

Petition to Establish Custodial Account for Minor or Incapacitated Adult

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used when petitioning the court for authority to establish a custodial account for a minor or incapacitated adult pursuant to O.C.G.A. §29-6-1, et seq.
2. It may be necessary for the petitioner to provide a social security number or taxpayer identification number to be used in connection with the bank account. Contact the appropriate probate court to determine whether this information is needed from petitioner.

II. General Instructions

General instructions applicable to all Georgia probate court standard forms appear in Volume 255 of the Georgia Reports and are available in each probate court.

IN THE PROBATE COURT OF _____ COUNTY

STATE OF GEORGIA

IN RE: _____) ESTATE NO. _____
)
)
_____,)
MINOR/INCAPACITATED ADULT) PETITION TO ESTABLISH CUSTODIAL
) ACCOUNT FOR MINOR OR
) INCAPACITATED ADULT

TO THE HONORABLE JUDGE OF THE PROBATE COURT:

The petition of _____ shows to the Court:

1.

_____ is a minor/incapacitated adult who has no legal and qualified conservator.

2.

The minor/incapacitated adult is a resident of this County, residing at _____

3.

The minor's/incapacitated adult's age is _____ and date of birth is _____.

4.

The minor/incapacitated adult is entitled to the sum of _____ arising from _____.

5.

The (parents of the minor, if any) (guardian(s) of the incapacitated adult, if any) are:
Name address telephone number

6.

The names and addresses of two people other than those listed in paragraph 5 who will likely be aware of the minor's/incapacitated adult's whereabouts in the future are:

WHEREFORE petitioner(s) pray(s) that the minor's/incapacitated adult's parents/guardian(s), if any, be served in accordance with Chapter 9 of Title 29 with a copy of this Petition and Notice, and that the petitioner(s) be allowed to pay over to the Judge of the Probate Court, as custodian, the money due and owing to the minor/incapacitated adult.

Signature of first petitioner

Signature of second petitioner, if any

Printed Name

Printed Name

Address

Address

Telephone Number

Telephone Number

Signature of Attorney: _____

Typed/printed name of Attorney: _____

Address: _____

Telephone: _____ State Bar # _____

VERIFICATION

GEORGIA, _____ COUNTY

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

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

First Petitioner

NOTARY/CLERK OF PROBATE COURT

Printed Name

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

Second Petitioner, if any

NOTARY/CLERK OF PROBATE COURT

Printed Name