

**GEORGIA STATE BOARD OF WORKERS' COMPENSATION
PETITION FOR APPOINTMENT OF TEMPORARY GUARDIANSHIP OF MINOR(S)**

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: _____, Minor(s)

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 minor(s) 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 minor(s) 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 minor(s) where the net settlement amount is less than \$50,000.

2.

The minor(s) date(s) of birth is(are) _____

3.

Petitioner is the _____
(state the relationship between petitioner and minor(s) and attach supporting documentation such as marriage or birth certificates, orders of custody or support, etc.).

4.

The Board should exercise its discretion and allow petitioner as natural guardian to receive and administer workers' compensation benefits for said minor(s).

5.

Petitioner will hold and use such property for the benefit of the minor(s) and shall be legally accountable to the minor(s) for the proper handling of such property.

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)

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

_____, Minor(s),
Petition for Appointment of Temporary Guardianship of Minor(s).

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 of Petitioner

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: _____, Minor(s),

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 minor(s) 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 to receive and administer workers' compensation benefits for said minor(s). Petitioner shall hold and use such property for the benefit of the minor(s) 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 minor(s) for a period of 52 weeks or the net settlement exceeds \$50,000, petitioner shall, as appropriate, have applied for guardianship with the Probate Court of the county of the minor'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 of guardianship from such court shall file a copy of that order with the Board and serve a copy upon 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)