

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION  
PETITION FOR APPOINTMENT OF TEMPORARY GUARDIANSHIP OF  
LEGALLY INCAPACITATED ADULT**

**EMPLOYEE IDENTIFYING INFORMATION**

Employee Name \_\_\_\_\_ Soc. Security No. \_\_\_\_\_  
Address \_\_\_\_\_ Date of Injury \_\_\_\_\_  
\_\_\_\_\_ County of Injury \_\_\_\_\_

**PETITIONER IDENTIFYING INFORMATION**

Petitioner Name \_\_\_\_\_ Soc. Security No. \_\_\_\_\_  
Address \_\_\_\_\_ Date of Birth \_\_\_\_\_  
\_\_\_\_\_ County of Residence \_\_\_\_\_

Re: \_\_\_\_\_, Legally Incapacitated Adult  
Petition for Appointment of Temporary Guardianship of Legally Incapacitated Adult.

1.

Pursuant to the provisions of O.C.G.A. §34-9-226 \_\_\_\_\_  
(name of petitioner)

hereby petitions the State Board of Workers' Compensation to appoint a temporary guardian for the above-referenced legally incapacitated adult to bring or defend an action under this Chapter, to receive and administer weekly income benefits on behalf of and for the benefit of said legally incapacitated adult for a period not to exceed 52 weeks and/or to compromise and terminate any claim and receive any sum in settlement for the benefit of and use of said legally incapacitated adult where the net settlement amount is less than \$50,000.

2.

\_\_\_\_\_  
[State the relationship between the petitioner and the incapacitated adult and attach supporting documentation including marriage certificates, birth certificates, or orders of custody or support, etc.]

3.

\_\_\_\_\_  
[State the reasons the guardianship is necessary including facts which support the claim of incapacity. This petition must be accompanied by an affidavit given by a qualified physician who has recently examined the alleged legally incapacitated adult.]

4.

[List the names and addresses of the spouse and all adult children of the incapacitated adult who are living and whose addresses are known; or if none, then the names and addresses of the two next of kin who are living and whose addresses are known; or if only one next of kin, then that one; or if none, then the names and addresses of two adult friends.]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5.

[List the names and addresses of any appointed representatives of the incapacitated adult.]

\_\_\_\_\_  
\_\_\_\_\_

6.

The Board should exercise its discretion and allow petitioner to receive and administer workers' compensation benefits for said legally incapacitated adult.

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000 per violation (O.C.G.A. §34-9-18 and §34-9-19).

Petitioner will hold and use such property for the benefit of the legally incapacitated adult and shall be legally accountable to the legally incapacitated adult for the proper handling of such property.

Attorney:  
(or petitioner if pro se) \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
\_\_\_\_\_

**VERIFICATION**

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

Petitioner: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_  
\_\_\_\_\_

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

**CERTIFICATE OF SERVICE**

I hereby certify that I have today sent a copy of this form to all parties named above, and to the State Board of Workers' Compensation, 270 Peachtree Street, N.W., Atlanta, GA 30303-1299.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000 per violation (O.C.G.A. §34-9-18 and §34-9-19).

**CONFIDENTIAL**

Re: \_\_\_\_\_  
Employee / Claimant

\_\_\_\_\_ Claim Number

\_\_\_\_\_, Legally Incapacitated Adult,  
Petition for Appointment of Temporary Guardianship of Legally Incapacitated Adult.

**CONSENT FORM**

I hereby authorize the State Board of Workers' Compensation to receive any criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia. I have attached a copy of a criminal history record check for each jurisdiction, other than Georgia, where I have resided at any time during the five year period immediately prior to the date of this petition.

I have lived in the following states other than Georgia:

State	and	Period
_____		_____
_____		_____
_____		_____

I have never been arrested or convicted of any crime in Georgia or any other state except as follows:

Date	Crime	Disposition	State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
Full Name Printed

\_\_\_\_\_  
Address

Sex \_\_\_\_\_  
Race \_\_\_\_\_

Date of Birth \_\_\_\_\_  
Social Security Number \_\_\_\_\_

\_\_\_\_\_  
Signature

Sworn to and subscribed before me, this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000 per violation (O.C.G.A. §34-9-18 and §34-9-19).

**ORDER**

STATE BOARD OF WORKERS' COMPENSATION

**IDENTIFYING INFORMATION**

Employee Name	_____	Soc. Security No.	_____
Address	_____	Date of Injury	_____
	_____	County of Injury	_____

Re: \_\_\_\_\_, Legally Incapacitated Adult

The foregoing petition having been read and considered, and it appearing that the facts stated therein are true and that it would be in the best interests of the legally incapacitated adult to grant said petition,

**IT IS ORDERED** that pursuant to O.C.G.A. §34-9-226, the petitioner is appointed guardian for \_\_\_\_\_ and shall be allowed to bring or defend an action under this Chapter and/or receive and administer workers' compensation benefits for said legally incapacitated adult. Petitioner shall hold and use such property for the benefit of the legally incapacitated adult and shall be accountable for same for a period not to exceed 52 weeks or until further order of the Board.

At such time as the petitioner has received workers' compensation weekly benefits on behalf of said legally incapacitated adult for a period of 52 weeks or the settlement amount exceeds \$50,000, petitioner shall as appropriate, have applied for guardianship with the Probate Court of the county of the legally incapacitated adult's residence or other court of competent jurisdiction. In the event another court has entered a guardianship order in this matter, that court's order shall supersede this order. Any party obtaining an order from such court shall file a copy of that order with the Board and serve a copy on all parties.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Administrative Law Judge  
State Board of Workers' Compensation

Willfully making a false statement for the purpose of obtaining or denying benefits is a crime subject to penalties of up to \$10,000 per violation (O.C.G.A. §34-9-18 and §34-9-19).