

**IN THE PROBATE COURT OF _____ COUNTY
STATE OF GEORGIA**

IN RE:

_____,
PROPOSED WARD

)
)
)
)

ESTATE NO. _____

COURT APPOINTED EVALUATOR'S REPORT

In compliance with the Order of the Probate Court of _____ County dated _____, 20____, I performed an evaluation of the above-named Proposed Ward on _____, 20____. This evaluation took place at _____.

The evaluation continued for _____ (minutes)(hours). I explained the purpose of the evaluation to the Proposed Ward.

The following questions and tests were utilized in the evaluation:

Below is a list of all persons and other sources of information consulted in evaluating the Proposed Ward:

The following is a description of the Proposed Ward's mental and physical state and condition, including all observed facts considered:

The following is a description of the overall social condition of the Proposed Ward, including support, care, education, well-being, and the functional capabilities of the Proposed Ward, determined by the evaluator:

The following are my findings as to the needs of the Proposed Ward and their foreseeable duration:

[initial all that apply]

_____ (a) I find the Proposed Ward to be incapacitated by reason of

to the extent that said Proposed Ward:

_____ (i) *[for guardianship:]* lacks sufficient capacity to make or communicate significant responsible decisions concerning his or her health or safety; and/or

_____ (ii) *[for conservatorship:]* lacks sufficient capacity to make or communicate significant responsible decisions concerning the management of his or her property.

_____ (b) I do not find that the Proposed Ward meets the standards for guardianship set out in (a) (i) above.

_____ (c) I do not find that the Proposed Ward meets the standards for conservator set out in (a) (ii) above.

Physician licensed under Chapter 34 of Title 43 of the
Official Code of Georgia Annotated/
Psychologist licensed under Chapter 39 of Title 43 of the
Official Code of Georgia Annotated/
Licensed Clinical Social Worker

Printed Name

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

NOTARY/ CLERK OF PROBATE COURT
My Commission Expires _____

[NOTE: This report must be filed with the Probate Court no later than seven (7) days after the Evaluation.]