY.

(6) THIS POWER OF ATTORNEY MAY BE REVOKED IN WRITING. IF THIS POWER OF ATTORNEY IS REVOKED, THE REVOKING INDIVIDUAL SHALL NOTIFY THE AGENT, SCHOOLS, HEALTH CARE PROVIDERS, AND OTHERS KNOWN TO THE INDIVIDUAL EXECUTING THIS POWER OF ATTORNEY TO HAVE RELIED UPON SUCH POWER OF ATTORNEY.

(7) IF THERE IS ANYTHING ABOUT THIS FORM THAT YOU DO NOT UNDERSTAND, YOU SHOULD ASK AN ATTORNEY TO EXPLAIN IT TO YOU.

STATE OF GEORGIA

COUNTY OF _____

PARENT DOCUMENT

Personally appeared before me, the undersigned officer duly authorized to administer oaths,

_____ (name of parent) who, after having been sworn, deposes and says as follows:

1. I certify that I am the parent of:

_____ (Full name of child) _____ (Date of birth)

2. I designate: _____ (Full name of agent)

_____ (Street address, city, state, and ZIP Code of agent)

_____ (Personal and work telephone numbers of agent)

as the agent of the child named above.

3. The agent named above is related or known to me as *follows (write in your relationship to the agent; for example, aunt of the child, maternal grandparent of the child, sibling of the child, godparent of the child, associated with a nonprofit or faith based organization):*

4. Sign by the statement you wish to choose (*you may only choose one*):

(A) _____ (Signature) The agent named above is related to me by blood or marriage and I have elected not to have him or her obtain a criminal background check.

OR

(B) _____ (Signature) The agent named above is not related to me and I have reviewed his or her criminal background check. (*If the agent has a criminal conviction, complete the rest of this paragraph.*) I know that the agent has a conviction but I want him or her to be the agent because (*write in*):

5. Sign by the statement you wish to choose (*you may only choose one*):

(A) _____ (Signature) I delegate to the agent all my power and authority regarding the care and custody of the child named above, including but not limited to the right to inspect and obtain copies of educational records and other records concerning the child, attend school activities and other functions concerning the child, and give or withhold any consent or waiver with respect to school activities, medical and dental treatment, and any other activity, function, or treatment that may concern the child. This delegation shall not include the power or authority to consent to the marriage or adoption of the child, the performance or inducement of an abortion on or for the child, or the termination of parental rights to the child.

OR

(B) _____ (Signature) I delegate to the agent the following specific powers and responsibilities (*write in*):

This delegation shall not include the power or authority to consent to the marriage or adoption of the child, the performance of inducement of an abortion on or for the child, or the termination of parental rights to the child.

6. Initial by the statement you wish to choose (*you may only choose one of the three options*) and complete the information in the paragraph:

(A) _____ (Initials) This power of attorney is effective for a period not to exceed one year, beginning _____, 2_____, and ending _____, 2_____. I reserve the right to revoke this power and authority at any time.

OR

(B) _____ (Initials) This power of attorney is being given to a grandparent of my child and is effective until I revoke this power of attorney.

OR

(C) _____ (Initials) I am a parent as described in O.C.G.A. § 19-9-130(b). My deployment is scheduled to begin on _____, 2_____, and is estimated to end on _____, 2_____. I acknowledge that in no event shall this delegation of power and authority last more than one year or the term of my deployment plus 30 days, whichever is longer. I reserve the right to revoke this power and authority at any time.

7. I hereby swear or affirm under penalty of law that I provided the notice required by O.C.G.A. § 19-9-125 and received no objection in the required time period.

By: _____
(Parent signature)

(Printed name)

(Street Address, city, state, and ZIP Code of parent)

(Personal and work telephone numbers of parent)

Sworn to and subscribed
before me this _____
day of _____, _____.

Notary public (SEAL)

STATE OF GEORGIA

COUNTY OF _____

AGENT DOCUMENT

Personally appeared before me, the undersigned officer duly authorized to administer oaths,
_____ (name of agent) who, after having been sworn,
deposes and says as follows:

8. I hereby accept my designation as agent for the child specified in this power of attorney and by doing so acknowledge my acceptance of the responsibility for caring for such child for the duration of this power of attorney. Furthermore, I hereby certify that:

(A) (i) I am related to the individual giving me this power of attorney by blood or marriage as follows (*write in your relationship to the individual designating you as agent; for example, sister, mother, father, etc.*): _____

OR

(ii) I am not related to the individual giving me this power of attorney but was referred to him or her by: _____
(*write in the name of the child-placing agency, nonprofit entity, or faith based organization*).

(B) I am not currently on the state sexual offender registry or child abuse registry of this state or the sexual offender registry or child abuse registry for any other state, a United States territory, the District of Columbia, or any American Indian tribe nor have I ever been required to register for any such registry;

(C) I have provided a criminal background check to the individual designating me as an agent, if it was required;

(D) I understand that I have the authority to act on behalf of the child:

- For the period of time set forth in this form;
- Until the power of attorney is revoked in writing and notice is provided to me as required by O.C.G.A. § 19-9-130; or
- Until the power of attorney is terminated by order of a court;

(E) I understand that if I am made aware of the death of the individual who executed the power of attorney, I must notify the surviving parent of the child, if know, as soon as practicable; and

(F) I understand that I may resign as agent by notifying the individual who executed the power of attorney in writing by certified mail, return receipt requested, or statutory overnight delivery and I must also notify any schools, health care providers, and other to whom I give a copy of this power of attorney.

(Agent signature)

(Printed name)

Sworn to and subscribed
before me this _____
day of _____.

Notary public (SEAL)
My commission expires: _____.

(Organization signature, if applicable)

(Printed name and title)



TEMPORARY GUARDIANSHIP DOCUMENTS

IMPORTANT:

The following forms are included for informational purposes and should only be executed after consulting with a lawyer. These forms should in no way replace individualized advice from a trusted lawyer.

IMPORTANTE:

Los siguientes formularios se incluyen con fines informativos y sólo deben ser ejecutados después de consultar con un abogado. Estos formularios no deben reemplazar el consejo individualizado de un abogado de confianza.

PETITION FOR TEMPORARY LETTERS OF GUARDIANSHIP OF MINOR

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used for filing a Petition for Temporary Letters of Guardianship of a Minor pursuant to O.C.G.A. § 29-2-5.
2. Notice of the Petition must be given to the “parents” of the Minor. If an objection to the establishment of the temporary guardianship is filed by a parent who is also a “natural guardian,” the Court will dismiss the Petition without a hearing. If a parent who is not a natural guardian objects, a hearing on the matter will be scheduled.

A “parent” is defined as the biological or adoptive father or mother whose parental rights have not been surrendered or terminated. However, in the case of a child born out of wedlock, the Father shall be considered a “parent” only if he has legitimated the Minor.

A father of a child born out of wedlock has legitimated the Minor if he married the Mother after the child’s birth or obtained an order of legitimation from a court of competent jurisdiction.

A “natural guardian” is defined as each parent, unless the parents are divorced. If one parent has sole legal custody, that parent is the sole “natural guardian.” If both parents have joint legal custody, then both parents are the “natural guardians.”

3. Although a mother or father may not be a “legal parent,” the Court may require service on such person.
4. A temporary guardianship will be deemed to be a permanent guardianship for the purposes of obtaining medical insurance coverage for the Minor if the guardian assumes in writing the obligation to support the Minor while the guardianship is in effect to the extent that no other sources of support are available.
5. Unless otherwise permitted by the Probate Court in which the Petition is filed, a separate Petition must be filed for each minor. Contact the Probate Court in which the Petition will be filed for its policy. If the filing of one Petition for more than one minor is permitted by the Probate Court, modify the Petition accordingly.
6. According to Uniform Probate Court Rule 5.6 (A), unless the Court specifically assumes the responsibility, it is the responsibility of the moving party to prepare the proper citation and deliver it properly so it can be served according to law. All pages after the Notice regarding Uniform Probate Court Rule 5.6 (A) are to be completed by the moving party, unless otherwise directed by the Court.

7. O.C.G.A. § 53-11-2 provides that a party to a probate proceeding who is not sui juris must be represented by a guardian provided that the Court may appoint a guardian ad litem or determine that the natural guardian, guardian, conservator or testamentary guardian has no conflict and may serve. Should a guardian ad litem be necessary because a party is not sui juris, use Supplement 1.
8. Use Supplement 2 if the Court determines it is necessary to appoint a special process server.
9. Use Supplement 3 when an additional certificate of service is necessary.
10. Exhibits should be labeled at the bottom of each exhibit as Exhibit “A,” Exhibit “B,” etc. in consecutive order. The corresponding letter of each said exhibit should be inserted into the appropriate place in the form.
11. An oath must be administered by a Probate Judge or Clerk (the oath cannot be administered by a notary public). Use Georgia Probate Court Supplement 4 for the oath. The oath is not included in this form. Georgia Probate Court Standard Form 53, Commission to Administer Oath, can be used if the oath is to be administered by a court outside the State of Georgia.

II. General Instructions

General instructions applicable to all Georgia Probate Court Standard Forms are available in each Probate Court or at www.gaprobate.gov, labeled GPCSF 1.

**IN THE PROBATE COURT OF GWINNETT COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

MINOR

)
)
)
)

ESTATE NO. _____

PETITION FOR TEMPORARY GUARDIANSHIP OF A MINOR

The Petition of _____,
[Full name(s) of Petitioner(s)] First Middle Last

who is/are domiciled in _____ County and reside(s) at the following
address(es): _____,
Street City County State Zip Code

who has/have actual physical custody of the Minor named above and whose mailing address(es)
is/are: _____,
Street City County State Zip Code
show(s):

1.

_____,
[Full name of Minor] First Middle Last

age _____, whose date of birth is _____, is found at:
_____,
Street City County State Zip Code

2.

A copy of the Minor's birth certificate is attached as Exhibit "_____."

3.

Said Minor is in need of a temporary guardian. The Petitioner(s) has/have the following
relationship(s) with the Minor: _____.

The Minor's Mother is:

[Full name of Mother] First Middle Last

Street City County State Zip Code

- a. Is the Mother deceased? *[Select One]* ☐ Yes ☐ No

*If yes, attach death certificate as Exhibit "_____"
 and skip b-g*

- b. Has the Mother signed a consent for the creation of this temporary guardianship? *[Select One]* ☐ Yes ☐ No

- c. Is the Mother's address known and listed above? *[Select One]* ☐ Yes ☐ No

- d. Have the Mother's rights been terminated via Court Order? *[Select One]* ☐ Yes ☐ No

If yes, attach the Order as Exhibit "_____."

- e. Has the Mother lost custody via Court Order? *[Select One]* ☐ Yes ☐ No

If yes, attach the Order as Exhibit "_____."

- f. Does the Mother have joint legal custody via Court Order? *[Select One]* ☐ Yes ☐ No

If yes, attach the Order as Exhibit "_____."

- g. Does the Mother have sole legal custody via Court Order? *[Select One]* ☐ Yes ☐ No

If yes, attach the Order as Exhibit "_____."

- h. Was the Mother married to the Father of the child during or after the conception of the Child? *[Select One]* ☐ Yes ☐ No

- i. Was the Mother married to another during the conception, gestation or birth of the Child? *[Select One]* ☐ Yes ☐ No

If yes, list that man's name below:

[Full name of Mother's Husband] First Middle Last

Street City County State Zip Code

5.

The Minor's Father is:

[Full name of Father] First Middle Last

Street City County State Zip Code

- a. Is the Father deceased? *[Select One]* ☐ Yes ☐ No

*If yes, attach death certificate as Exhibit "_____"
and skip b-g.*

- b. Has the Father signed a consent for the *[Select One]* ☐ Yes ☐ No
creation of this temporary guardianship?

- c. Is the Father's address known and listed above? *[Select One]* ☐ Yes ☐ No

- d. Have the Father's rights been terminated via Court *[Select One]* ☐ Yes ☐ No
Order?

If yes, attach the Order as Exhibit "_____"

- e. Has the Father lost custody via Court Order? *[Select One]* ☐ Yes ☐ No

If yes, attach the Order as Exhibit "_____"

- f. Does the Father have joint legal custody *[Select One]* ☐ Yes ☐ No
via Court Order?

If yes, attach the Order as Exhibit "_____"

- g. Does the Father have sole legal custody *[Select One]* ☐ Yes ☐ No
via Court Order?

If yes, attach the Order as Exhibit "_____"

6.

- Is the Minor fourteen years of age or older? *[Select One]* ☐ Yes ☐ No

If you answer "Yes," and the Minor made a selection, attach the Minor's Selection for the Petitioner(s) to act as temporary guardian(s) as Exhibit "_____."

7.

The temporary guardianship is needed because:

8.

Additional Data: [Where full particulars are lacking, state here the reasons for any such omission. Also, state here all pertinent facts that may govern the method of giving notice to any party and that may determine whether or not a guardian ad litem should be appointed for any party.]

WHEREFORE, Petitioner(s) pray(s) that:

1. Service be perfected as provided by law; and
2. Petitioner(s) be appointed temporary guardian(s) of the Minor named above.

Signature of First Petitioner

Signature of Second Petitioner, if any

Printed Name

Printed Name

Mailing Address

Mailing Address

Telephone Number

Telephone Number

Signature of Attorney

Printed Name of Attorney

Address

Telephone Number

State Bar #

VERIFICATION

GEORGIA, _____ **COUNTY**

Personally appeared before me the undersigned Petitioner(s) who, after being duly sworn, state(s) that the facts set forth in the foregoing Petition for Temporary Letters of Guardianship of Minor (and the attached Exhibit(s)) are true and correct.

Sworn to and subscribed before me this

_____ day of _____, 20_____

Signature of First Petitioner

NOTARY/CLERK OF PROBATE COURT

Printed Name of First Petitioner

My Commission Expires _____

Sworn to and subscribed before me this

_____ day of _____, 20_____

Signature of Second Petitioner, if any

NOTARY/CLERK OF PROBATE COURT

Printed Name of Second Petitioner, if any

My Commission Expires _____

**IN THE PROBATE COURT OF GWINNETT COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

_____,
MINOR

)
)
)
)

ESTATE NO. _____

SELECTION BY MINOR IF AGE 14 OR OLDER

I, the undersigned Minor, being 14 years of age or older and a resident of _____
_____ County, select _____
to be appointed my guardian(s).

This _____ day of _____, 20 ____.

Sworn to and subscribed before me this

_____ day of _____, 20_____

Signature of Minor if age 14 or over

NOTARY/CLERK OF PROBATE COURT

Printed Name

My Commission Expires _____

Exhibit "_____"

**IN THE PROBATE COURT OF GWINNETT COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

MINOR

ESTATE NO. _____

ACKNOWLEDGMENT OF MOTHER

I, _____,
[Full name of Mother] First Middle Last

Street City County State Zip Code

Mother of the above named Minor, do hereby consent to the creation of a temporary guardianship and the appointment of [list all parties to whom you wish to grant temporary guardianship]:

[Full name of first Temporary Guardian] First Middle Last

[Full name of second Temporary Guardian] First Middle Last

and also acknowledge service of the Petition for Appointment of a Temporary Guardian for said Minor and waive any and all further service and notice concerning said Petition.

I further understand that, pursuant to O.C.G.A. § 29-2-8 (b), upon a petition for termination by a natural guardian as defined in said statute [see instructions], the Court will remove the Temporary Guardian(s) and dissolve the temporary guardianship unless an objection is timely filed by the appointed Temporary Guardian(s). If an objection is timely filed to such petition for termination, the Juvenile Court or the Probate Court shall determine, after notice and hearing, whether a continuation or dissolution of the temporary guardianship is in the best interest of the Minor. I understand that nothing herein, including any optional Assumption by the Guardian(s) of the obligation to support the Minor to the extent that no other sources of support are available, affects my legal obligation to support and maintain said Minor.

Sworn to and subscribed before me this
_____ day of _____, 20_____.

Signature of Mother

NOTARY/CLERK OF PROBATE COURT

Printed Name of Mother

My Commission Expires _____

**IN THE PROBATE COURT OF GWINNETT COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

MINOR

ESTATE NO. _____

ACKNOWLEDGMENT OF FATHER

I, _____,
[Full name of Father] First Middle Last

Street City County State Zip Code

Father of the above named Minor, do hereby consent to the creation of a temporary guardianship and the appointment of *[list all parties to whom you wish to grant temporary guardianship]*:

[Full name of first Temporary Guardian] First Middle Last

[Full name of second Temporary Guardian] First Middle Last

and also acknowledge service of the Petition for Appointment of a Temporary Guardian for said Minor and waive any and all further service and notice concerning said Petition.

I further understand that, pursuant to O.C.G.A. § 29-2-8 (b), upon a petition for termination by a natural guardian as defined in said statute *[see instructions]*, the Court will remove the Temporary Guardian(s) and dissolve the temporary guardianship unless an objection is timely filed by the appointed Temporary Guardian(s). If an objection is timely filed to such petition for termination, the Juvenile Court or the Probate Court shall determine, after notice and hearing, whether a continuation or dissolution of the temporary guardianship is in the best interest of the Minor. I understand that nothing herein, including any optional Assumption by the Guardian(s) of the obligation to support the Minor to the extent that no other sources of support are available, affects my legal obligation to support and maintain said Minor.

Sworn to and subscribed before me this
_____ day of _____, 20_____.

Signature of Father

NOTARY/CLERK OF PROBATE COURT

Printed Name of Father

My Commission Expires _____

**IN THE PROBATE COURT OF GWINNETT COUNTY
STATE OF GEORGIA**

IN RE: ESTATE OF

_____,
MINOR

)
)
)
)

ESTATE NO. _____

ASSUMPTION OF OBLIGATION TO SUPPORT (OPTIONAL)

The undersigned, if appointed temporary guardian(s) of the above named Minor, assume(s) the obligation to support the Minor while the guardianship is in effect to the extent that no other sources of support are available.

Sworn to and subscribed before me this

_____ day of _____, 20____.

Signature of First Petitioner

NOTARY/CLERK OF PROBATE COURT

My Commission Expires _____

Printed Name of First Petitioner

Sworn to and subscribed before me this

_____ day of _____, 20____.

Signature of Second Petitioner, if any

NOTARY/CLERK OF PROBATE COURT

My Commission Expires _____

Printed Name of Second Petitioner, if any

Exhibit "_____"