

ESTATE NO.: _____

**Georgia Bureau of Investigation
Georgia Crime Information Center**

CONSENT FORM

I hereby authorize the **Rockdale County Probate Court** pursuant to Probate Court Rule 5.5.1 and or 5.5.2 as authorized by O.C.G.A. § 29.9.19, to receive any Georgia criminal history record information pertaining to me, which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (Print)

Address: _____

Sex Race Date of Birth

Signature

Date

BACKGROUND CHECK PROVISIONS

- Guardianship/Conservatorship for Adults **PURPOSE CODE: M**
- Guardianship/Conservatorship for Minors **PURPOSE CODE: W**

Clerk/Deputy Clerk Probate Court

After background check has been performed, please return copy back to Rockdale County Probate Court with the following information:

No Record Record Attached

Officer's Signature