PETITION FOR THE APPOINTMENT OF A TEMPORARY MEDICAL CONSENT GUARDIAN FOR A PROPOSED MEDICAL CONSENT WARD

INSTRUCTIONS

I. Specific Instructions

1. This form is to be used in cases when, according to the provisions of O.C.G.A. § 29-4-18, a medical procedure is necessary, the proposed ward is unable to consent, and no other person, as provided in O.C.G.A. § 31-9-2, is able or willing to make the medical decisions.
2. The form must be completed so as to set forth facts which will establish probable cause to believe that the proposed medical consent ward lacks decision-making capacity and is in need of a temporary medical consent guardian, pursuant to O.C.G.A. § 29-4-18, including but not limited to
    a. that the requested medical decision is necessary and why the decision is needed without undue delay;
    b. that the ward is unable to make or communicate such medical decision;
    c. the anticipated duration of the temporary medical consent guardianship;
    d. that no other person has the authority and/or willingness to make the medical decision; and
    e. whether a petition for the appointment of a guardian or conservator has been filed or will be filed as to this proposed ward.
3. According to Uniform Probate Court Rule 5.6 (A), unless the Court specifically assumes responsibility, it is the responsibility of the moving party to prepare the proper citation and deliver it properly so that it can be served according to law. The pages labeled "court" in the footnote are to be completed by the moving party, unless otherwise directed by the Court.
4. If probable cause is found by the Court, a preliminary hearing shall be held within 72 hours after the filing of the petition, notice of which shall be given to the proposed medical consent ward in accordance with O.C.G.A. § 29-4-18 (d) and, unless waived by the Court, in accordance with O.C.G.A. § 29-4-18 (e).
5. At the preliminary hearing the Court may appoint a temporary medical consent guardian, set an evidentiary hearing to be conducted no later than four days after the preliminary hearing, or dismiss the petition by issuing a court order. The forms herein allow the date for any evidentiary hearing to be determined and set in the order setting the preliminary hearing, but the decision to go forward with the evidentiary hearing would be made at the time of the preliminary hearing. If the date and time of the evidentiary hearing was not set until the preliminary hearing, a second notice shall be given to the proposed medical consent ward and may be given to any interested party according to O.C.G.A. § 29-4-18 (e) who had not been served previously with the order setting the preliminary hearing.
6. Additional provisions are required to authorize withdrawal of life-sustaining procedures and must be specifically authorized by the Court.

II. General Instructions:

General instructions applicable to all Georgia probate court standard forms are available in each probate court or at www.gaprobate.gov, labeled GPCSF 1.

UNOFFICIAL VERSION – PENDING SUPREME COURT APPROVAL

PROBATE COURT OF _____ COUNTY

STATE OF GEORGIA

IN RE:	**)**	**ESTATE NO. _____**
	)	
_____,	**)**	**PETITION FOR APPOINTMENT OF**
PROPOSED MEDICAL CONSENT WARD	**)**	**A TEMPORARY MEDICAL CONSENT**
	)	**GUARDIAN FOR A PROPOSED**
	)	**MEDICAL CONSENT WARD**

TO THE HONORABLE JUDGE OF THE PROBATE COURT:

1.

Petitioner, _____, is the (relationship) _____ of the proposed ward, and is domiciled at (address of petitioner) _____ County of _____, State of _____, telephone number _____.

2.

The proposed ward is _____ years of age, was born (date of birth) _____, is domiciled at (address of ward) _____, _____ County, State of _____, and is presently located at _____, a (type of facility, if applicable) _____ in _____ County and can be contacted at (telephone number) _____.

[Initial if applicable]

_____ It is anticipated that the proposed ward will be moved within the next three days to the following address: _____, telephone number: _____.

3.

The proposed medical consent ward is in need of a temporary medical consent guardian by reason of the following incapacity: _____ to the extent that the proposed medical consent ward lacks sufficient understanding or capacity to make significant responsible decisions regarding his or her medical treatment or lacks the ability to communicate such decisions by any means. The facts which support the claim of the need for a temporary medical consent guardian are as follows:

[NOTE: Pursuant to O.C.G.A. § 29-4-18, the Court shall dismiss the petition if the petitioner does not allege sufficient facts to establish that the proposed medical consent ward is in need of a

temporary medical consent guardian as stated above. The petition cannot be granted unless sufficient facts are presented which support the need for the appointment of a temporary medical consent guardian. While a physician's affidavit is permissible, the petitioner MUST specifically allege sufficient facts to support the granting of this petition.]

_____

_____

The foreseeable duration of the proposed medical consent ward's incapacity will be: _____.

4.

The following medical decisions are needed and must be made without undue delay:

[NOTE: Set forth the types of treatment and/or medical procedures for which consent is needed and state why the decision(s) must be made without undue delay, that is, why the procedures for the appointment of a non-emergency (permanent) guardian are inadequate to meet the needs of the circumstances]:

_____

_____

_____

_____

5.

It is in the best interest of the proposed medical consent ward that _____ be appointed as temporary medical consent guardian. Unless the proposed medical consent guardian is the petitioner, the name, address, and telephone number of the proposed medical consent guardian is _____.

6.

[Initial one]

_____ a. No other person has authority to act in the circumstances, whether under a power of attorney, trust, or otherwise.

_____ b. The following individual(s) with the authority to act under a power of attorney, trust, or otherwise, are absent or appear(s) unwilling or unable to act: (name, address, and telephone number):

_____

_____

_____

7.

[Initial one]

_____ a. The proposed medical consent ward does have a living will or advanced directive for health care which is attached hereto and the nominated agents are listed above in subparagraph 6 (b); or

_____ b. To the best of the petitioner's information and belief the proposed medical consent ward does not have a living will or advanced directive for health care.

8.

List all possible conflicts of interest between the proposed medical consent ward and the proposed temporary medical consent guardian including, but not limited to, being an heir of the proposed ward; or a beneficiary under his/her will, being a co-owner with the proposed ward with rights of survivorship of real property and other survivorship or beneficiary interest in bank accounts, retirement accounts, investment accounts, annuities, and life insurance policies.

9.

[Initial one]

_____ A petition for permanent guardianship and/or conservatorship was/is being/will be filed in conjunction with this petition.

_____ No petition for permanent guardianship and/or conservatorship has been/will be filed.

10.

Provide names, addresses, and telephone numbers for the following persons who have not joined in the petition or consented to these proceedings. Describe the relationship, if any, of these persons to the proposed medical consent ward:

(1) The administrator of the hospital or health care facility where the proposed medical consent ward is located: _____

_____.

(2) The primary treating physician or other physicians believed to have provided any medical opinion or advice about the condition of the proposed medical consent ward relevant to the petition: _____

_____

_____.

(3) All other persons the petitioner(s) believe(s) may have information concerning the expressed wishes of the proposed medical consent ward: _____

_____ .

11.

Additional Data: Where full particulars are lacking, state here the reasons for any such omission.

_____

_____

WHEREFORE, petitioner(s) pray(s):

1. that service be perfected as required by law;
2. that the Court appoint legal counsel for the proposed medical consent ward;
3. that the Court conduct a preliminary hearing within 72 hours after the filing of this petition;
4. that, if necessary, the Court order an evidentiary hearing to be conducted not later than four days after the preliminary hearing; and
5. that a temporary medical consent guardian be appointed for the proposed medical consent ward.

_____	_____
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
My Commission Expires:_____

Sworn to and subscribed before
me this _____ day of _____, 20 ___ _____
Second Petitioner, if any

_____ _____
NOTARY/CLERK OF PROBATE COURT Printed Name
My Commission Expires:_____

UNOFFICIAL VERSION – PENDING SUPREME COURT APPROVAL

CONSENT TO SERVE AS TEMPORARY MEDICAL CONSENT GUARDIAN

RE: PETITION FOR THE APPOINTMENT OF A TEMPORARY MEDICAL CONSENT GUARDIAN_____, A PROPOSED MEDICAL CONSENT WARD.

I, _____, having been nominated as temporary medical consent guardian of the above-named proposed medical consent ward, do hereby consent to serve as temporary medical consent guardian, if so appointed, and do specifically agree that I am:

(1) willing and able to become involved in the proposed medical consent ward's health care decisions; and

(2) willing to exercise reasonable care, diligence, and prudence, and to consent in good faith to medical or surgical treatment or procedures which the proposed medical consent ward would have wanted had he or she not been incapacitated.

Where the medical consent ward's preferences are not known, I agree to act in the proposed medical consent ward's best interests. However, I understand that I am not authorized to withdraw life- sustaining procedures unless specifically authorized by the Court.

_____
Proposed Temporary Medical Consent Guardian

_____
Printed Name

_____
Address

_____

_____
Telephone Number

PETITION FOR THE APPOINTMENT OF A TEMPORARY MEDICAL CONSENT GUARDIAN FOR A PROPOSED MEDICAL CONSENT WARD.

NOTICE

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

UNOFFICIAL VERSION – PENDING SUPREME COURT APPROVAL

PROBATE COURT OF _____COUNTY

STATE OF GEORGIA

IN RE:	**)**	**ESTATE NUMBER: _____**
	)	
_____,	**)**	**PETITION FOR APPOINTMENT OF**
PROPOSED MEDICAL CONSENT WARD	**)**	**A TEMPORARY MEDICAL CONSENT**
	)	**GUARDIAN FOR A MEDICAL**
	)	**CONSENT WARD**

ORDER FOR APPOINTMENT OF COUNSEL, APPOINTMENT OF SPECIAL PROCESS SERVER, AND NOTICE OF HEARING

The above petition having been read and considered, and it appearing that there is probable cause to believe that the proposed medical consent ward lacks decision-making capacity and is in need of a medical consent guardian within the meaning of O.C.G.A. § 29-4-18.

IT IS HEREBY ORDERED that _____is hereby appointed special agent to personally serve_____, proposed medical consent ward, with a copy of the petition for appointment of a temporary medical consent guardian and this order/notice.

IT IS FURTHER ORDERED that a preliminary hearing shall be conducted at ____ o'clock ___.m., on _____ which is within 72 hours after the filing of the petition,) at: _____

[Initial as applicable]

_____ a. the Probate Court of _____ County, courtroom _____, at (address) _____, Georgia.

_____ b. (address of location other than courthouse), _____, Georgia.

IT IS FURTHER ORDERED that, if an evidentiary hearing is ordered at the preliminary hearing:

[Initial as applicable]

_____ the time and date for such hearing, to be held within four days after the preliminary hearing, will be set at the preliminary hearing, notice of which will be given as the Court directs.

_____ shall be held at_____o'clock, ___.m. on _____, which is within four days after the date of the preliminary hearing, in courtroom _____, _____ County Courthouse at (address) _____, Georgia.

IT IS FURTHER ORDERED that the petitioner(s) and the temporary medical consent

guardian(s) to be appointed, if different from the petitioner(s), attend the hearing and give testimony under oath as the Court may direct.

IT IS FURTHER ORDERED that _____, attorney at law, telephone number: _____, is hereby appointed to represent the proposed medical consent ward.

NOTICE TO PROPOSED WARD:

This is to notify you of a proceeding initiated in this Court by seeking to appoint a temporary medical consent guardian for you.

BY THIS ORDER, THE COURT HAS APPOINTED AN ATTORNEY TO REPRESENT YOU AND HAS SCHEDULED A PRELIMINARY HEARING. YOU AND YOUR ATTORNEY HAVE THE RIGHT TO ATTEND ANY HEARING HELD ON THIS MATTER.

IF A TEMPORARY MEDICAL CONSENT GUARDIAN IS APPOINTED FOR YOU, YOU MAY LOSE IMPORTANT RIGHTS TO CONTROL AND MANAGE YOUR PERSON.

_____ IT IS FURTHER ORDERED that additional service of the petition is hereby waived.

_____ IT IS FURTHER ORDERED that the clerk/deputy clerk shall serve by first class mail copies of the petition and this order to all interested individuals identified in paragraphs five or six of the petition, if any.

_____ IT IS FURTHER ORDERED that the clerk/deputy clerk shall serve by first class mail copies of the petition and this order to the following persons: __

_____

_____

_____

So ordered this_____day of_____, 20___.

_____

Judge of the Probate Court

CERTIFICATE OF MAILING OF ORDER FOR APPOINTMENT OF COUNSEL, APPOINTMENT OF SPECIAL PROCESS SERVER, AND NOTICE OF HEARING

ESTATE NAME: _____ **ESTATE NO.**_____

This is to certify that I have this day served the persons named in the above petition, who were ordered to be served by first-class mail, with a copy of the foregoing petition and order, by placing a copy of same in an envelope addressed to each, and depositing same in the United States Mail, first-class, with adequate postage thereon.

_____ _____

DATE PROBATE CLERK/DEPUTY CLERK

CERTIFICATE OF MAILING OF ORDER OF DISMISSAL

ESTATE NAME:_____ **ESTATE NO.**_____

This is to certify that I have this day served the proposed medical consent ward with a copy of the petition and order for dismissal by placing a copy of same in an envelope addressed to the proposed ward and depositing same in the United States Mail, first-class, with adequate postage thereon. I have also served a copy of the order for dismissal in the same manner upon the persons required in said order to be so served.

_____ _____

DATE PROBATE CLERK/DEPUTY CLERK

UNOFFICIAL VERSION – PENDING SUPREME COURT APPROVAL

PROBATE COURT OF _____COUNTY

STATE OF GEORGIA

IN RE:	**)**	**ESTATE NUMBER: _____**
	)	
_____,	**)**	**PETITION FOR APPOINTMENT OF**
PROPOSED MEDICAL CONSENT WARD	**)**	**A TEMPORARY MEDICAL CONSENT**
	)	**GUARDIAN FOR A MEDICAL**
	)	**CONSENT WARD**

ORDER FOR DISMISSAL

The above and foregoing petition having been read and considered pursuant to O.C.G.A. §29-4-18, and based on the petition (and prior to the preliminary hearing)(and following a preliminary hearing)(and following an evidentiary hearing), it appears that there is not probable cause to believe that the proposed medical consent ward is in need of a temporary medical consent guardian. Therefore, it is hereby:

ORDERED that the petition is dismissed.

IT IS FURTHER ORDERED that a copy of the petition, the affidavit, if any, and this order be served on the proposed medical consent ward by first-class mail, and a copy of this order be served in the same manner upon the petitioner or his/her/their attorney.

SO ORDERED this _____ day of_____, 20___.

_____

Judge of the Probate Court

UNOFFICIAL VERSION – PENDING SUPREME COURT APPROVAL

PROBATE COURT OF _____COUNTY

STATE OF GEORGIA

IN RE:	**)**	**ESTATE NUMBER: _____**
	)	
_____,	**)**	**PETITION FOR APPOINTMENT OF**
PROPOSED MEDICAL CONSENT WARD	**)**	**A TEMPORARY MEDICAL CONSENT**
	)	**GUARDIAN FOR A MEDICAL**
	)	**CONSENT WARD**

RETURN OF SHERIFF/SPECIAL AGENT

I have this day served the proposed medical consent ward, _____, personally with a copy of the petition for appointment of a temporary medical consent guardian and order for appointment of counsel, appointment of special process server, and notice of hearing.

This ____ day of _____, 20__.

_____

Deputy Sheriff _____ County, Georgia

_____

Special Agent

_____

Printed Name

(If return is by special agent:)
Sworn to and subscribed before me, this
____ day of_____, 20__.

_____

Notary Public/Clerk, Probate Court
My Commission Expires: _____

PROBATE COURT OF _____COUNTY

STATE OF GEORGIA

IN RE:	)	**ESTATE NUMBER: _____**
	)	
_____,	)	**PETITION FOR APPOINTMENT OF**
PROPOSED MEDICAL CONSENT WARD	)	**A TEMPORARY MEDICAL CONSENT**
	)	**GUARDIAN FOR A MEDICAL**
	)	**CONSENT WARD**

ORDER FOR EVIDENTIARY HEARING

A preliminary hearing was held on the above-referenced petition on _____, 20 ___, and after considering the pleadings and the evidence taken at the hearing,

IT IS ORDERED that an evidentiary hearing shall be conducted (in the Probate Court of _____ County, courtroom _____, (address)_____, Georgia) (at the following location: _____) at ____ o'clock ___.m., on _____ (which is not later than four days after the preliminary hearing).

IT IS FURTHER ORDERED that the petitioner(s), and the temporary medical consent guardian(s) to be appointed if different from the petitioner(s), attend the hearing and give testimony under oath as the Court may direct.

IT IS FURTHER ORDERED that a clerk/deputy clerk shall serve by first-class mail a copy of this order on all interested parties who were served notice of the preliminary hearing and the following person(s):

_____

.

SO ORDERED this_____day of_____, 20____.

_____

Judge of the Probate Court

UNOFFICIAL VERSION – PENDING SUPREME COURT APPROVAL

CERTIFICATE OF MAILING OF NOTICE OF EVIDENTIARY HEARING

ESTATE NAME: _____ ESTATE NO. _____

This is to certify that I have this day served the persons named in the above petition, who were ordered to be served by first-class mail, with a copy of the foregoing notice of evidentiary hearing, by placing a copy of same in an envelope addressed to each and depositing same in the United States Mail, first-class, with adequate postage thereon.

_____ _____

DATE PROBATE CLERK/DEPUTY CLERK

UNOFFICIAL VERSION – PENDING SUPREME COURT APPROVAL

PROBATE COURT OF _____COUNTY

STATE OF GEORGIA

IN RE:	**)**	**ESTATE NUMBER:_____**
	)	
_____,	**)**	**PETITION FOR APPOINTMENT OF**
PROPOSED MEDICAL CONSENT WARD	**)**	**A TEMPORARY MEDICAL CONSENT**
	)	**GUARDIAN FOR A MEDICAL**
	)	**CONSENT WARD**

FINAL ORDER

A preliminary hearing was held on the above-referenced petition on _____ 20 ___ (and an evidentiary hearing was held on _____, 20____). After considering the pleadings and the evidence taken at the hearing(s), the Court makes the following:

FINDINGS OF FACT

1.

All procedural requirements of O.C.G.A. § 29-4-18 have been met.

2.

The above-named proposed medical consent ward is in need of a temporary medical consent guardian by reason of _____. Such need appears to be limited to the following number of days: _____. The temporary medical consent guardian shall have the limited authority to consent, on behalf of the proposed medical consent ward, to surgical or medical treatment or procedures not prohibited by law that the proposed medical consent ward would have wanted had he or she not been incapacitated and that is in the best interest of the proposed medical consent ward, if known by the medical consent guardian. If the preferences of the medical consent ward are not known to the medical consent guardian, the medical consent guardian shall act in the best interest of the proposed medical consent ward.

3.

After reasonable inquiry, a person authorized or willing to consent for the proposed medical consent ward under the provisions of O.C.G.A. § 31-9-2 was absent. The petitioner moved the Court to appoint _____ as temporary medical consent guardian, asserting that he or she should serve because _____.

CONCLUSIONS OF LAW

The Court finds that the above-named proposed medical consent ward, hereinafter referred to as "the ward," is in need of a temporary medical consent guardian because the ward lacks sufficient understanding or capacity to make significant responsible decisions regarding his or her medical treatment or the ability to communicate such decisions by any means.

The temporary medical consent guardian is appointed for the sole and limited purposes of consenting to surgical or medical treatment or procedures on behalf of the ward that are not

prohibited by law and that the ward would have wanted had he or she not been incapacitated, if known to the medical consent guardian, or, if the ward's preferences are not known, that are in the best interest of the ward.

The temporary medical consent guardianship shall terminate on the earliest of:

(1) the Court's removal of the temporary medical consent guardian;
(2) the effective date of the appointment of a permanent guardian under O.C.G.A. § 29-4-2;
(3) the duration of the current hospitalization of the ward or the duration of a substantially continuous stay in another health care facility; or
(4) 60 days from the date of appointment of the temporary medical consent guardian.

IT IS THEREFORE ORDERED that _____ be, and hereby is, appointed temporary medical consent guardian of the ward. Letters of temporary medical consent guardianship shall issue to the temporary medical consent guardian upon his or her taking the required oath. The appointed temporary medical consent guardian shall have no authority to act on behalf of the medical consent ward until letters of temporary medical consent guardianship have issued.

IT IS FURTHER ORDERED that the temporary medical consent guardian has the sole and limited authority to consent to surgical or medical treatment or procedures on behalf of the ward that are not prohibited by law and that the ward would have wanted had he or she not been incapacitated, if known to the medical consent guardian, or, if the ward's preferences are not known, that are in the best interest of the ward.

IT IS FURTHER ORDERED that the temporary medical consent guardian:
[Initial one]

_____ is authorized to withdraw life-sustaining procedures; or

_____ is not authorized to withdraw life-sustaining procedures, unless hereafter authorized by the Court.

IT IS FURTHER ORDERED that a copy of this order shall be hand delivered or mailed by first class mail to the ward, the medical consent ward's attorney, the medical consent guardian, the petitioner(s), and his/her/their attorney(s), if any.

IT IS FURTHER ORDERED that the ward's legal counsel shall make reasonable efforts to explain to the ward this order and the ward's rights under this order.

SO ORDERED this _____ day of _____, 20 ___.

_____
Judge of the Probate Court/Hearing Officer exercising the jurisdiction of the probate court pursuant to O.C.G.A. § 29-4-12 (d) (7) and/or § 29-5-12 (d) (7)

CERTIFICATE OF MAILING OF FINAL ORDER

I have this date mailed (or handed) a copy of the final order appointing temporary medical consent guardian to the medical consent ward, his/her attorney (his/her representatives), the medical consent guardian, the petitioner(s), and petitioner's attorney(s).

_____ _____

DATE PROBATE CLERK/DEPUTY CLERK

UNOFFICIAL VERSION – PENDING SUPREME COURT APPROVAL

STATE OF GEORGIA

COUNTY OF _____ ESTATE NO. _____

LETTERS OF TEMPORARY MEDICAL CONSENT GUARDIANSHIP

From: Judge of the probate court of said county.

TO:_____, Medical Consent Guardian

RE:_____, Medical Consent Ward Date of Birth _____

This Court has found that the above-named medical consent ward is in need of a temporary medical consent guardian for the sole and limited purpose of the medical consent guardian consenting, on behalf of the medical consent ward, to surgical or medical treatment or procedures that are not prohibited by law.

This Court has designated you as such guardian, and you have taken your oath.

You have agreed that you are willing and able to become involved in the medical consent ward's health care decisions and that you are willing to exercise reasonable care, diligence, and prudence. You have also agreed to consent in good faith to medical or surgical treatment or procedures which the proposed medical consent ward would have wanted had he or she not been incapacitated.

Where the proposed medical consent ward's preferences are not known, you have agreed to act in the proposed medical consent ward's best interest.

These letters expire and the temporary medical consent guardianship terminates on the earliest of:

(1) the Court's removal of the temporary medical consent guardian;
(2) the effective date of the appointment of a permanent guardian under O.C.G.A. § 29-4-2;
(3) the duration of the current hospitalization of the medical consent ward or the duration of a substantially continuous stay in another health care facility; or
(4) 60 days from the date these letters are issued.

The temporary medical consent guardian (is) (is not) authorized to withdraw life-sustaining procedures.

Given under my hand and official seal, the _____ day of _____, 20 ___.

_____
Judge of the Probate Court

[NOTE: The following must be signed if the judge does not sign the original of this document:]

Issued by:

_____ (Seal)
PROBATE CLERK /DEPUTY CLERK

STATE OF GEORGIA
COUNTY OF _____ **ESTATE NO. _____**

OATH OF TEMPORARY MEDICAL CONSENT GUARDIAN

Re: Estate of _____
MEDICAL CONSENT WARD

I do solemnly swear (or affirm) that I will well and truly perform the duties required of me as temporary medical consent guardian of the above-named medical consent ward.

By taking this oath, I specifically agreed that I am:

(1) willing and able to become involved in the proposed medical consent ward's health care decisions; and

(2) willing to exercise reasonable care, diligence, and prudence and to consent in good faith to medical or surgical treatment or procedures which the proposed medical consent ward would have wanted had he or she not been incapacitated.

Where the medical consent ward's preferences are not known, I agree to act in the proposed medical consent ward's best interest.

I understand that I (am)(am not) authorized to withdraw life-sustaining procedures (as per order of the Court).

_____
TEMPORARY MEDICAL CONSENT GUARDIAN

Sworn to and subscribed before me, this_____day of_____, 20__.

_____
Clerk of the Probate Court