

**INSTRUCTIONS FOR GUARDIANSHIP OF A MINOR WHEN ALL LIVING PARENTS
AND INTERESTED PERSONS HAVE CONSENTED**

- Review the instructions in this packet. These instructions explain how to complete the forms listed below.
- Make sure you read through this list below before you start your forms. At the end of the list, there is an explanation of other forms that you may be required to complete.
- You may choose to file your documents at the courthouse in the county in which the child lives, or to e-file them. **If you will file your paper documents at the courthouse, you will need to print them when you have finished filling them out. You can print by holding down the CTRL key and the “P” key on your computer at the same time.**
- **If you choose to e-file**, instead of file in person, make sure you review the instructions at this link: <https://www.in.gov/judiciary/efile/tyler.html>
- **There is a filing fee.** Contact your local county clerk’s office to find out what the filing fee is. You might qualify for a fee waiver. You can learn more about filing for a fee waiver here: <https://indianalegalhelp.org/court-forms/forms-fee-waiver/>

- Appearance
 - This is the document that tells the court how to contact you if they need to.
- Verified Petition for Appointment of Guardians of the Person Of the Minor
 - This is the document that asks the court to give you guardianship.
- Guardianship Information Sheet
- ACR Form
- Waiver of Notice of Hearing and Consent to Guardianship by Alleged Incapacitated Person or Minor
 - This form tells the court that the parents and other interested parties do not need to be told about any hearing that may be scheduled, and that they know about and consent to the guardianship.
 - You may need several copies of this form.** A form should be signed by:
 - every living parent. *If every living parent has not consented then this is not a consented to guardianship and these forms will not work for you.* An exception to this rule is that if the court has terminated a parent’s parental rights, then you do not need their consent; and
 - any person who has lived with or had custody of the minor during the 60 days before filing the petition; and
 - any other person that the court directs in the order setting hearing or at the hearing.

Please be aware that the court may ask a **guardian ad litem**, a person that investigates what solutions are in the best interests of a child, to investigate and report

on whether the court should give you guardianship of the child before the court makes a decision.

- Order Setting Hearing
 - The judge or commissioner may want to have a hearing. If so, the court will complete the *Order Setting Hearing On Petition For Appointment Of Guardian*. You must come to court on the day and time the court puts in the *Order*.
 - If you file your documents in person (instead of e-file), it's possible the judge or commissioner might not set a hearing and they might meet with you right away.
- Guardianship Order
 - This is the document the judge or commissioner signs saying you may have guardianship of the child.
 - After this is signed, you will still need to get your *Letters of Guardianship* from the Clerk.
- Oath of Guardian
 - Sign this in front of a notary public and file it with the court when you file your Petition.
- Guardianship Letters
 - After you fill out and swear to the *Oath of Guardian*, the Clerk will sign the *Letters of Guardianship*.

Other forms you ***may*** need to file with the forms listed above:

- Minor Child's Notice of and Consent to Appointment of Guardian of the Person (*for minor children 14 years or older*)
 - If the child you are asking to get guardianship of is 14 years old or older, they must sign this form.** If the child is less than 14 years old, you do not need to file this form.
- Application for Appointment of Guardian
 - This is not required in every county, but is required in some (like Marion County). Check local rules to see if it is required in your county.
- CHINS Disclosure Form and ACR Form
 - This is required if any of the following are true:
 - 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 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

STATE OF INDIANA

IN THE COUNTY COURT TYPE COURT
(IF YOU DON'T KNOW IT LEAVE BLANK)

COUNTY OF NAME OF COUNTY

CAUSE NO: _____

IN RE THE GUARDIANSHIP OF
NAME OF THE MINOR CHILD

APPEARANCE BY UNREPRESENTED

1. My name is YOUR NAME and in this case I am not represented by a lawyer.

2. My contact information for receiving legal service of documents and case information as required by Court Rules is:

Address: YOUR ADDRESS

Email address: YOUR EMAIL

IF YOU WANT THE COURT TO CONTACT YOU ONLY BY EMAIL, CHECK THIS BOX

I will accept service at the above email address.

Phone: YOUR PHONE NUMBER Fax: YOUR FAX NUMBER, IF YOU HAVE ONE

OR, if in a related case, you have used the Attorney General confidential address, you may check the box below:

CHECK THIS BOX ONLY IF YOU USE THE A.G.'S CONFIDENTIAL ADDRESS

Attorney General confidential address

3. This is a GU case type as defined in Administrative Rule 8(B)(3).

IF THERE ARE RELATED CASES, CHECK 'YES' AND LIST BELOW. IF NOT, CHECK 'NO.'

4. There are other cases related to this case: (If yes, please indicate below)
 Yes No

Caption and case number of related cases:

Caption: _____ Case No.: _____

Caption: _____ Case No.: _____

Additional information as required by local rule:
ANY ADDITIONAL INFORMATION REQUIRED BY LOCAL RULE.

SIGN HERE

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document on _____ by _____

DATE YOU WILL SEND THIS TO THE PARENT OR OTHER INTERESTED PERSON

HOW YOU WILL GET THIS DOCUMENT TO THE PARENT OR OTHER INTERESTED PERSON

- e-service using the e-filing system
- first-class U.S. mail, postage prepaid
- hand delivery

to NAME OF PERSON THIS FORM WILL BE SENT TO at the following address:

ADDRESS THIS FORM WILL BE SENT TO

YOUR SIGNATURE

Signature

STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CAUSE NO. _____

IN RE THE GUARDIANSHIP OF:

FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT THE FIRST FORM YOU FILLED OUT AND ENTER THE SAME INFORMATION HERE.

Minor Child

VERIFIED PETITION FOR APPOINTMENT OF GUARDIAN(S) OF THE PERSON OF MINOR

Come now the Petitioner(s) YOUR NAME-IF YOU AND ANOTHER PERSON ARE BOTH ASKING TO BE MADE CO-GUARDIANS, PUT BOTH NAMES HERE, and respectfully petitions the Court to appoint Petitioner(s) as guardian(s) of NAME OF THE MINOR CHILD, a minor child. In support of this request, Petitioner(s) would show the Court as follows:

1. CHILD'S NAME OF THE MINOR CHILD was born on CHILD'S DATE OF BIRTH, is AGE years old and is incapacitated due to minority and resides at the following address: CHILD'S ADDRESS.

2. Petitioner(s) reside at YOUR (AND CO-GUARDIAN'S) ADDRESS.

3. IF CHILD IS LIVING WITH YOU, PUT THE DATE THE BEGAN LIVING WITH YOU HERE, The child has been in the physical custody and care of Petitioner(s) since _____, because:

IF THE CHILD HAS BEEN LIVING WITH YOU, REASON(S) WHY THE CHILD WAS PLACED IN YOUR CARE

4. Petitioner(s) is/are the child's YOUR RELATIONSHIP TO THE MINOR CHILD. Petitioner(s) has/have been supporting and caring for the child in the following ways: EXPLAIN TO THE JUDGE HOW YOU HAVE BEEN TAKING CARE OF THE CHILD

5. CHECK THE BOX(ES) THAT IS/ARE TRUE A Child In Need Of Services (CHINS) petition has been filed regarding this child and is open closed has not been filed regarding this child.

6. CHECK THE BOX(ES) THAT IS/ARE TRUE A program of informal adjustment has been filed regarding this child and is open closed has not been filed regarding this child.

7. Petitioner(s):

CHECK THE BOX THAT ARE TRUE

are aware of another guardian appointed for or acting as the custodian of the minor child and their name is IF THERE IS AN APPOINTED GUARDIAN, PUT THEIR NAME HERE and address is: IF THERE IS AN APPOINTED GUARDIAN, PUT THEIR ADDRESS HERE.

are not aware of another guardian appointed for or acting as the custodian of the minor child.

8. A protective order:

CHECK THE BOX THAT IS TRUE

has been issued for the minor.

has not been issued for the minor.

9. The child has the following real or personal property. The lines below should include a description and approximate value of the property. Property includes any compensation, pension, insurance or allowance to which the minor child may be entitled:

LIST THE CHILD'S PROPERTY HERE WITH AN APPROXIMATE VALUE OF THE PROPERTY. IF THE CHILD IS ENTITLED TO ANY COMPENSATION, PESION, INSURANCE OR ALLOWANCE YOU MUST LIST IT HERE.

10. As far as Petitioner(s) know or can reasonably discover, the names and addresses of the persons most closely related by blood or marriage to the minor child are:

LIST THE NAMES AND ADDRESSES OF THE CHILD'S PARENTS AND OF ANY ONE ELSE CLOSELY RELATED TO THE CHILD BY BLOOD OR MARRIAGE

11. The appointment of a guardian is sought for the following reasons:

TELL THE JUDGE WHY YOU THINK YOU SHOULD HAVE GUARDIANSHIP OF THE CHILD

12. If appointed as guardian(s) of the child, Petitioner(s) can provide the following for the child:

TELL THE JUDGE WHAT YOU CAN PROVIDE TO THE CHILD IF YOU ARE APPOINTED AS GUARDIAN

CHECK THE BOX THAT IS TRUE

13. The filing fee for this proceeding:
 has been paid. has not been paid. has been waived.

14. Petitioner(s) request that no bond be required of Petitioner(s) since the minor child has no asset(s).

CHECK THE BOX THAT IS TRUE

15. Petitioner(s) have been appointed guardian(s) of another person in this state.
 Petitioner(s) have not been appointed guardian(s) of another person in this state.

16. Less restrictive alternatives are not sufficient to meet the needs of the child because
INFORMATION ON LESS RESTRICTIVE ALTERNATIVES CAN BE FOUND AT I.C. 29-3-1-7.8
http://iga.in.gov/legislative/laws/2019/ic/titles/029#29-3-14

Wherefore, Petitioner(s) respectfully requests to be appointed guardian(s) of
NAME OF CHILD after notice and a hearing.

The undersigned affirms under penalties for perjury that the foregoing representations and statements are true.

SIGNATURE OF CO-GUARDIAN (IF THERE IS ONE) SIGN HERE
Signature Signature

CERTIFICATE OF SERVICE

DATE YOU WILL SEND THIS TO THE PARENT OR OTHER INTERESTED PERSON

I hereby certify that I sent a copy of this document on PERSON by

HOW YOU WILL GET THIS DOCUMENT TO THE PARENT OR OTHER INTERESTED PERSON

- e-service using the e-filing system
 first-class U.S. mail, postage prepaid
 hand delivery

to NAME OF PERSON THIS FORM WILL BE SENT TO at the following address:

ADDRESS THIS FORM WILL BE SENT TO

DATE YOU WILL SEND THIS TO THE PARENT OR OTHER INTERESTED PERSON

I hereby certify that I sent a copy of this document on INTERESTED PERSON by

HOW YOU WILL GET THIS DOCUMENT TO THE PARENT OR OTHER INTERESTED PERSON

- e-service using the e-filing system
 first-class U.S. mail, postage prepaid
 hand delivery

to NAME OF PERSON THIS FORM WILL BE SENT TO at the following address:

ADDRESS THIS FORM WILL BE SENT TO

SIGNATURE OF CO-GUARDIAN, IF THERE IS ONE YOUR SIGNATURE
Signature Signature

Guardianship Registry Information Sheet-Trial Rule 3.1 (A)(10)

(Individual Estate Estate and Individual)

Choose One* (Minor Adult)

Choose One* (Temporary Permanent)

Related Cases (List any cases in which the Protected Person is a party, e.g., CHINS)

| | |
|-------------------|--|
| Petitioner | Relationship to Protected Person* _____ |
|-------------------|--|

FOR THE FIRST SECTION, INCLUDE YOUR NAME IN THE BLANK AND FILL IN THE INFORMATION BELOW. IF SOMEONE ELSE IS ASKING FOR GUARDIANSHIP WITH YOU, PUT THEIR INFORMATION ON THE NEXT PAGE

Last:* _____ **Suffix:** _____ **First:*** _____ **Middle:** _____
DOB: _____ **Gender:*** _____ **Race:*** _____ **Hispanic?:** _____
Address:* _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Email Address:* _____
Attorney Name: _____ **Bar Number:** _____ **App. Filed Date:** _____

| | |
|-------------------------|---------------------------------|
| Protected Person | Estimated Value \$ _____ |
|-------------------------|---------------------------------|

Last:* _____ **Suffix:** _____ **First:*** _____ **Middle:** _____
DOB:* _____ **Gender:*** _____ **Race:*** _____ **Hispanic?:** _____
Eye Color: _____ **Hair Color:** _____ **Height:** _____ **Weight:** _____ lbs
Scars, Marks, and Tattoos: _____
Address:* _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Email Address: _____
Attorney Name: _____ **Bar Number:** _____ **App. Filed Date:** _____
Guardian Ad Litem Full Name: _____
Interpreter required? _____ **Language:** _____

FILL IN THE CHILD'S INFORMATION HERE

| |
|--|
| Guardian <input type="checkbox"/> Check if same as petitioner <input type="checkbox"/> Certified (Only check if Federal or State Certified) |
|--|

Last:* _____ **Suffix:** _____ **First:*** _____ **Middle:** _____
DOB: _____ **Gender:*** _____ **Race:*** _____ **Hispanic?:** _____
Address:* _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Email Address:* _____
Attorney Name: _____ **Bar Number:** _____ **App. Filed Date:** _____

IF THE CHILD CURRENTLY HAS A GUARDIAN (NOT THE CHILD'S PARENT) FILL IN THE INFORMATION HERE

| |
|-----------------------------|
| Guardian Institution |
|-----------------------------|

Name:* _____
Address:* _____
Phone: _____ **Fax:** _____ **Agent Name:** _____

IF AN INSTITUTION (LIKE A HOSPITAL) IS THE CHILD'S GUARDIAN, FILL IN THIS SECTION.

| | |
|--|---|
| Close Relative (Entitled to Notice) | Relationship to Protected Person _____ |
|--|---|

Last:* _____ **Suffix:** _____ **First:*** _____ **Middle:** _____
Gender:* _____ **Race:*** _____ **Hispanic?:** _____
Mailing Address:* _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Email Address: _____

INCLUDE THE CHILD'S CLOSE RELATIVE'S INFORMATION HERE. THERE IS ADDITIONAL SPACE ON THE NEXT PAGE

CONFIDENTIAL DOCUMENT *TREAT AS IF FILED ON GREEN PAPER*

Guardianship Registry Information Sheet- Trial Rule 3.1 (A)(10)

(Additional)

IF ANOTHER PERSON IS ASKING FOR CO-GUARDIANSHIP OF THE CHILD, FILL IN THIS INFORMATION

Petitioner Relationship to Protected Person _____

Last:* _____ **Suffix:** _____ **First:*** _____ **Middle:** _____
DOB: _____ **Gender:*** _____ **Race:*** _____ **Hispanic?:** _____
Address:* _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Email Address: _____
Attorney Name: _____ **Bar Number:** _____ **App. Filed Date:** _____

Guardian Check if same as petitioner Certified (Only check if Federal or State Certified)

IF THE CHILD HAS ANOTHER GUARDIAN (NOT THE CHILD'S PARENT AND NOT LISTED ABOVE) FILL IN THIS INFORMATION

Last:* _____ **Suffix:** _____ **First:*** _____ **Middle:** _____
DOB: _____ **Gender:*** _____ **Race:*** _____ **Hispanic?:** _____
Address:* _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Email Address: _____
Attorney Name: _____ **Bar Number:** _____ **App. Filed Date:** _____

Close Relative (Entitled to Notice) Relationship to Protected Person _____

Last:* _____ **Suffix:** _____ **First:*** _____ **Middle:** _____
Gender:* _____ **Race:*** _____ **Hispanic?:** _____
Mailing Address:* _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Email Address: _____

INCLUDE THE CHILD'S CLOSE RELATIVE'S INFORMATION HERE. THERE IS ADDITIONAL SPACE ON THE NEXT PAGE

FILL IN THE REMAINING BLANKS IF THERE ARE MORE INTERESTED PERSONS

Interested Party

Last:* _____ **Suffix:** _____ **First:*** _____ **Middle:** _____
Gender:* _____ **Race:*** _____ **Hispanic?:** _____
Address:* _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Email Address: _____

Interested Party

Last:* _____ **Suffix:** _____ **First:*** _____ **Middle:** _____
Gender:* _____ **Race:*** _____ **Hispanic?:** _____
Address:* _____
Home Phone: _____ **Work Phone:** _____ **Cell Phone:** _____
Email Address: _____

Form ACR (Access to Court Records)

STATE OF INDIANA IN THE _____ COURT

COUNTY OF _____ CAUSE NO. _____

IN RE THE GUARDIANSHIP OF:

FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT THE FIRST FORM YOU FILLED OUT AND ENTER THE SAME INFORMATION HERE.

Minor Child

**Notice of Exclusion of Confidential Information from Public Access
(FILED WITH TRIAL COURT CLERK)**

Contemporaneous with the filing of this notice, YOUR NAME has filed confidential information under the Indiana Rules on Access to Court Records. YOUR NAME, provides this notice that the confidential information is to remain excluded from public access in accordance with the authority listed below:

| | |
|---|--------------------------------------|
| <u>Name or description of document</u> | <u>ACR grounds for exclusion</u> |
| Guardianship Registry Information Sheet | Access to Court Records Rule 5(b)(2) |

SIGN HERE

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document on DATE YOU WILL SEND THIS TO THE PARENT OR OTHER INTERESTED PERSON by

HOW YOU WILL GET THIS DOCUMENT TO THE PARENT OR OTHER INTERESTED PERSON

- e-service using the e-filing system
- first-class U.S. mail, postage prepaid
- hand delivery

to NAME OF PERSON THIS FORM WILL BE SENT TO at the following address:

ADDRESS THIS FORM WILL BE SENT TO

I hereby certify that I sent a copy of this document on DATE YOU WILL SEND THIS TO THE PARENT OR OTHER INTERESTED PERSON by

HOW YOU WILL GET THIS DOCUMENT TO THE PARENT OR OTHER INTERESTED PERSON

- e-service using the e-filing system
- first-class U.S. mail, postage prepaid
- hand delivery

to NAME OF PERSON THIS FORM WILL BE SENT TO at the following address:

ADDRESS THIS FORM WILL BE SENT TO

SIGNATURE OF CO-GUARDIAN, IF THERE IS ONE

Signature

YOUR SIGNATURE

Signature

The next form, *Parent and Other Interested Person's Waiver of Notice and Consent to the Appointment of the Person of Minor Child*, must be completed by:

each of the child's parents unless parental rights have been terminated by the court.

any interested persons. This includes any person alleged to have had the principal care and custody of the minor during the sixty (60) days preceding the filing of the petition. Review I.C. § 29-3-6-1 at <http://iga.in.gov/legislative/laws/2019/ic/titles/029#29-1-1-10>.

If the child is 14 years old or older, they will need to complete a different form called a *Minor Child's Notice of and Consent to the Appointment of Guardians of the Person of Minor Child*. This form can be found at <https://indianalegalhelp.org/court-forms-test/guardianship-test/>.

STATE OF INDIANA IN THE _____ COURT

COUNTY OF _____ CAUSE NO. _____

IN RE THE GUARDIANSHIP OF: **FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT THE FIRST FORM YOU FILLED OUT AND ENTER THE SAME INFORMATION HERE.**

Minor Child

PARENT AND OTHER INTERESTED PERSON'S WAIVER OF NOTICE AND CONSENT TO THE APPOINTMENT OF GUARDIAN(S) OF THE PERSON OF MINOR CHILD

I **PARENT OR INTERESTED PERSON'S NAME** _____, being duly sworn upon my oath, state that I am an adult, and my date of birth is **DATE OF BIRTH** _____. I am the **RELATIONSHIP TO CHILD** _____ of the following child(ren):
NAMES OF CHILDREN

I am familiar with the Verified Petition For Appointment Of Guardians Of The Person Of A Minor and **hereby consent to the appointment of Petitioner, NAME OF PERSONS SEEKING GUARDIANSHIP (YOUR NAME AND NAME OF CO-GUARDIAN)** _____ as guardian of the above named child(ren). I expressly waive service of summons and notice on this Petition.

I affirm under the penalties of perjury that the foregoing representations are true.

DATE SIGNED

Date

THIS MUST BE SIGNED IBY THE PARENT OR INTERESTED PERSON IN FRONT OF A NOTARY PUBLIC

Signature
PRINTED NAME OF PARENT OR INTERESTED PERSON

Printed Name

STATE OF INDIANA
COUNTY OF **COUNTY** _____

Before me, _____ a notary public in and for **COUNTY** _____ County, State of Indiana, personally appeared _____, and he/she having been first duly sworn upon his/her oath, says that the facts all alleged in the foregoing instrument are true.

Date _____ **LEAVE BLANK** _____
Notary Public

My Commission Expires: _____

STATE OF INDIANA

IN THE _____ COURT

COUNTY OF _____

CAUSE NO. _____

IN RE THE GUARDIANSHIP OF:

FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT THE FIRST FORM YOU FILLED OUT AND ENTER THE SAME INFORMATION HERE.

Minor Child

ORDER SETTING HEARING ON PETITION FOR APPOINTMENT OF GUARDIAN

Comes now, YOUR NAME AND NAME OF CO-GUARDIAN (IF THERE IS ONE),
and files a Verified Petition for Appointment of Guardian of the Person of
NAME OF MINOR CHILD.

The Court schedules the Verified Petition for hearing on: _____ at _____

LEAVE BLANK

Date: _____

Judicial Officer

Distribution:

YOUR NAME
YOUR ADDRESS

STATE OF INDIANA IN THE _____ COURT
COUNTY OF _____ CAUSE NO. _____

IN RE THE GUARDIANSHIP OF:

FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT
THE FIRST FORM YOU FILLED OUT AND ENTER THE SAME
INFORMATION
HERE.

Minor Child

ORDER APPOINTING GUARDIAN FOR MINOR

The Court now finds as follows:

1. The individual for whom the Guardian is sought is a minor child.
2. The appointment of a Guardian is necessary to provide care and supervision of the Minor Child's physical person.

IT IS THEREFORE ORDERED as follows:

1. MINOR CHILD'S NAME is adjudicated a Minor Child.
2. YOUR NAME AND NAME OF CO-GUARDIAN (IF THERE IS ONE) is appointed Guardian.
3. No bond is required except on further Order.
4. The court has received the Oath of Guardianship and the Clerk shall issue Letters of Guardianship.

SO ORDERED _____

LEAVE BLANK

Judicial Officer

Distribution:
YOUR NAME
ADDRESS

STATE OF INDIANA IN THE _____ COURT
COUNTY OF _____ CAUSE NO. _____

IN RE THE GUARDIANSHIP OF: **FOR THE SECTION ABOVE THE DOTTED LINE LOOK AT
THE FIRST FORM YOU FILLED OUT AND ENTER THE SAME
INFORMATION
HERE.**

Minor Child

OATH OF GUARDIAN

I/We YOUR NAME AND NAME OF CO-GUARDIAN (IF THERE IS ONE)
swear and affirm that I/we will faithfully discharge my/our duties as guardian(s) of
MINOR CHILD'S NAME
according to law.

**DO NOT SIGN THIS DOCUMENT UNTIL YOU AND THE CO-GUARDIAN (IF THERE IS ONE) ARE
IN FRONT OF A NOTARY PUBLIC**

NAME OF CO-GUARDIAN, Guardian YOUR NAME, Guardian

Address: CO-GUARDIAN ADDRESS Address: YOUR ADDRESS

Date of birth: CO-GUARDIAN DATE OF BIRTH Date of birth: YOUR DATE OF BIRTH

STATE OF INDIANA

COUNTY OF COUNTY

Before me, _____ a notary public in and for
COUNTY County, State of Indiana, personally appeared
_____, and he/she having been first duly sworn upon
his/her oath, says that the facts all alleged in the foregoing instrument are true.

Date _____

LEAVE BLANK

Notary Public

My Commission Expires: _____

LETTERS OF GUARDIANSHIP OF THE PERSON

CAUSE NUMBER _____

STATE OF INDIANA, COUNTY COUNTY, _____

This is to CERTIFY that the Judge of the _____,
COUNTY County, Indiana, has this day granted to

YOUR NAME AND NAME OF CO-GUARDIAN, Guardian

The authority to administer to as Guardian, the guardianship of:

MINOR CHILD, Protected Person

A guardian of the person is authorized to exercise those powers set out in Indiana Code 29-3-8-2(a), Subsections (2), (3) and (4) only.

A guardian of the estate is authorized to exercise those powers set out in Indiana Code 29-3-8-4, Subsections 1-8 only.

A guardian has no authority to do any act not specifically authorized herein except with the prior written permission of the court.

Further limitations on the guardian’s authority are as follows:

Said guardianship shall extend until terminated as provided by law, and the said guardian, YOUR NAME AND NAME OF CO-GUARDIAN, having duly qualified as such, is authorized to take upon themselves the performance of their duties of the trusts of this Guardianship according to law.

Witness my hand and seal of the Court, as _____, Indiana.

This _____.

Clerk, COUNTY County

Court