

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

Case No.

Complete Name of Minor: _____

Minor's Date of Birth: _____ Minor's Current Age: _____

Current school minor attends and current grade: _____

Name Current Temporary Guardian: _____ Relationship to child: _____ Home Phone: _____ Work/Cell Phone: _____ Email address: _____	Name of 1st Petitioner/Guardian: _____ Relationship to child: _____ Home Phone: _____ Work/Cell Phone: _____ Email address: _____
Name of 1st Nominated Successor Guardian: _____ Relationship to child: _____ Home Phone: _____ Work/Cell Phone: _____ Email address: _____ Place of Employment: _____	Name of 2nd Nominated Successor Guardian: _____ Relationship to child: _____ Home Phone: _____ Work/Cell Phone: _____ Email address: _____ Place of Employment: _____

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. _____
_____.

Additional Information:			
<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.
There will be a \$125.00 fee for the appointment of a Guardian ad Litem as well as
additional service costs which will be assessed at the time of filing.**

**IN THE PROBATE COURT
COUNTY OF PIKE 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.

Signature of First Temporary Guardian

(Printed Name)

(Address)

(Address)

(Telephone Number)

Signature of Second Temporary Guardian, if any

(Printed Name)

(Address)

(Address)

(Telephone Number)

Signature of Attorney

(Printed
Name)

(State Bar #)

(Address)

(Address)

(Telephone
Number)

(Email
Address)

VERIFICATION
STATE OF GEORGIA, PIKE 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 PIKE
STATE OF GEORGIA**

IN RE: _____) **ESTATE NO.: 20** ____-GM-_____
_____)
_____ (child),)
 Minor.)

ACKNOWLEDGMENT OF SERVICE

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.

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

PRINT

NOTARY/CLERK OF PROBATE COURT

SIGNATURE

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

PRINT

NOTARY/CLERK OF PROBATE COURT

SIGNATURE

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

PRINT

NOTARY/CLERK OF PROBATE COURT

SIGNATURE

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

PRINT

NOTARY/CLERK OF PROBATE COURT

SIGNATURE

**IN THE PROBATE COURT
COUNTY OF PIKE
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 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 _____