

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

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

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

to _____ at the following address:

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:

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:

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

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

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

CERTIFICATE OF SERVICE

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 to _____ at the following address:

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 hand delivery
 to _____ at the following address:

 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

CERTIFICATE OF SERVICE

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

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to _____ at the following address:

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- hand delivery

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