

# Georgia Guardianship Questionnaire

## Ward Information:

Name of Ward: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

Date of Birth: \_\_\_\_\_ County where Ward resides: \_\_\_\_\_

Ward's Social Security Number: \_\_\_\_\_

Is this a new petition (no one has previously filed for Guardianship)?  Yes  No

Does the Ward have:

A power of attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A health care advance directive?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A Will?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Who is the Ward's physician? \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

Why do you believe a Guardianship is necessary?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Does the Ward:

1. Lack sufficient capacity to make or communicate significant responsible decisions concerning his/her health or safety?  Yes  No
2. Lack sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property?  Yes  No

Do you have any reason to believe the petition may be contested?  Yes  No  
If yes, then why and by whom will it be contested:

\_\_\_\_\_  
\_\_\_\_\_

**Petitioner Information:**

Your Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

Telephone Number: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

*If there is a Second Petitioner*

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

Telephone Number: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

**Who should be guardian?** (makes health, personal and housing decisions)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

Telephone Number: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

**Who should be conservator?** (makes financial decisions)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

Telephone Number: \_\_\_\_\_

Relationship to Ward: \_\_\_\_\_

**Names of Close Relatives:**

*We must give notice to any living spouse and to all living children. If none, then to living parents and siblings. If none, then to the next closest relatives.*

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street, City, State, Zip Code and County)

**Additional Instructions:**

1. In providing your reasons why the Guardianship is necessary, please describe facts detailing the Ward's condition and what the Ward is incapable of doing for himself or herself?

2. Provide the names of any additional close relatives who should receive notice. Attach additional pages as necessary.
3. If any close relative is a minor child, or is disabled and under a guardianship, provide the name and contact information of the parent, Guardian or other person who would sign that heir's name.
4. Provide a list of all known real estate, financial accounts, stocks, bonds and other assets owned by the Ward having significant value.
5. Provide a list of all of the Ward's income, from all sources.
6. Provide a list of all regular bills and all known debts of the Ward.
7. If the Ward executed a power of attorney or a health care advance directive, please provide a copy.
8. **If you are uncertain how to answer any of the questions in this questionnaire, please ask us.**

I have answered the above Questionnaire to the best of my knowledge and belief. If there are additional facts that I believe are relevant to the Petition, I have written them below or on additional pages and attached them to this Questionnaire.

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Signature

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Date