

**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. §29-6-1et 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.
3. According to Probate Court Rule 5.6 (A), unless the court specifically assumes the responsibility; it is the responsibility of the moving party to prepare the proper citation and deliver it properly so it can be served according to law. Pages after 2 which are labeled “Court” are to be completed by the moving party, unless otherwise directed by the court.

II. General Instructions

General instructions applicable to all Georgia probate court standard forms 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
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_____	_____	_____
_____	_____	_____

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

**Petition to Establish Custodial Account for Minor or Incapacitated Adult**

Pages after 2 which are labeled "Court" are to be completed by the moving party, unless otherwise directed by the court.

**NOTICE:**

**THE FOLLOWING PAGES ARE TO BE COMPLETED BY THE PETITIONER (MOVING PARTY) UNLESS OTHERWISE DIRECTED BY THE COURT. SEE PROBATE COURT RULE 5.6 (A).**

IN THE PROBATE COURT OF \_\_\_\_\_ COUNTY

STATE OF GEORGIA

<b>IN RE:</b>  _____, <b>MINOR/INCAPACITATED ADULT</b>	) ) ) ) )	<b>ESTATE NO.</b> _____  <b>PETITION TO ESTABLISH CUSTODIAL ACCOUNT FOR MINOR OR INCAPACITATED ADULT</b>
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**ORDER CONCERNING NOTICE**

The above Petition being filed, it is hereby

ORDERED that the probate clerk/deputy clerk shall serve a copy of the Petition, this Order, and Notice of the filing of the above petition by first class mail, if domiciled outside Georgia, and by personal service, if domiciled in Georgia, on (initial applicable):

- \_\_\_\_\_ a. the parents of the minor
- \_\_\_\_\_ b. the guardian(s) of the incapacitated adult.

SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Probate Judge

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

NOTICE

To: \_\_\_\_\_,  
(the parents of the minor)(the guardian(s) of the incapacitated adult):

The Petitioner(s), \_\_\_\_\_, has/have filed the above Petition. If you have an objection, it must be filed on or before the tenth (10th) day after the date you are personally served with this Notice, or within 14 days from the date of mailing if you have been served by mail. All objections to the petition must be in writing, setting forth the grounds of any such objections, and all pleadings/objections must be signed before a notary public or before a Georgia probate court clerk. Filing fees must be tendered with your pleadings/objection, unless you qualify to file as an indigent party. Contact probate court personnel at the following address/telephone number for the required amount of filing fees. If any objections are filed, a hearing will be (held on \_\_\_\_\_, 20\_\_\_\_ in the Probate Court of \_\_\_\_\_ County, courtroom \_\_\_\_\_, (address) \_\_\_\_\_, Georgia)(scheduled for a later date). If no objections are filed, the petition may be granted without a hearing.

\_\_\_\_\_  
PROBATE JUDGE

By: \_\_\_\_\_  
PROBATE CLERK/DEPUTY CLERK

\_\_\_\_\_  
ADDRESS

\_\_\_\_\_

\_\_\_\_\_  
TELEPHONE NUMBER

IN THE PROBATE COURT OF \_\_\_\_\_ COUNTY

STATE OF GEORGIA

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

ORDER

The foregoing petition having been read and considered, and it appearing that the facts set forth in the petition are true, and the above-named minor/incapacitated adult having no legal conservator,

IT IS ORDERED that the above Petition is GRANTED and pursuant to O.C.G.A. §29-6-1, the undersigned is authorized to receive and collect all moneys arising from insurance policies, benefit societies, legacies, inheritances, or any other source and to deposit, manage, and expend same in accordance with Chapter 6 of Title 29.

SO ORDERED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_

Probate Judge