

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

<b>Case No.</b>
-----------------

\_\_\_\_\_

**Complete Name of Minor:** \_\_\_\_\_

Minor's Date of Birth: \_\_\_\_\_ Minor's Current Age: \_\_\_\_\_

Current school minor attends and current grade: \_\_\_\_\_

<p><b>Name Current Temporary Guardian:</b> _____</p> <p>Relationship to child: _____</p> <p>Home Phone: _____</p> <p>Work/Cell Phone: _____</p> <p>Email address: _____</p>	<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><b>Name of 1<sup>st</sup> Nominated Successor 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> Nominated Successor 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>

**Reason for the change in guardianship:** \_\_\_\_\_

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

**Is DFCS involved with any party?**  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>			
<u>List all other children in the home:</u>			
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: _____
<u>List all adults living in the home:</u>			
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 _____

**FILING FEE: \$30.00 plus \$2.00 per page filed for recording.**

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

IN RE: \_\_\_\_\_ ) ESTATE NO.: 20\_\_\_\_-GM-\_\_\_\_\_  
 )  
 )  
\_\_\_\_\_(child), )  
 )  
Minor. )

**PETITION OF TEMPORARY GUARDIAN(S) TO RESIGN  
FROM TEMPORARY GUARDIANSHIP OF MINOR AND  
APPOINT SUCCESSOR TEMPORARY GUARDIAN**

The petition of \_\_\_\_\_,  
[name of current temporary guardian(s)]

temporary guardian(s) of the above-named minor, shows the following:

**1.**

The temporary guardian(s) is/are unable to continue to serve as the minor's temporary guardian(s) because:

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

**2.**

The temporary guardian(s) hereby nominate(s) \_\_\_\_\_ to serve as the minor's temporary guardian. The aforementioned party is related to the minor in the following way: \_\_\_\_\_.

**3.**

The current address of the nominated party is: \_\_\_\_\_,  
\_\_\_\_\_, State of \_\_\_\_\_, County of \_\_\_\_\_.

The minor's current address is: \_\_\_\_\_,  
\_\_\_\_\_, State of \_\_\_\_\_, County of \_\_\_\_\_.

**4.**

The minor  **does** /  **does not** have a conservator.

If the minor has a conservator, said conservator's address is: \_\_\_\_\_

\_\_\_\_\_  
State of \_\_\_\_\_, \_\_\_\_\_ County.

5.

The minor's mother's current address is: \_\_\_\_\_

State of \_\_\_\_\_, \_\_\_\_\_ County.

6.

The minor's father's current address is: \_\_\_\_\_

State of \_\_\_\_\_, \_\_\_\_\_ County.

7.

The minor has the following adult siblings, age 18 or older (must not list either the current temporary guardian or the proposed successor guardian):

Adult Sibling's Name	Age	Mailing Address

If the minor has no adult siblings, the minor has the following grandparents (must not list either the current temporary guardian or the proposed successor guardian):

Grandparent's Name	Mailing Address

If the minor has no adult siblings or grandparents, the minor's nearest adult relatives, age 18 or older are (**must provide at least three**) (must not list either the current temporary guardian or the proposed successor guardian):

Name	Relation	Mailing Address

(Signatures on following page.)

WHEREFORE, Temporary guardian(s) pray the Court grants the foregoing Petition of Temporary Guardian(s) to Resign from Temporary Guardianship of Minor and appoints the proposed successor guardian.

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Signature of First Temporary Guardian

Signature of Second Temporary Guardian, if any

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Address)

\_\_\_\_\_ (Telephone Number)

\_\_\_\_\_ (Telephone Number)

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Signature of Attorney

\_\_\_\_\_ (Printed Name)

\_\_\_\_\_ (Address)  
\_\_\_\_\_ (Address)

\_\_\_\_\_ (State Bar #)

\_\_\_\_\_ (Telephone Number)

\_\_\_\_\_ (Email Address)

**VERIFICATION  
STATE OF GEORGIA, HOUSTON COUNTY**

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

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

\_\_\_\_\_  
Signature of First Temporary Guardian

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

\_\_\_\_\_  
Printed Name of First Temporary Guardian

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

\_\_\_\_\_  
Signature of Second Temporary Guardian

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

\_\_\_\_\_  
Printed Name of Second Temporary Guardian

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

**IN RE: ESTATE OF**

\_\_\_\_\_  
**MINOR**

)  
)  
)  
)

**ESTATE NO.** \_\_\_\_\_

**CONSENT 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 to Resign as Temporary Guardian for said Minor and Appoint Successor Temporary Guardian 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 COUNTY OF  
HOUSTON STATE  
OF GEORGIA**

**IN RE: ESTATE OF**

\_\_\_\_\_  
**MINOR**

)  
)  
)  
)

**ESTATE NO.** \_\_\_\_\_

**CONSENT 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 to Resign as Temporary Guardian for said Minor and Appoint Successor Temporary Guardian 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  
COUNTY OF HOUSTON  
STATE OF GEORGIA**

IN RE: \_\_\_\_\_ ) ESTATE NO.: 20\_\_\_\_-GM-\_\_\_\_\_  
(child), )  
Minor. )

**CONSENT TO SERVE AS TEMPORARY GUARDIAN**

Due and legal service of the within and foregoing Petition is hereby acknowledged, copy received; all further notice, citation, summons and process are hereby expressly waived. I hereby consent to serve as temporary guardian of the above-named minor.

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

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT SIGNATURE

**ASSUMPTION OF OBLIGATION TO SUPPORT**

The undersigned, if appointed temporary guardian of the above-named minor, assumes 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 \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_. \_\_\_\_\_  
PRINT

\_\_\_\_\_  
NOTARY/CLERK OF PROBATE COURT SIGNATURE



## NON-CRIMINAL JUSTICE APPLICANT'S PRIVACY RIGHTS

As an applicant who is the subject of a Georgia only or a Georgia and Federal Bureau of Investigation (FBI) national fingerprint/biometric-based criminal history check for a noncriminal justice purpose (such as an application for employment or a license, an immigration or naturalization matter, security clearance, or adoption), you have certain rights which are discussed below. All notices must be provided to you in writing. These obligations are pursuant to the Privacy Act of 1974, Title 5, United States Code (U.S.C.) Section 552a, and Title 28 Code of Federal Regulation (CFR), 50.12, among other authorities.

- You must be provided written notification that your fingerprints/biometrics will be used to check the criminal history records maintained by the Georgia Crime Information Center (GCIC) and the FBI, when a federal record check is so authorized.
- You must be provided an adequate written FBI Privacy Act Statement (dated 2013 or later) when you submit your fingerprints and associated personal information. This Privacy Act Statement must explain the authority for collecting your fingerprints and associated information and whether your fingerprints and associated information will be searched, shared or explained.
- You must be advised in writing of the procedures for obtaining a change, correction, or update of your criminal history record as set forth at 28 CFR 16.34.
- You must be provided the opportunity to complete or challenge the accuracy of the information in your criminal history record (if you have such a record).
- If you have a criminal history record, you should be afforded a reasonable amount of time to correct or complete the record (or decline to do so) before the officials deny you the employment, license, or other benefit based on the information in the criminal history record.
- If agency policy permits, the officials may provide you with a copy of your criminal history record for review and possible challenge. If agency policy does not permit it to provide you a copy of the record, you may find information regarding how to obtain a copy of your Georgia criminal history record at the GBI website: <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Information regarding how to obtain a copy of your FBI criminal history record is located at the FBI website: <https://www.edo.cjis.gov>
- If you decide to challenge the accuracy or completeness of your criminal history record, you should contact and send your challenge to the agency that contributed the questioned information. If the disputed arrest occurred in the State of Georgia, you may send your challenge directly to the GCIC. Contact information for the GCIC can be found at <https://gbi.georgia.gov/services/obtaining-criminal-history-record-information-frequently-asked-questions> Alternatively, you may send your challenge directly to the FBI by submitting a request via <https://www.edo.cjis.gov>. The FBI will then forward your challenge to the agency that contributed the questioned information and request the agency to verify or correct the challenge entry. Upon receipt of an official communication from that agency, the FBI will make any necessary changes/corrections to your record in accordance with the information supplied by that agency. (See 28 CFR 16.30 through 16.34.)
- You have the right to expect that officials receiving the results of the criminal history record check will use it only for the authorized purposes and will not retain or disseminate it in violation of federal statute, regulation or executive order, or rule, procedure or standard established by the National Crime Prevention and Privacy Compact Council.

## Privacy Act Statement

*This privacy act statement is located on the back of the FD-258 fingerprint card.*

**Authority:** The FBI's acquisition, preservation, and exchange of fingerprints and associated information is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include Federal statutes, State statutes pursuant to Pub. L. 92-544, Presidential Executive Orders, and federal regulations. Providing your fingerprints and associated information is voluntary; however, failure to do so may affect completion or approval of your application.

**Principal Purpose:** Certain determinations, such as employment, licensing, and security clearances, may be predicated on fingerprint-based background checks. Your fingerprints and associated information/biometrics may be provided to the employing, investigating, or otherwise responsible agency, and/or the FBI for the purpose of comparing your fingerprints to other fingerprints in the FBI's Next Generation Identification (NGI) system or its successor systems (including civil, criminal, and latent fingerprint repositories) or other available records of the employing, investigating, or otherwise responsible agency. The FBI may retain your fingerprints and associated information/biometrics in NGI after the completion of this application and, while retained, your fingerprints may continue to be compared against other fingerprints submitted to or retained by NGI. **Routine Uses:** During the processing of this application and for as long thereafter as your fingerprints and associated information/biometrics are retained in NGI, your information may be disclosed pursuant to your consent, and may be disclosed without your consent as permitted by the Privacy Act of 1974 and all applicable Routine Uses as may be published at any time in the Federal Register, including the Routine Uses for the NGI system and the FBI's Blanket

**Routine Uses.** Routine uses include, but are not limited to, disclosures to: employing, governmental or authorized non-governmental agencies responsible for employment, contracting, licensing, security clearances, and other suitability determinations; local, state, tribal, or federal law enforcement agencies; criminal justice agencies; and agencies responsible for national security or public safety.

As of 02/04/2021

**PRIVACY RIGHTS NOTIFICATIONS FORM**  
**APPLICANT PRIVACY RIGHTS NOTIFICATION**  
(Applicant Notification and Record Challenge)

Your fingerprints will be used to check the criminal history records of the FBI. You have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. The procedure for obtaining a change, correction or updating an FBI identification record is set forth in Title 28 Code of Federal Regulations 16.34.

Procedures for obtaining a copy of the FBI criminal history record are set forth in 28 CFR 16.30-16.33 or go to the FBI website at <http://fbi.gov/about-us/cjis/background-checks>.

**By signing this document below, I hereby state that I have reviewed a copy of the Non-criminal Justice Applicant's Privacy Rights form and the Privacy Act Statement.**

**SOCIAL SECURITY NUMBERS NOTIFICATION**  
(Notice required under Section (7b) 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*, Section 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.

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I have reviewed the above privacy information regarding my privacy rights and 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\_\_\_\_.

\_\_\_\_\_  
Notary Public / Probate Court Clerk

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

\_\_\_\_\_  
Signature

**NAME-BASED CRIMINAL HISTORY RECORD INFORMATION CONSENT/ INQUIRY FORM**

(Continued)

I hereby authorize Houston County Probate Court to conduct an inquiry for the purpose listed below and receive any Georgia And/or national criminal history record information as authorized by state and federal law.

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

This authorization is valid for \_\_\_\_\_ days from date of signature.

I, \_\_\_\_\_, give consent to the above-named entity to perform periodic criminal history background checks for the duration of my appointment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Attorney for Individual (Purpose E and U Only) \_\_\_\_\_ Bar Number \_\_\_\_\_ Date \_\_\_\_\_

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Date of Inquiry: \_\_\_\_\_ Time of Inquiry: \_\_\_\_\_ Operator's Initials: \_\_\_\_\_

Non-Criminal Justice Purpose

Purpose Code E

**The inquiry resulted in the following: (check all that apply)**

<input type="checkbox"/>	No Criminal Record Available
<input type="checkbox"/>	Criminal Record (Attached/Released)
<input type="checkbox"/>	No NCIC/GCIC Warrant
<input type="checkbox"/>	Possible NCIC/GCIC Warrant (List Wanting Agency Below

Wanting Agency Name : \_\_\_\_\_

Wanting Agency Phone: \_\_\_\_\_

Agency Designee Signature and Title \_\_\_\_\_ Date \_\_\_\_\_