

Petition filing fee: \$100.50, plus \$2.00 per page for recording.  
Service fees will vary depending on type of service required.

## PETITION FOR TEMPORARY GUARDIANSHIP OF MINOR

You are not required to hire an attorney to file a Petition for Temporary Guardianship of Minor. However, please understand that it is legal in nature and may at times be complicated. As a service to the citizens of Henry County, Judge Powell created the following version of the petition to simplify the process. Before beginning, make sure you have, or are prepared to get, the following:

- The petition must be typed or written in black or blue ink.
- You must have proof the party applying to be the child's temporary guardian lives in Henry County (he or she may provide a copy of his or her driver's license, a state issued I.D., or a current power, gas, or water bill showing the applicant's name and address).
- You must have an official State-issued copy of the child's birth certificate (handwritten and hospital birth certificates will not be accepted).
- You must complete the "Minor Guardianship Information Sheet" and list each person living in the temporary guardian(s)'s home.
- You must submit consent forms signed by every person age 18 or older living in the temporary guardian(s)'s home authorizing a Georgia Bureau of Investigation background check (last 2 pages in packet).
- You must submit filing fees in the amount of \$100.50 plus \$2 per page of the petition payable to the Henry County Probate Court.
- You must prove the child's parent(s) have knowledge of this proceeding (called "notice"). This can be done three ways:
  - If the parent(s) consent(s): The child's parent(s) may sign, and have notarized, an acknowledgement and consent to the petition which must be filed at the same time as the petition in the Court. Clerks of this Court can notarize documents if needed;
  - If you know the parent(s)'s address(es): A sheriff's deputy can deliver a copy of the petition to the child's parent(s) at a cost of \$50.00 in addition to the \$100.50 filing fee **or** the mailman can attempt to deliver a copy of the petition to the child's parent(s) at a cost of \$15.00 in addition to the \$100.50 filing fee.
  - If you do not know where the child's parent(s) are: You must submit an Affidavit of Diligent Search. Based on the Affidavit, you will be allowed to publish notice of the petition on the child's parent(s) in the Henry Daily Herald at a cost of \$60.00 payable to the Henry Daily Herald (payment to the Henry Daily Herald must be submitted to the Henry County Probate Court).

**If you do not understand how to complete the Petition for Temporary Guardianship of Minor, you may want to seek the professional legal advice of an attorney. Please be advised the clerks of this Court are legally prohibited from explaining to you how to complete this petition. Asking a clerk to tell you how to fill out the petition is asking her to commit a misdemeanor legal offense punishable by up to a year a jail and up to a \$1,000.00 fine.**

**Henry County Probate Court  
Minor Guardianship Information Sheet**

Case No. \_\_\_\_\_

**Must be completed before meeting with Intake Clerk**

**Complete Name of Minor:** \_\_\_\_\_  
 Minor's Date of Birth: \_\_\_\_\_ Minor's Current Age: \_\_\_\_\_  
 Current school minor attends and current grade: \_\_\_\_\_

<p><b>Name of 1<sup>st</sup> Petitioner/Guardian:</b> _____</p> <p>Relationship to child: _____</p> <p>Home Phone: _____</p> <p>Work/Cell Phone: _____</p> <p>Email address: _____</p> <p>Place of Employment: _____</p>	<p><b>Name of 2<sup>nd</sup> Petitioner/Guardian:</b> _____</p> <p>Relationship to child: _____</p> <p>Home Phone: _____</p> <p>Work/Cell Phone: _____</p> <p>Email address: _____</p> <p>Place of Employment: _____</p>
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<p><b>Mother of Child:</b> _____</p> <p>Mother's Current Address: _____</p> <p>Mother's Current Phone Number: _____</p> <p><input type="checkbox"/> Mother has signed consent to guardianship</p> <div style="border: 1px solid black; padding: 2px;"> <p><b>Court use only--</b>Type of service for:</p> <p>Mother: _____</p> <p>Father: _____</p> </div>	<p align="center"><b>Father of Child:</b></p> <p>_____</p> <p>Father's Current Address: _____</p> <p>Father's Current Phone Number: _____</p> <p><input type="checkbox"/> Father has signed consent to guardianship</p> <p>Is father named on Birth Certificate?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Was father ever married to mother?    <input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p>Has father legitimated child?            <input type="checkbox"/> Yes    <input type="checkbox"/> No</p>
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**Reason for the creation of this guardianship:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is DFCS involved with the mother or father of this child?**     Yes     No

If yes, please provide all information available including the County that is investigating, the caseworker's name and contact information, etc. \_\_\_\_\_

\_\_\_\_\_

<b>Additional Information:</b>			
List all other <i>children</i> in the home:			
Name _____	Age _____	Gender: M/F	School Attending: _____
Name _____	Age _____	Gender: M/F	School Attending: _____
Name _____	Age _____	Gender: M/F	School Attending: _____
Name _____	Age _____	Gender: M/F	School Attending: _____
List all <i>adults</i> living in the home:			
Name _____	Age _____	Gender: M/F	Relationship to Guardian _____
Name _____	Age _____	Gender: M/F	Relationship to Guardian _____
Name _____	Age _____	Gender: M/F	Relationship to Guardian _____
Name _____	Age _____	Gender: M/F	Relationship to Guardian _____



**4.**

The child's mother, \_\_\_\_\_:  
[mother's name]

(initial one below)

- \_\_\_\_\_ ➤ Has selected petitioner(s) to serve as temporary guardian(s) by signing an acknowledgement and consent (see attached notarized acknowledgment and consent);
- \_\_\_\_\_ ➤ Has not consented to the creation of the temporary guardianship and her current physical address and county of residence is: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ County;
- \_\_\_\_\_ ➤ Has not consented to the creation of the temporary guardianship and her current address is unknown (see attached notarized affidavit of diligent search); OR
- \_\_\_\_\_ ➤ Is deceased, and a copy of her death certificate is attached as exhibit "B."

**5.**

**The child's mother:**

(circle appropriate phrase below)

- (has) (has not) lost custody of the child when a Superior Court granted her former husband, the child's father, sole custody upon their divorce; OR
- (has) (has not) had her parental rights to the child terminated by a Superior Court, Juvenile Court, or court other than a Probate Court;

**6.**

The child's father, \_\_\_\_\_,  
[father's name]

(initial one below)

- \_\_\_\_\_ ➤ Has selected petitioner(s) to serve as temporary guardian(s) by signing an acknowledgement and consent (see attached notarized acknowledgment and consent);
- \_\_\_\_\_ ➤ Has not consented to the creation of the temporary guardianship and his current physical address and county of residence is: \_\_\_\_\_  
\_\_\_\_\_, \_\_\_\_\_ County;
- \_\_\_\_\_ ➤ Has not consented to the creation of the temporary guardianship and his current address is unknown (see attached notarized affidavit of diligent search); OR
- \_\_\_\_\_ ➤ Is deceased, and a copy of his death certificate is attached as exhibit "B."

7.

**The minor’s father:**

(circle appropriate phrase below)

- (is) (is not) listed on the child’s birth certificate;
- (was) (was not) married to the child’s mother at any time before or after the child was born;
- (has) (has not) lost custody of the child when a Superior Court granted his former wife, the child’s mother, sole custody upon their divorce;
- (has) (has not) formally legitimated the child before a Superior Court;
- (is) (is not) currently in the process of legitimating the child before a Superior Court;
- (did) (did not) formally legitimate the child by signing with the child’s mother a voluntary acknowledgement of paternity **before the child turned one year old** and filed it with the State Office of Vital Records; OR
- (has) (has not) had his parental rights to the child terminated by a Superior Court, Juvenile Court, or court other than a Probate Court;

8.

The temporary guardianship is needed because \_\_\_\_\_  
\_\_\_\_\_.

9.

Additional Data: Include any important information this document failed to address. For example, if this petition is being filed at the instruction of the Division of Family and Children Services (“DFCS”), please indicate below.

\_\_\_\_\_  
\_\_\_\_\_.

WHEREFORE, Petitioner(s) pray(s):

1. Service be perfected as provided by law, if necessary; and
2. Petitioner(s) be appointed temporary guardians(s) of the minor named above.

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Signature of First Petitioner

\_\_\_\_\_  
(Printed Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Telephone Number)  
\_\_\_\_\_  
(Email Address)

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Signature of Second Petitioner, if any

\_\_\_\_\_  
(Printed Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Telephone Number)  
\_\_\_\_\_  
(Email Address)

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Signature of Attorney

\_\_\_\_\_  
(Printed Name)  
\_\_\_\_\_  
(State Bar #)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
(Telephone Number)  
\_\_\_\_\_  
(Email Address)

**VERIFICATION  
STATE OF GEORGIA, HENRY COUNTY**

Personally appeared before me the undersigned Petitioner(s) who on oath state(s) that the facts set forth in the foregoing petition (and the attached exhibits) are true.

Sworn to and subscribed before me,  
this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of First Petitioner

\_\_\_\_\_  
Notary / Clerk of the Probate Court  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of First Petitioner

-----  
Sworn to and subscribed before me,  
this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Second Petitioner

\_\_\_\_\_  
Notary / Clerk of the Probate Court  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Second Petitioner

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

**IN RE: ESTATE OF** \_\_\_\_\_ )  
 )  
 ) **ESTATE NO.** \_\_\_\_\_ )  
 **MINOR** )

**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 HENRY COUNTY  
STATE OF GEORGIA**

**IN RE: ESTATE OF** \_\_\_\_\_ )  
 )  
 ) **ESTATE NO.** \_\_\_\_\_ )  
**MINOR** )

**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 HENRY COUNTY  
STATE OF GEORGIA**

**IN RE:** \_\_\_\_\_ ) **ESTATE NO.: 2016-GM-**  
 )  
 (child), )  
 **Minor.** )

**ASSUMPTION OF OBLIGATION TO SUPPORT (OPTIONAL)**

The undersigned, if appointed temporary guardian(s) of the above-named, a 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 \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of First Petitioner

\_\_\_\_\_  
Notary / Clerk of the Probate Court  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of First Petitioner

-----  
Sworn to and subscribed before me,  
this \_\_\_\_\_ of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Second Petitioner

\_\_\_\_\_  
Notary / Clerk of the Probate Court  
My commission expires: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Second Petitioner

**GEORGIA BUREAU OF INVESTIGATION  
GEORGIA CRIME INFORMATION CENTER**

**CONSENT FORM**

I hereby authorize **HENRY COUNTY SHERIFF'S DEPARTMENT** to receive any criminal history information pertaining to me which may be in the files of any state criminal justice agency in the State of Georgia.

**Notice required under Section 7(b) of the Federal Privacy Act of 1974**

Under Section 7(b) of the Privacy Act of 1974, 5 U.S.C. 552a (note), any government agency which requests an individual to disclose his Social Security account number must inform that individual whether the disclosure is mandatory or voluntary, by what statutory or other authority such number is solicited, and what uses will be made of it. The Probate Judge of Henry County is authorized to request Social Security numbers pursuant to **Official Code of Georgia Annotated, § 16-11-129**, which regulates firearms licensing checks and also under **Rule 24.1, Uniform Rules for the Probate Courts** in other situations as set forth therein including guardianships, conservatorships, and estates. The Social Security number blanks appear in certain forms published by the State of Georgia and by the local Court.

The Social Security number is used as a secondary identifier when processing checks of criminal history records maintained by the state and federal governments. In specific investigations which may involve examination of particular records obtained from outside sources, the Social Security number might be used to determine whether the individual named in the records and the individual under investigation are the same or different persons.

The listing of Social Security numbers on the disclosure forms is voluntary. Under **Section 7(a) of the Privacy Act**, it is not proper to deny or revoke a license or impose any penalty because of an individual's refusal to disclose a Social Security number. However, the absence of a Social Security number as a secondary identifier may delay processing and decisions because of necessary additional investigative time. Note that the absence of a Social Security number may result in an individual initially being identified as having a criminal record which actually is that of another person. This again, may result in delays in the decision.

**I have reviewed the above privacy information regarding my Social Security Number and I choose to:**

- Provide my Social Security Number
- Not provide my Social Security Number

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Notary Public/Clerk of Court

\_\_\_\_\_  
Print Name

**CONSENT FORM**  
(Continued)

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Full Name (PRINT OR TYPE) Maiden name, if applicable

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Address City State Zip Code

---

Sex Race

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Date of Birth

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Social Security Number