

This form is not always required. It is required when the child involved in the guardianship has been a victim of abuse, or when an adult involved in the guardianship has been found to be a person who has abused or neglected a child.

STATE OF INDIANA

IN THE COUNTY TYPE OF COURT COURT

IF YOU DON'T KNOW LEAVE IT BLANK

COUNTY OF COUNTY

CAUSE NO.

IN RE THE GUARDIANSHIP OF:

NAME OF CHILD

Minor Child

CHILD IN NEED OF SERVICES DISCLOSURE FORM

Comes now, YOUR NAME, and respectfully files a CHINS Disclosure Form. Pursuant to IC 29-3-2-7, this CHINS Disclosure Form hereby discloses to the Court, under seal, that:

1. A petition for guardianship of the child(ren) has been filed by NAME OF PERSON WHO IS ASKING FOR GUARDIANSHIP in this case.

2. The parties to this guardianship proceeding are: NAMES OF ALL THE PEOPLE INVOLVED IN THE GUARDIANSHIP

3. I have knowledge that:

A party to these guardianship proceedings in this case has been determined to be a perpetrator of a substantial report of child abuse or neglect. The name of the party is: NAME OF THE PERPETRATOR;

The child(ren) named in the petition for guardianship in this case has/have been the subject of a substantiated report of child abuse or neglect;

The child(ren) named in the petition for guardianship in this case has/have been determined to be a child(ren) in need of services under IC 31-34;

The child(ren) named in the petition for guardianship in this case has/have been involved in an informal adjustment under IC 31-34-8

4. I/we understand my/our duty under IC 29-3-2-7 to continue to keep the Court informed, in writing, of any changes to this information.

5. I/we understand that if the information is not given to the Court, a hearing on the petition regarding guardianship may be delayed until the information is provided to the Court.

6. I/we understand that the Court reviewing the petition to establish guardianship of the child(ren) may request information from the Department of Child Services regarding the guardianship petition or proceedings described in IC 29-3-2-7.

SELECT THE BOX THAT IS TRUE

7. I/we understand that the Department of Child Services is required to provide a response, under seal, to the Court's request for information.

DATE
Date

SIGN
Signature
YOUR NAME
Printed Name

DATE
Date

SIGN
Signature
OTHER PARTY'S NAME
Printed Name

Distribution: