

STATE OF INDIANA

IN THE \_\_\_\_\_ COURT

COUNTY OF \_\_\_\_\_

CASE NO: \_\_\_\_\_

IN RE THE GUARDIANSHIP OF

\_\_\_\_\_

**APPEARANCE BY UNREPRESENTED PERSON**

1. My name is \_\_\_\_\_ 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Email address: \_\_\_\_\_

I will accept service at the above email address.

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Attorney General confidential address

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

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:

\_\_\_\_\_  
Signature

**CERTIFICATE OF SERVICE**

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\_\_\_\_\_

\_\_\_\_\_  
Signature

STATE OF INDIANA

IN THE \_\_\_\_\_ COURT

COUNTY OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
Minor Child

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

Come now the Petitioner(s) \_\_\_\_\_, and respectfully petitions the Court to appoint Petitioner(s) as guardian(s) of \_\_\_\_\_, a minor child. In support of this request, Petitioner(s) would show the Court as follows:

1. \_\_\_\_\_ was born on \_\_\_\_\_, is \_\_\_\_\_ years old and is incapacitated due to minority and resides at the following address: \_\_\_\_\_.

2. Petitioner(s) reside at \_\_\_\_\_.

3. The child has been in the physical custody and care of Petitioner(s) since \_\_\_\_\_, because: \_\_\_\_\_.

4. Petitioner(s) is/are the child's \_\_\_\_\_. Petitioner(s) has/have been supporting and caring for the child in the following ways: \_\_\_\_\_.

5. 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. 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):  
 are aware of another guardian appointed for or acting as the custodian of the minor child and their name is \_\_\_\_\_ and address is: \_\_\_\_\_.  
 are not aware of another guardian appointed for or acting as the custodian of the minor child.

8. A protective order:  
 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:

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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:

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

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

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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).
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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.

Wherefore, Petitioner(s) respectfully requests to be appointed guardian(s) of \_\_\_\_\_ after notice and a hearing.

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

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Signature

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 \_\_\_\_\_  
 \_\_\_\_\_

\_\_\_\_\_  
 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\*** \_\_\_\_\_

**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:** \_\_\_\_\_

**Guardian**     Check if same as petitioner                       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:** \_\_\_\_\_

**Guardian Institution**

**Name:\*** \_\_\_\_\_

**Address:\*** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Agent Name:** \_\_\_\_\_

**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:** \_\_\_\_\_

**CONFIDENTIAL DOCUMENT \*TREAT AS IF FILED ON GREEN PAPER\***

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

**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)

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: \_\_\_\_\_

**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 \_\_\_\_\_ CASE NO. \_\_\_\_\_

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
Minor Child

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

Contemporaneous with the filing of this notice, \_\_\_\_\_ has filed confidential information under the Indiana Rules on Access to Court Records. \_\_\_\_\_, 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)

\_\_\_\_\_  
Signature

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\_\_\_\_\_

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to \_\_\_\_\_ at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

STATE OF INDIANA IN THE \_\_\_\_\_ COURT

COUNTY OF \_\_\_\_\_ CASE NO. \_\_\_\_\_

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
Minor Child

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

TO: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The following notice is given pursuant to I.C. 29-3-6-2:

On \_\_\_\_\_ (date) at \_\_\_\_\_ (time) in \_\_\_\_\_ (city),  
\_\_\_\_\_ (place of hearing) at \_\_\_\_\_ (city),  
Indiana, the \_\_\_\_\_ (name  
and address of court) will hold a hearing to determine whether a guardian should be appointed or  
a protective order should be issued for \_\_\_\_\_ (name  
of alleged incapacitated person or minor).

A copy of the petition requesting appointment of a guardian or for the issuance of a  
protective order is attached to this notice.

At the hearing the court will determine whether \_\_\_\_\_  
(name of alleged incapacitated person or minor) is an incapacitated person or minor under  
Indiana law. This proceeding may substantially affect the rights of  
\_\_\_\_\_ (name of alleged incapacitated person or minor).

If the court finds that \_\_\_\_\_ (name  
of alleged incapacitated person or minor) is an incapacitated person or minor, the court at the  
hearing shall also consider whether \_\_\_\_\_ (name  
of proposed guardian, if any) should be appointed as guardian of  
\_\_\_\_\_ (name of alleged incapacitated  
person or minor). The court may, in its discretion, appoint some other qualified person as  
guardian. The court may also, in its discretion, limit the powers and duties of the guardian to  
allow \_\_\_\_\_ (name of alleged  
incapacitated person or minor) to retain control over certain property and activities. The court  
may also determine whether a protective order should be entered on behalf of  
\_\_\_\_\_ (name of alleged incapacitated person or minor).

The court may, where required, appoint a guardian ad litem to represent  
\_\_\_\_\_ (name of alleged incapacitated  
person or minor) at the hearing.

The court may, on its own motion or on request of any interested person, postpone the  
hearing to another date and time.

\_\_\_\_\_  
Clerk of the Court



STATE OF INDIANA  
COUNTY OF \_\_\_\_\_

IN THE \_\_\_\_\_ COURT  
CASE NO. \_\_\_\_\_

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
Minor Child

**ORDER SETTING HEARING ON PETITION FOR APPOINTMENT OF  
GUARDIAN**

Comes now, \_\_\_\_\_,  
and files a Verified Petition for Appointment of Guardian of the Person of

\_\_\_\_\_  
The Court schedules the Verified Petition for hearing on: \_\_\_\_\_ at  
\_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer

Distribution:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF INDIANA  
COUNTY OF \_\_\_\_\_

IN THE \_\_\_\_\_ COURT  
CASE NO. \_\_\_\_\_

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
Minor Child

**ORDER APPOINTING GUARDIAN FOR MINOR**

The Court now finds as follows:

1. The individual for whom the Guardian is sought is a 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. \_\_\_\_\_ is adjudicated a Minor Child.
2. \_\_\_\_\_ is appointed Guardian.
3. No bond is required except on further Order.
4. The Clerk shall issue Letters of Guardianship to the Guardian upon qualification.

SO ORDERED \_\_\_\_\_

\_\_\_\_\_  
Judicial Officer

Distribution:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF INDIANA

IN THE \_\_\_\_\_ COURT

COUNTY OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
Minor Child

**OATH OF GUARDIAN**

I/We \_\_\_\_\_  
swear and affirm that I/we will faithfully discharge my/our duties as guardian(s) of  
\_\_\_\_\_ according to law.

\_\_\_\_\_  
\_\_\_\_\_, Guardian

\_\_\_\_\_  
\_\_\_\_\_, Guardian

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Date of birth: \_\_\_\_\_

Date of birth: \_\_\_\_\_

STATE OF INDIANA

COUNTY OF \_\_\_\_\_

Before me, \_\_\_\_\_ a notary public in and for  
\_\_\_\_\_ 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 \_\_\_\_\_

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

**LETTERS OF GUARDIANSHIP OF THE PERSON**

CASE NUMBER \_\_\_\_\_

STATE OF INDIANA, \_\_\_\_\_ COUNTY, \_\_\_\_\_

This is to CERTIFY that the Judge of the \_\_\_\_\_,  
\_\_\_\_\_ County, Indiana, has this day granted to

\_\_\_\_\_, Guardian

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

\_\_\_\_\_, 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(s), \_\_\_\_\_, 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  
\_\_\_\_\_ Court