PETITION FOR TERMINATION OF GUARDIANSHIP/CONSERVATORSHIP AND RESTORATION OF RIGHTS

INSTRUCTIONS

I. <u>Specific Instructions</u>

- 1. This form is to be used for filing a petition for termination of guardianship/conservatorship pursuant to O.C.G.A. §§ 29-4-42; 29-5-72.
- 2. The burden of proof is on the petitioner to show by a preponderance of the evidence that there is no longer a need for a guardianship/conservatorship.
- 3. 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 may 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.
- 4. [Note to Court Staff:] In any case in which the ward's rights are restored, when the former ward owns real property, a certificate of restoration of rights will be completed by the clerk of the probate court and filed with the clerk of the superior court of each county of this State in which the former ward owns real property within 30 days of the date of such order.
- 5. [Note to Court Staff:] The certificate to the Georgia Bureau of Investigation (GBI) page shall be used in all cases where a guardianship and/or conservatorship is/are established. Individuals so listed in this database will be prohibited from obtaining a Georgia weapons carry license. In the event the ward's rights are restored, such restoration of rights **shall** be sent to the GBI, so the database can be updated. Only the certificate needs to be sent to the GBI and not the guardianship order.

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 COUNTY STATE OF GEORGIA IN RE: ESTATE OF **ESTATE NO.** _____ **WARD** PETITION FOR TERMINATION OF GUARDIANSHIP/CONSERVATOR AND **RESTORATION OF RIGHTS** [Unless there are two or more petitioners, the affidavit beginning on page 5 must be completed by a physician, psychologist, or licensed clinical social worker based upon an examination within 15 days prior to the filing of this petition.] 1. The petition of ____ [Full name of petitioner] First Middle Last (who is the ward), (whose relationship to the above-named ward is _____ whose domicile is _ City County Zip Code State and mailing address is _____ Street County City State Zip Code **AND** [Initial either (a) or (b) below] The petition of ___ [Full name of petitioner] First Middle Last (who is the ward), (whose relationship to the above-named ward is___ whose domicile is Zip Code Street County State and mailing address is _____ Street City Zip Code County State OR

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petition, and shows to the Court the following

attached as pages 5-6 and made a part of this petition is the completed affidavit of, a physician, psychologist, or licensed clinical social worker licensed to practice in Georgia, who has examined the ward within 15 days prior to the filing of this

2.

The war	·d					
	[Full name of v	ward]	First		Middle	Last
whose age is	, date o	of birth is			, Social S	Security number is
		, domicile	is			
			Street	City	County	State Zip Code
and is presently	located at					
		Street	City	County	State	Zip Code
which is a						
[Ty]	pe of facility, if ap	plicable]				
and can be conta	acted at telepho	one number:				
			3.			
The war	d is no longer i	n need of a	guardian and/or	conservator	r because	:
						

4.

[Please provide the name or specify "N	/A"]
The current guardian(s) is/are	and
the current conservator(s) is/are	
Additional data: [Where full par omission.]	5. ticulars are lacking, state here the reasons for any such
WHEREFORE, petitioner(s) pray(s):	
as required by law;that upon receipt of the evaluat	sel and an evaluator for the ward and order an evaluation tion report, the Court order a hearing to determine the d/or conservator for the ward; and
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,COUN	TY
state(s) that the facts set forth in the fo	ndersigned petitioner(s) who, after being duly sworn oregoing petition for termination of guardianship d 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 My Commission Expires:	_
Sworn to and subscribed before me this day of, 20	Signature of Second Petitioner
NOTARY/CLERK OF PROBATE COURT My Commission Expires:	Printed Name of Second Petitioner

Georgia, and that I have examined the above-named ward on the day of

prior to the filing of the petition.] I found him/her to:

his/her property.

his/her property.

[Initial all that apply]

_ (c)

20 ______. [The examination on which this affidavit is based must occur WITHIN 15 DAYS

___ (a) [for restoration regarding guardianship:] now have sufficient capacity to make or

communicate significant responsible decisions concerning his/her health or safety.

[for restoration regarding conservatorship:] now have sufficient capacity to make or communicate significant responsible decisions concerning the management of

[for retention of guardianship:] still lack sufficient capacity to make or

communicate significant responsible decisions concerning his/her health or safety.

[for retention of conservatorship:] still lack sufficient capacity to make or communicate significant responsible decisions concerning the management of

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The following facts support my opinion:		
WITNESS MY HAND AND SEAL this	day of	, 20
Sworn to and subscribed before me this		
day of, 20		
	Signature of (Physician)(Psy	ychologist)(Social Worker)
NOTARY/CLERK OF PROBATE COURT	Printed Name:	
My Commission Expires:		
[The examination on which this affidavit is filing of the petition.]	s based must occur WITHI	N 15 DAYS prior to the
-		

IN THE PROBATE COURT OF _____ ____COUNTY STATE OF GEORGIA IN RE: ESTATE OF **ESTATE NO.** _____ **WARD** ACKNOWLEDGMENT OF SERVICE The undersigned, being 18 years of age or older, laboring under no legal disability and being an interested person identified in paragraph 4, hereby acknowledges service of a copy of petition for termination of guardianship/conservatorship and restoration of rights, waives further service and notice. Sworn to and subscribed before me this _____ day of ______, 20_____ Signature NOTARY/CLERK OF PROBATE COURT Printed Name My Commission Expires: Sworn to and subscribed before me this _____, day of ______, 20_____ Signature NOTARY/CLERK OF PROBATE COURT Printed Name My Commission Expires: _____ Sworn to and subscribed before me this _____ day of ______, 20_____ Signature NOTARY/CLERK OF PROBATE COURT Printed Name

My Commission Expires:

NOTICE

THE FOLLOWING PAGES ARE TO BE COMPLETED BY THE PETITIONER (MOVING PARTY) UNLESS OTHERWISE DIRECTED BY THE COURT.

SEE UNIFORM PROBATE COURT RULE 5.6 (A).

IN THE PROBATE COURT OF ___ COUNTY STATE OF GEORGIA IN RE: ESTATE OF WARD ORDER FOR SERVICE AND EVALUATION A petition for termination of guardianship/conservatorship/restoration of rights having been read and considered, and it appearing that there is sufficient evidence to believe that the ward may no longer be in need of a guardian and/or conservator within the meaning of O.C.G.A. § 29-4-1 and/or § 29-5-1, IT IS HEREBY ORDERED that _____ (physician)(psychologist)(licensed clinical social worker), is appointed to evaluate the abovenamed ward at ____:____.m., on _______ 20____ at [Location] IT IS FURTHER ORDERED that the above-named ward shall submit to an evaluation at the time and place stated above; IT IS FURTHER ORDERED that the evaluator shall explain the purpose of the evaluation to the ward; IT IS FURTHER ORDERED that a clerk shall immediately notify the ward, the conservator (if any), the guardian (if any), and the ward's legal counsel of these proceedings by having all pleadings, as well as this order and a notice of petition to restore an individual formerly found to be in need of a guardian and/or conservator pursuant to O.C.G.A § 29-4-42 and/or § 29-5-72. SO ORDERED this day of , 20 .

Judge of the Probate Court

Failure to present yourself for evaluation at the time and place above will authorize the Court to order you transported directly to and from a medical facility or the office of the physician, psychologist, or licensed clinical social worker for the court-ordered evaluation.

YOU ARE FURTHER NOTIFIED:

appointed for you by the Court.

after the service of notice on you.

- 1. YOU MUST ATTEND THE EVALUATION.
- 2. YOU DO NOT HAVE TO RESPOND TO QUESTIONS DURING THE EVALUATION.
- 3. YOUR ATTORNEY HAS A RIGHT TO ATTEND THE EVALUATION WITH YOU, BUT YOUR ATTORNEY MAY NOT PARTICIPATE.
- 4. YOU AND YOUR ATTORNEY HAVE THE RIGHT TO ATTEND ANY HEARING HELD ON THIS MATTER.
- 5. IF A GUARDIAN IS APPOINTED FOR YOU, YOU MAY LOSE IMPORTANT RIGHTS TO CONTROL AND MANAGE YOUR PERSON.

6. IF A CONSERVATOR IS IMPORTANT RIGHTS TO CONTROL AN		·
WITNESS MY HAND AND SEAL this	day of	, 20
	Clerk of the Probate Cou	ırt
	Printed Name	

IN THE PROBATE COURT O	FCOUNTY	
STATE	OF GEORGIA	
IN RE: ESTATE OF)))	
WARD)	_
CERTIFICATE OF MAILING OF	ORDER AND NOTICE OF PROCEEDING	GS
(if any); and attorney with a copy of the peti	served the petitioner(s); the ward's guardian ion, order, and notice of proceedings to restovelope addressed to each and depositing same thereon.	re rights
This day of	, 20	
	Clerk of the Probate Court	
	Address	
	Telephone Number	
CERTIFICATE OF MAIL	NG OF ORDER FOR DISMISSAL	
order for dismissal by placing a copy of sam same in the U.S. Mail, First-Class, with add	served the ward with a copy of the (petitive in an envelope addressed to the ward and dequate postage thereon. I have also served a soon the persons required in said order to be so	epositing copy of
	Clerk of the Probate Court	
	Address	
	Telephone Number	

^{*} Not necessary if dismissal is after evaluation.

IN THE PROBATE COURT OF _______ COUNTY STATE OF GEORGIA IN RE: ESTATE OF ______, _____ ESTATE NO. ______ WARD ______, ____ ESTATE NO. ______ RETURN OF SHERIFF I have this day served _______ personally with a copy of the within petition, order, and notice. This _______ day of _______, 20_____. Deputy Sheriff _______ County, Georgia

IN THE PROBATE COURT OF _____ ____COUNTY STATE OF GEORGIA IN RE: ESTATE OF ESTATE NO. _____ WARD APPOINTMENT OF ATTORNEY It appears that the ward has not notified the Court of his or her retention of counsel; therefore, the attorney named below is hereby appointed as counsel for the ward: Printed Name of Attorney: _____ Address: Telephone Number: The clerk shall serve the appointed attorney with a copy of the petition and any amendments, any objections, and all other orders pertaining to this case via First-Class Mail. Judge of the Probate Court I certify that I have on this date mailed (unless otherwise noted) in an envelope with proper postage affixed thereto for First-Class delivery a copy of this order to the parties at the address listed in the petition, and a copy of all the pleadings to the attorney as ordered. This ______, 20_____. Clerk of the Probate Court Address

Telephone Number

ward:

including all observed facts considered by me:

The following is a description of the overall social condition of the ward, including support, care, education, and well-being, and the functional capabilities of the ward, if determined by the evaluator:

The following is a description of the ward's mental and physical state and condition,

The for	ollowing are my findings as to the needs of the ward and their foreseeable duration:
(a)	I find that the ward continues to be incapacitated by reason of:
	to the extent that said ward lacks sufficient capacity to make or communicate significant responsible decisions concerning his/her health and safety.
(b)	I find that the ward continues to be incapacitated by reason of:
	to the extent that said ward lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.
(c)	I find that the ward now has sufficient capacity to make or communicate significant decisions concerning his/her health and safety.
(d)	I find that the ward now has sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.
	Physician licensed under Chapter 34 of Title 43 of the Official Code of Georgia Annotated/ Psychologist licensed under Chapter 39 of Title 43 of the
	Official Code of Georgia Annotated/ Licensed Clinical Social Worker
	subscribed before me this, 20
	LERK OF PROBATE COURT sion Expires:
[This report a	must be filed with the Probate Court no later than seven days after the date of

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IN	THE PROBATE COURT OF	COUNTY
	STATE OF GEOD	RGIA
IN RE: EST.	ATE OF)	ESTATE NO
WARD	, ,	
	ORDER FOR DISM	IISSAL
-	etition for termination of guardianship/coll considered pursuant to O.C.G.A. § 29-4-	onservatorship/restoration of rights having 42 and/or O.C.G.A. § 29-5-72, and:
[Initial one]:		
(a)	evaluation, it appears that there is not p	petition and prior to the court-ordered robable cause to believe that the ward no ervator within the meaning of O.C.G.A. § ore, it is
	ORDERED that the petition is dismissed	1.
be served on		petition, the affidavit, if any, and this order of this order be served in the same manner
(b)	the court-ordered evaluation report filed is not probable cause to support a finding	ition and after review and consideration of with this Court, this Court finds that there age that the ward no longer is in need of a meaning of O.C.G.A. § 29-4-1 and/or
	ORDERED that the petition is dismissed	1.
report be serv	<u> </u>	nis order and the court-ordered evaluation ad litem, if any, and to the petitioner(s) or
SO O	RDERED this day of	, 20

Judge of the Probate Court

IN THE PROBATE COURT OF _____ ____COUNTY STATE OF GEORGIA IN RE: ESTATE OF **WARD** ORDER AND NOTICE OF HEARING After review and consideration of the petition and the court-ordered evaluation report filed with this Court, the Court finds that there is probable cause to support a finding that the ward no longer is in need of a guardian and/or conservator within the meaning of O.C.G.A. § 29-4-1 and/or O.C.G.A. § 29-5-1. THEREFORE, it is ORDERED and adjudged that: A hearing shall be set for _____ : ____ .m. on _____ 1. 20_____, which is not less than ten days from the date that this notice is mailed, to determine the need for the restoration of the ward's rights, to be held (in the Probate Court of ______ County, courtroom ______, (address) Georgia)(at the following location: _____). The ward shall be represented by _______, attorney, at such hearing. 2. A copy of this order and a copy of the evaluation report shall be sent to the ward, his/her attorney and guardian ad litem, if any, and to the petitioner(s) and his/her/their attorney, if any as well as to the Court appointed guardian, if any, and the Court appointed conservator, if any. These copies shall be sent by a clerk, First-Class Mail, as soon as practicable after the signing of this order. SO ORDERED this ______, 20 .

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Judge of the Probate Court

IN THE PROBATE COURT OF _____ ____COUNTY STATE OF GEORGIA IN RE: ESTATE OF **WARD** STIPULATION AND WAIVER BY WARD'S ATTORNEY The undersigned, as the attorney representing the above-named Ward in these proceedings, [Initial all that apply] ____ (a) does hereby stipulate into evidence the affidavit prepared by [name of affiant evaluator] ______, being the evaluation report ordered by the Court in this matter, and hereby waives the appearance of such affiant at any hearing concerning the said petition. does hereby stipulate into evidence the affidavit(s) prepared by [name of affiant (b) evaluator] ______, which is the affidavit referred to in paragraph 1 (b) of the petition, and hereby waives the appearance of such affiant at any hearing concerning the said petition. (c) does further waive the appearance of my client, the ward, at said hearing. Attorney

Printed Name of Attorney:

State Bar #

Address:

Telephone Number:

IN THE PROBATE COURT OFSTATE OF GEORGIA	
IN RE: ESTATE OF	ESTATE NO
WARD)	
FINAL ORDER	
A hearing was held on the petition for termination restoration of rights on the pleadings, the evaluation report and the evidence taken following:	, 20, and after considering
FINDINGS OF FACT	
1.	
All procedural requirements of O.C.G.A. § 29-4-1 O.C.G.A. § 29-5-11 and O.C.G.A. § 29-5-72 have been met. 2.	
The above-named ward is no longer in need of a guar	rdian and/or conservator because:
	·

The ward now has sufficient capacity to make or communicate significant decisions concerning his/her health and safety, and now has sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.

CONCLUSIONS OF LAW

The Court finds, by preponderance of the evidence, that the above-named ward (hereinafter referred to as "former ward") is no longer in need of a guardian or conservator because the ward now has sufficient capacity to make or communicate significant responsible decisions concerning his/her health or safety, and now has sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.

THEREFORE IT IS ORD	DERED that	is
hereby restored to full capacity an terminated.		
IT IS FURTHER ORDER his/her trust, he/she must file a acknowledgment as executed by if appropriate, must be approved by	petition for discharge and fina the former ward and that petition	
IT IS FURTHER ORDER records of this Court, including the		all record the restoration upon all ardianship/conservatorship.
IT IS FURTHER ORDER submit a certificate to the clerk restored ward owns real property, ward has been restored to capacity	of the superior court of each co, if any, notifying the clerk to re	-
IT IS FURTHER ORDER on the former ward, the former and/or conservator(s); the petition	ward's attorney; the guardian a	·
SO ORDERED this	day of	, 20
	ge of the Probate Court/Hearing	·

to O.C.G.A. § 29-4-12 (d) (7) and/or § 29-5-12 (d) (7)

IN THE PROBATE COURT OF _____ COUNTY STATE OF GEORGIA IN RE: ESTATE OF **ESTATE NO.** ____ WARD CERTIFICATE OF MAILING OF FINAL ORDER I have this date mailed (or handed) a copy of the above order to the former ward, his/her attorney, (his/her guardian ad litem,)(his/her representatives), the guardian(s), the conservator(s), the petitioner(s), and (petitioner's attorney). Date Clerk of the Probate Court Address Telephone Number CERTIFICATE OF FILING CERTIFICATE OF RESTORATION **OF RIGHTS** I have this date hand-delivered and/or mailed for filing a certificate of restoration of rights to the clerk of the superior court of each of the following counties, together with payment of any recording costs to the following: Clerk of the Probate Court Date Address

Telephone Number

Probate Court	Return Mailing Addre	ss:
[4	Above space to be used for f	iling in superior court clerk's office of deeds and records]
IN	THE PROBATE CO	URT OF COUNTY
	;	STATE OF GEORGIA
IN RE: ESTA	ATE OF)
		,
WARD)
		E OF RESTORATION OF RIGHTS ant to O.C.G.A. § 29-5-13 (d))
		CROSS REFERENCE:
DATE ORDE	R ISSUED:	DEED BOOK: PAGE NO.:
GRANTUR:	(NAME OF CONSER	RVATOR(S) OF FORMER WARD)
GRANTEE:	(NAME OF FORME	R WARD)
	ghts of the above formenamed former ward is	r ward being restored, the conservatorship previously created now DISSOLVED.
_	al certificate delivered	or mailed to Clerk of Superior Court of
		I do hereby certify that the above information is based on the order of the Probate Court issued on the date set out above and that the above information is true and correct.

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By: _____Clerk of the Probate Court

CERTIFICATE OF GUARDIANSHIP/CONSERVATORSHIP TERMINATED

Make Electronic Su	ubmissions via th	ne Georgia Criminal Jus	stice Inforn	nation Sy	stem (CJIS) Network
		-OR-			
Georgia Crime Info	ormation Center	Attention:	_	CJIS Ope	
*DATE OF O			*JUDGE'S	NAME	
*PROBATE	COURT COUNTY	ORI NUMBER		*ESTAT	E NUMBER
	IP/CONSERVATOR	BEEN ADJUDICATED TO SSHIP HAS BEEN ESTABLIS ERMINATES SUCH APPOI	SHED. THE C		
*NAME (Last, First, N	Middle)				
*SEX	*RACE	*DATE OF BIRTH SOCIAL SECURITY NUMBER (###-##-####)			
CURRENT ADDRES	S (Street Address)				
	CITY		STA	TE	ZIP CODE
SIGNATURE (Court of	Official)				DATE SIGNED
		*Court Official's T	itle		

^{*}Mandatory Field

IN THE PROBATE COURT OF		COUNTY
STATE O	F GEO	RGIA
IN RE: WARD,)	ESTATE NO
WARD)	
GUARDIANSHIP/CONSER I hereby certify that the above-stated in date mailed this certificate of guardianship/con Investigation by placing copies of same in an er same in the U.S. Mail, First-Class, with adequate	nformat nservato nvelope	ion is true and correct and that I have this orship terminated to the Georgia Bureau of addressed as set forth above and depositing
This day of		, 20
Clerk of t	he Prob	eate Court