

Petition filing fee: \$110.00

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 Pike County, Judge Blakeney 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 Pike 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 4 pages in packet).
- You must submit filing fees in the amount of \$110.00 payable to the Pike 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 \$110.00 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 \$110.00 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 Pike Journal Reporter at a cost of \$60.00 payable to the Pike Journal Reporter (payment to the Pike Journal Reporter must be submitted to the Pike 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.

**Pike 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>Name of 1st Petitioner/Guardian: _____</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>Name of 2nd Petitioner/Guardian: _____</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>Mother of Child: _____</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> <p>Court use only--Type of service for: Mother: _____ Father: _____</p>	<p>Father of Child: _____</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 Was father ever married to mother? <input type="checkbox"/> Yes <input type="checkbox"/> No 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. _____

Additional Information:		
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 _____

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

IN RE: _____) **ESTATE NO.:** _____
)
 _____ (child),)
Minor.)

PETITION FOR TEMPORARY LETTERS OF GUARDIANSHIP OF MINOR

The petition of _____
[name of person asking to be temporary guardian – called “petitioner(s)” in this document]

who is/are domiciled at _____
[address of petitioner(s)]

in _____ County, State of _____ shows:

1.

The child, _____ is currently located in _____
[name of child]

County, State of _____, and current address is: _____
_____.

The child is _____ years old with a date of birth of: _____.

A copy of the child’s birth certificate is attached hereto as exhibit “A.”

2.

The petitioner(s) has/have the following relationship with the child: _____

[how is/are the petitioner(s) related to the child or how do/does the petitioner(s) know the child]

3.

(initial one below)

- _____ ➤ The petitioner(s) live in Pike County, Georgia **and** the child currently *lives* with the petitioner(s); OR
- _____ ➤ The petitioner(s) live outside the State of Georgia but the child is currently found living in Pike County, Georgia; OR
- _____ ➤ Neither of the above statements is true in this case.

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.

Signature of First Petitioner

(Printed Name)

(Address)

(Address)

(Telephone Number)

(Email Address)

Signature of Second Petitioner, if any

(Printed Name)

(Address)

(Address)

(Telephone Number)

(Email Address)

Signature of Attorney

(Printed Name)

(State Bar #)

(Address)

(Address)

(Address)

(Telephone Number)

(Email Address)

**VERIFICATION
STATE OF GEORGIA, PIKE 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 PIKE 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
My Commission Expires _____

Printed Name of Mother

**IN THE PROBATE COURT OF PIKE 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
My Commission Expires _____

Printed Name of Father

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

IN RE: ESTATE OF

_____,
MINOR

)
)
)
)

ESTATE NO. _____

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

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 Pike 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.

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

PURPOSE CODE: E

CRIMINAL HISTORY CONSENT FORM
TEMPORARY GUARDIANSHIP

Probate Court:	Pike County Probate Court
Probate Court ORI:	GA114013J
Servicing Agency Name:	Pike County Sheriff's Department

Based on the submission of a Petition for Temporary Guardianship of a Minor, and being a resident in the home where the minor will be found over the age of 18, I hereby authorize the Probate Court of Pike County and the servicing agency above to conduct a background investigation and receive any criminal history information pertaining to me which may be in the files of any criminal justice agency as would be authorized by law.

Full Name (print)	
Other names used	
Current Address	
City, State, Zip	
Sex:	Race:
Date of Birth:	SSN (optional):

Signature of Proposed Guardian or Adult Residing in Home

Date

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

Signature of Notary or Probate Court Clerk

My commission expires _____