

DESIGNATION OF STANDBY GUARDIAN

(1) IDENTIFICATION OF DESIGNATING INDIVIDUAL:

I, _____, whose address
(insert name of person designating the standby guardian)
is _____ and whose county and state
(insert address)
of residence is _____, am:
(insert name of county and state)

(Check and complete the ones which apply):

(A) _____ The parent with physical custody of the minor child or children listed below and my parental rights are not terminated; and the other parent, whose name is _____
(insert name of other parent)
and whose address is _____
(insert address of other parent)
of the minor child or children listed below:

- _____ (A-1) Is deceased;
- _____ (A-2) Has had his or her parental rights to minor or minors terminated;
- _____ (A-3) Cannot be found after a diligent search has been made; or
- _____ (A-4) Has consented to the designation of and service by the standby guardian as set forth below; **OR**

(B) _____ The permanent guardian or legal custodian of the minor child or children listed below, who is duly appointed and serving pursuant to court order.

(2) IDENTIFICATION OF MINOR(S): The minor or minors for whom I am designating a standby guardian are:

NAME	ADDRESS (Include county of domicile)	DATE OF BIRTH
_____	_____	_____
_____	_____	_____
_____	_____	_____

(3) DESIGNATION AND IDENTIFICATION OF STANDBY GUARDIAN: Pursuant to Article 2 of Chapter 4 of Title 29 of the Official Code of Georgia Annotated, I hereby designate

_____,
(insert name of standby guardian)
whose address is _____
(insert address)
and whose county and state of residence is _____,
(insert name of county and state)
to serve as the standby guardian of the minor(s) whom I have identified above.

(4) POWERS OF STANDBY GUARDIAN: The standby guardian whom I designated above shall have all the rights, duties, and responsibilities under Georgia law of a guardian of the person of a minor who has been appointed by a court.

(5) DURATION OF STANDBY GUARDIANSHIP: I understand that upon a physician or a registered professional nurse practitioner determining in writing that, due to my physical or mental condition or health, I am not able to care for the minor(s) identified above, this standby guardianship shall become effective, and the person whom I have designated above shall become the standby guardian of the person of the minor(s).

I understand that I can revoke this standby guardianship by destroying this document, obliterating it, or by revoking it in writing with proper witnesses. I understand that I must communicate a revocation of the designation to the standby guardian in order for it to be effective.

Finally, I understand that this standby guardianship will automatically terminate four months after the physician or advanced practice nurse makes the determination that I am unable to care for the minor(s), unless the standby guardian has filed a petition for guardianship of the person of the minor(s). If the standby guardian files such a petition, the standby guardianship will remain in effect, unless otherwise revoked, until the judge rules on the petition. In considering such a petition for guardianship, I understand that the judge will give preference for the appointment to the person whom I name as the standby guardian in this document.

(6) SIGNATURE:

I certify that the statements contained herein are true and correct, this ___ day of _____, ____.

Signature of designating individual _____

Print name of designating individual _____

We, the undersigned witnesses, are at least 18 years of age, are not designated as the standby guardian, and state that the designating individual signed this designation in our presence.

Signature of witnesses:

Print names and addresses of witnesses:

(7) CONSENT OF PARENT: (To be completed only if line A-4 in paragraph (1) above has been checked):

I, _____, whose address is
(insert name of parent other than the one designating the standby guardian)

_____, am the parent of the above named minor(s).
(insert address)

I understand that, by this form, an individual is being designated to serve as a standby guardian of my child (or children). I understand that this standby guardian will have all the rights, duties, and responsibilities under Georgia law of a guardian of the person of a minor who has been appointed by a court.

I further understand that I may object to this designation. Knowing this, I consent to the designation of _____ as standby guardian.
(insert name of standby guardian)

This _____ day of _____, _____.

Signature of other parent _____

Print name of other parent _____

We, the undersigned witnesses, are at least 18 years of age, are not designated as the standby guardian in this document, and state that the above-named parent signed this consent in our presence.

Signature of witnesses:

Print names and addresses of witnesses:

(8) ACCEPTANCE OF DESIGNATION BY STANDBY GUARDIAN:

I, _____, am the individual designated
(insert name of designated standby guardian)

as the standby guardian in this document. I hereby accept this designation with full knowledge that, upon a physician or registered professional nurse practitioner making a written determination that the parent of the minor(s) is not able to care for the minor(s) due to his or her physical or mental health or condition, I automatically take on this guardianship. Further, I understand that I must file a notice of my becoming a standby guardian, together with a copy of this designation and a copy of the medical determination, with the probate court in the county of the residence of the minor(s) as soon as the medical determination has been made. I understand that within four months of the medical determination being made I must petition the probate court to name me as guardian of the person of the minor(s).

This _____ day of _____, _____.

Signature of standby guardian _____

Print name of standby guardian _____

We, the undersigned witnesses, are at least 18 years of age, are not designated as the standby guardian in this document, and state that the standby guardian signed this document in our presence.

Signature of witnesses:

Print names and addresses of witnesses:
