

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: _____

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Name: _____ Age: _____

Address: _____
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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 specific facts detailing the Ward's condition and what the Ward is incapable of doing for himself or herself? The specific question the Court must answer is

whether the Ward can make or communicate significant decisions about himself/herself or about his/her money. If you believe he/she cannot make significant decisions, then specific facts are most helpful.

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.

Signature

Date

Your Witnesses

Please list all witnesses who could testify concerning strange, demented, erratic, confused or paranoid behavior. Please understand that the law does not protect someone from behavior that you consider to be stupid or foolish. It protects persons who are not capable of making their own decisions. The precise standard used by the Court is as follows:

The court may appoint a guardian for an adult only if the court finds the adult lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety.

With this in mind, we need the names of witnesses who have observed behavior demonstrating an inability to make responsible decisions.

	Name	Contact information
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

Use additional pages as necessary. Any notes you can provide concerning what these witnesses might know will be helpful.

Opposing Witnesses

Please list all witnesses that you believe might be called in opposition to your contention that a guardianship is necessary.

Name	Contact information
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____
7. _____	_____
8. _____	_____
9. _____	_____
10. _____	_____

Use additional pages as necessary. Any notes you can provide concerning what these witnesses might know will be helpful.