

**Petition for the Restoration of an Individual Found to Be in Need of a Guardian and/or
Conservator**

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used for filing a Petition for the Reinstatement of a Ward (formerly Incapacitated Adult) pursuant to O.C.G.A. §29-4-42 and O.C.G.A. §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 and/or conservatorship.

II. General Instructions

General instructions applicable to all Georgia probate court standard forms appear in Volume 255 of the Georgia Reports and are available in each probate court.

PROBATE COURT OF _____ COUNTY

STATE OF GEORGIA

IN RE:)	ESTATE NO. _____
)	
_____,)	PETITION FOR RESTORATION OF
WARD)	AN INDIVIDUAL FORMERLY FOUND TO
)	BE IN NEED OF A GUARDIAN AND/OR
)	CONSERVATOR

TO THE HONORABLE JUDGE OF THE PROBATE COURT:

[NOTE: Unless there are two or more petitioners, the affidavit on page 9 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.

Petitioner, _____, is
 _____ a. the Ward
 _____ b. the (relationship) _____ of the ward, and
 is domiciled at (address) _____
 County, State of _____, telephone number _____, and

(Initial either a. or b. below):

_____ a. (Second Petitioner, if any) _____,
 is the (relationship) _____ of the ward, and is domiciled
 at (address) _____ County, State of
 _____ telephone number _____, show that

OR

_____ b. attached hereto as page 4 and made a part of this petition is the completed affidavit of
 _____, a physician or
 psychologist licensed to practice in Georgia or a licensed clinical social worker, who has
 examined the ward within fifteen days prior to the filing of this petition, show that:

2.

The ward is domiciled at (address) _____
_____ County, State of _____, and is presently located at

and can be contacted at (telephone number): _____.

3.

The proposed ward no longer is in need of a guardian and/or conservator because:

(NOTE: the Petition cannot be granted unless sufficient facts are presented which support the claim for the restoration of the Ward. While an attached physician's/psychologist's/social worker's affidavit is permissible, the Petitioner(s) MUST specifically allege sufficient facts to support the granting of this Petition.)

4.

(Name(s) or n/a) _____
_____ currently serve(s) as the guardian and (Name(s) or n/a) _____
_____ as the conservator.

5.

Additional Data: Where full particulars are lacking, state here the reasons for any such omission.

WHEREFORE, petitioner(s) pray(s):

1. that service be perfected as required by law;
2. that the court appoint legal counsel and an evaluator for the ward and order an evaluation as required by law;
3. that upon receipt of the evaluation report, the court order a hearing to determine the continued need for a guardian and/or conservator for the ward; and
4. that the ward's rights be restored.

Signature of first petitioner

Signature of second petitioner, if any

Printed Name

Printed Name

Address

Address

Telephone Number

Telephone Number

Signature of Attorney: _____

Typed/printed name of Attorney: _____

Address: _____

Telephone: _____ State Bar # _____

VERIFICATION

GEORGIA, _____ COUNTY

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

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

First Petitioner

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name

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

Second Petitioner, if any

NOTARY/CLERK OF PROBATE COURT
My Commission Expires _____

Printed Name

STATE OF GEORGIA

COUNTY OF _____

PROBATE COURT OF _____ COUNTY

RE: Petition for RESTORATION of _____, a Ward.

AFFIDAVIT OF PHYSICIAN, PSYCHOLOGIST, OR LICENSED CLINICAL SOCIAL WORKER

I, being first duly sworn, depose and say that I am a physician licensed to practice under Chapter 34 of Title 43 of the Official Code of Georgia Annotated, a psychologist licensed to practice under Chapter 39 of Title 43 of the Official Code of Georgia Annotated, or a Licensed Clinical Social Worker; that my office address is _____, Georgia, that I have examined the above-named ward on the _____ day of _____, 20_____, and that I found him/her to

(initial all applicable):

- _____ a. (for restoration regarding guardianship:) now have sufficient capacity to make or communicate significant responsible decisions concerning his/her health or safety.
- _____ b. (for restoration regarding conservatorship:) now have sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.
- _____ c. (for retention of guardianship:) still lack sufficient capacity to make or communicate significant responsible decisions concerning his/her health or safety.
- _____ d. (for retention of conservatorship:) still lack sufficient capacity to make or communicate significant responsible decisions concerning the management of his/her property.

The following facts support said diagnosis:

(RESTORATION FORM, cont.)

WITNESS MY HAND AND SEAL this _____ day of _____, 20_____.

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

Signature of (Physician)(Psychologist)(Social Worker)

Notary Public

My commission expires on the _____ day
of _____, 20_____.
(NOTARIAL SEAL AFFIXED)

Typed Name _____

NOTE: The examination on which this affidavit is based must occur WITHIN FIFTEEN DAYS prior to the filing of the petition.