

IN THE PROBATE COURT OF COBB COUNTY

STATE OF GEORGIA

IN RE:

_____,
PROPOSED WARD

)
)
)

ESTATE NO. _____

CONSENT FORM

I hereby authorize the Probate Court of Cobb County to receive any criminal history record information related to me, which may be in the files of any state or local criminal justice agency in Georgia.

I understand that this information will be used by the court only in connection with the proceeding for which this consent is granted, that it will be kept confidential, but that it may be disclosed to the attorneys, Division of Aging Adult Protective Services and appropriate law enforcement, and/or guardians ad litem appointed in connection with this matter.

Signature

Date

Full Name (Print First, Middle, Maiden, Last)

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

Address

Notary Public or Clerk, Probate Court

Telephone Number

Social Security Number

Sex

Race

Date of Birth