

GEORGIA STATE BOARD OF WORKERS' COMPENSATION

PETITION FOR APPOINTMENT OF TEMPORARY GUARDIANSHIP OF MINOR(S)

Board Claim No.	Employee Last Name	Employee First Name	M.I.	SSN or Board Tracking #	Date of Injury
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EMPLOYEE IDENTIFYING INFORMATION					
Address			County of Injury		
City	State	Zip Code	Employee E-mail		

PETITIONER IDENTIFYING INFORMATION					
Last Name		First Name		M.I.	Social Security Number
Address			Date of Birth		County of Residence
City	State	Zip Code	Petitioner E-mail		
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 minor child or children reside with the petitioner: Yes No

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

6. 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.

ATTORNEY (If applicable)	Name		Telephone Number
	Address		GA Bar Number
	City	State	Zip Code

IF YOU HAVE QUESTIONS PLEASE CONTACT THE STATE BOARD OF WORKERS' COMPENSATION AT 404-656-3818 OR 1-800-533-0682 OR VISIT <http://www.sbwg.georgia.gov>

WILLFULLY MAKING A FALSE STATEMENT FOR THE PURPOSE OF OBTAINING OR DENYING BENEFITS IS A CRIME SUBJECT TO PENALTIES OF UP TO \$10,000.00 PER VIOLATION (O.C.G.A. §34-9-18 AND §34-9-19).

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VERIFICATION			
Personally appeared before me the undersigned petitioner who on this oath states that the facts set forth in the foregoing petition are true.			
Petitioner Name	Address		
Telephone Number	City	State	Zip Code
Sworn to and subscribed before me this _____ day of _____, _____.			
<div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> (day) (month) (year) </div> <div style="text-align: center; border-top: 1px solid black; width: 80%; margin: 0 auto; margin-top: 10px;"> Notary Public </div>			

CERTIFICATE OF SERVICE	
<input type="checkbox"/> 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

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CONFIDENTIAL

EMPLOYEE / CLAIMANT	Name _____	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		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		Signature of Petitioner		
Birthdate	Social Security Number	Address		
Sex	Race	City	State	Zip Code
Sworn to and subscribed before me this _____ day of _____, _____.				
(day) (month) (year)				
_____ Notary Public				

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