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How to Complete Your Georgia Standby Guardian Designation

Statutory form • O.C.G.A. §§ 29-2-10, 29-2-11

INSTRUCTIONS — KEEP FOR YOUR RECORDS. DO NOT ATTACH THIS PAGE TO YOUR DESIGNATION.

About this form. A standby guardian designation lets a custodial parent (or court-appointed guardian) with a serious health condition **choose who will care for their children** if a health care professional later determines in writing that the parent cannot. The standby guardian's authority starts automatically at that time, without waiting for a court hearing, and the Probate Court gives preference to your choice.

1. **Paragraph (1)**
   Check whether you are a parent or guardian, and complete the information about the other parent and the box that applies.
2. **Paragraphs (2)–(3)**
   List each child with address, county and date of birth, and name the standby guardian.
3. **Paragraph (6): you sign before two witnesses**
   Witnesses must be 18+ and cannot be the standby guardian.
4. **Paragraphs (7)–(8)**
   If the other parent consents (A-4), that parent signs before two witnesses. The standby guardian signs the acceptance before two witnesses.
5. **Optional notarization**
   A notary acknowledgment is included to make the form more readily accepted. **Need witnesses? Our notary can bring qualified witnesses for an additional fee.**

Signing requirements: Signed by the designating individual and the standby guardian (and consenting parent, if any), each before two adult witnesses (O.C.G.A. § 29-2-11).

After It's Signed

- Give a copy to the standby guardian and keep the original in a safe, accessible place.
- When the health determination is made, the standby guardian must file a notice, this designation and the determination with the Probate Court, and petition for guardianship within 120 days.

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Have questions about Standby Guardianship? To consult with an attorney, contact **Gavrilov & Brooks Law Firm** at **(916) 504-0529** or **www.gavrilovlaw.com**.

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DESIGNATION OF STANDBY GUARDIAN

O.C.G.A. §§ 29-2-10 and 29-2-11

(1) IDENTIFICATION OF DESIGNATING INDIVIDUAL

I,

Name of person designating the standby guardian

Address

County and state of domicile

am: (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 and address are below, of the minor child or children listed below:

Name of other parent

Address of other parent

- (A-1) Is deceased;
- (A-2) Has his or her parental rights to the 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 guardian 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
Name	Address (include county of domicile)	Date of birth
Name	Address (include county of domicile)	Date of birth

(3) DESIGNATION AND IDENTIFICATION OF STANDBY GUARDIAN

Pursuant to Part 4 of Article 1 of Chapter 2 of Title 29 of the Official Code of Georgia Annotated, I hereby designate

Name of standby guardian

Address

County and state of domicile

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 have designated above shall have all the rights, duties, and responsibilities under Georgia law of a guardian of a minor who has been appointed by a court.

(5) DURATION OF STANDBY GUARDIANSHIP

I understand that upon a health care professional determining in writing that, due to my physical or mental health condition, 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

Designating individual's initials: _____

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understand that if I wish to revoke the standby guardianship after the health determination has been made I must file a notice of the revocation of the standby guardianship with the probate court and mail a copy of the notice of revocation to the standby guardian. Finally, I understand that this standby guardianship will automatically end 120 days after the health care professional 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 minor. 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 individual 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 _____, 20____.

X _____

Designating individual signs here

Print name of designating individual

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 designating individual signed this designation in our presence.

X _____ _____

Signature of first witness — Date

Printed name — Address

X _____ _____

Signature of second witness — Date

Printed name — Address

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(7) CONSENT OF PARENT

(To be completed only if line A-4 in paragraph (1) above has been checked)

I,

Name of parent other than the one designating

Address

am the parent of the above named minor(s). 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 the standby guardian named above. This _____ day of _____, 20____.

X _____

Other parent signs here

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.

X _____ _____

Signature of first witness — Date

Printed name — Address

X _____ _____

Signature of second witness — Date

Printed name — Address

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(8) ACCEPTANCE OF DESIGNATION BY STANDBY GUARDIAN

I, the individual designated as the standby guardian in this document, hereby accept this designation with full knowledge that upon a health care professional 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, a copy of this designation, and a copy of the health determination with the probate court as soon as the health determination has been made. I understand that within 120 days of the health determination being made I must petition the probate court to name me as guardian of the minor(s). This _____ day of _____, 20____.

X _____

Standby guardian signs here

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.

X _____ _____

Signature of first witness — Date

Printed name — Address

X _____ _____

Signature of second witness — Date

Printed name — Address

OPTIONAL NOTARY ACKNOWLEDGMENT

Recommended so schools, doctors and other states readily accept the designation.

State of Georgia, County of _____. On _____ (date), before me, the undersigned notary public, personally appeared _____ (name of designating individual), who proved to me on the basis of satisfactory evidence to be the person whose name is signed above and who acknowledged signing this designation voluntarily.

_____ (Seal)

Signature of notary public

_____

Printed name of notary public

Notary Public, _____ County, Georgia

My commission expires: _____

Notary seal

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