

**IN THE JUVENILE COURT OF FORSYTH COUNTY
STATE OF GEORGIA**

In the Interest of:

DOB: _____ **AGE:** _____ **SEX:** _____ **CASE NO.** _____

DOB: _____ **AGE:** _____ **SEX:** _____ **CASE NO.** _____

Minor child(ren) under the age of eighteen (18) years.

PETITION TO MODIFY, VACATE OR REVOKE GUARDIANSHIP

The Petitioner hereby moves the Court to modify its previous order of guardianship with regard to the above identified Minor Child(ren) and alleges the following:

1.

Petitioner's Name: _____

Relationship to Minor Child(ren): _____

Address: _____

County: _____

2.

Mother's Name: _____

Mother's Address: _____

3.

Father's Name: _____

Father's Address: _____

4.

Guardian's Name: _____

Guardian's Address: _____

Type of guardianship (circle one): Permanent Temporary

Date of Guardianship Order:

5.

Pursuant to O.C.G.A. § 15-11-244, there has been a material change in circumstances which warrants a modification, vacation or revocation of guardianship. Since guardianship was granted on _____, circumstances have changed as follows (attach additional pages as necessary):

6.

It is in the best interest of said child(ren), as set forth in OCGA § 15-11-26, that the Court grant the Petitioner's Request. Petitioner is requesting the following modification to the guardianship:

WHEREFORE, Petitioner prays:

- a. That the Court set this matter for a hearing;
- b. That the Court grant Petitioner's *Petition* based upon the foregoing, and;
- c. For any other relief the Court deems just.

Respectfully submitted this _____ day of _____, 20_____.

PETITIONER

Print Name:

Georgia Bar No. (if applicable) _____

Petitioner Address:

Phone Number: _____

Email address: _____

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VERIFICATION

Personally appeared before the undersigned officer, duly authorized to administer oaths in the State of Georgia, _____ who after being duly sworn, deposes and states that s/he is the Petitioner in the above-styled action and verifies that the facts contained in the within and foregoing Petition to Modify, Vacate or Revoke Guardianship are true and correct to the best of his/her information, knowledge, and belief.

This _____ day of _____, 20_____.

PETITIONER

Print Name:

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

Notary Public

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SUMMONS

TO: _____

ADDRESS: _____

A petition has been filed in this court concerning the above child(ren). A copy of that petition is attached to this summons.

This is a summons requiring you to be in court. If you fail to come to court as required, you may be held in contempt of court and punished accordingly.

Now therefore, you, the parties named above, are commanded to be and appear on the date and time stated below, and to remain in attendance for so long as said case may be continued and until discharged by the court, and you are commanded to lay any and all business aside and be and appear before the Juvenile Court of Forsyth County, Georgia, located at 875 Lanier 400 Parkway, Cumming, GA 30040 on the _____ day of _____, 20____, at _____ o'clock ____m., and any parent, guardian, or legal custodian of the above child(ren) is likewise hereby commanded to be and appear with the aforesaid child(ren) in said court at the time and place above stated, each of you then to make defense thereto and to show cause why the prayers set forth in the Petition should not be granted.

WITNESS the Honorable _____, Judge of the Forsyth County Juvenile Court.

This _____ day of _____, 20____.

Clerk of Court

Deputy Clerk of Forsyth County Juvenile Court

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REQUEST FOR HEARING AND RULE NISI

Please complete this form and return it to:

Forsyth County Juvenile Court Clerk, 875 Lanier 400 Parkway, Cumming, Georgia 30040

- **This form must be filed in conjunction with a pleading for the relief requested.** No hearing will be assigned without a corresponding motion or pleading.
- All requested information must be provided or you will not be assigned a court date.
- **You are responsible for notifying all parties and attorneys of the assigned court date.**

Name of Party/Attorney Requesting Hearing: _____

☐ Petitioner ☐ Respondent ☐ Child Attorney/GAL ☐ Other: _____

Name of Opposing Attorneys or Parties/CASA/Guardian ad Litem:

Purpose of Hearing: _____

Submitted this _____ day of _____, 20____.

Signature: _____ **Print name:** _____

Email Address & Phone Number: _____

RULE NISI

A hearing having been requested in the above-styled matter on the issues raised above, the parties shall appear on the _____ day of _____, 20____ at ____:_____.m. at the Forsyth County Juvenile Court located at 875 Lanier 400 Parkway, Suite 100, Cumming, Georgia 30040.

This _____ day of _____, 20____.

Judge, Forsyth County Juvenile Court