

This form is not required in every county. Check local rules to see if it is required in your county. You can find local court rules at: <https://www.in.gov/judiciary/2694.htm>.

STATE OF INDIANA IN THE COUNTY TYPE OF COURT COURT  
(LEAVE BLANK IF YOU DON'T KNOW)  
COUNTY OF CAUSE NO: \_\_\_\_\_

IN RE THE GUARDIANSHIP OF  
NAME OF THE MINOR CHILD

**APPLICATION FOR APPOINTMENT OF GUARDIAN**  
[If there are Co-Guardians, then complete one form for each Co-Guardian]

**CONTACT INFORMATION:**

Name of Petitioner: YOUR NAME  
Address of Petitioner: YOUR ADDRESS  
[Including street number, \_\_\_\_\_  
city, zip] \_\_\_\_\_  
Home Phone Number: YOUR HOME PHONE NUMBER  
Cell Phone Number: YOUR CELL PHONE NUMBER  
E-Mail: YOUR EMAIL ADDRESS

**EDUCATIONAL BACKGROUND:**

Do you have a High School Education? Yes \_\_\_ No \_\_\_  
If you do not have a High School Education,  
do you have a GDI? Yes \_\_\_ No \_\_\_  
Do you have a college education? Yes \_\_\_ No \_\_\_  
If so, please list college, number of years attended, and the year you obtained a degree, and the  
type of degree you obtained.  
IF YOU WENT TO COLLEGE, INCLUDE INFORMATION HERE  
\_\_\_\_\_  
\_\_\_\_\_

SELECT THE  
BOXES THAT  
ARE TRUE

Do you have a post graduate or professional degree Yes \_\_\_ No \_\_\_  
If so, please identify educational institution, the year you obtained that degree, and the degree  
you obtained.  
IF YOU HAVE A GRADUATE OR PROFESSIONAL DEGREE, INCLUDE INFORMATION  
HERE  
\_\_\_\_\_

SELECT THE  
BOX THAT  
IS TRUE

**EMPLOYMENT:**

Name of Employer: EMPLOYER

Address of Employer: EMPLOYER'S ADDRESS

Length of Employment: AMOUNT OF TIME EMPLOYED WITH CURRENT EMPLOYER

If you are not currently employed, please state whether you are retired, or a homemaker, or a surviving spouse or surviving partner of the deceased person, and please describe your most occupation or work experience before your retirement or before you stopped working outside your home.

IF YOU ARE NOT CURRENTLY EMPLOYED, PROVIDE ADDITIONAL INFORMATION HERE

**FINANCIAL EXPERTISE:**

Please list all prior experience in financial management, including investments and checkbook management:

LIST FINANCIAL MANAGEMENT EXPERIENCE

**FELONY CONVICTIONS:**

Do you have any prior felony convictions Yes \_\_\_ No \_\_\_

If so, list date of conviction and type of felony.

IF YOU HAVE A FELONY CONVICTION, LIST THE DATE AND TYPE HERE

**AFFIRMATIONS OF PETITIONER:**

As Petitioner requesting my appointment as Guardian of the Estate of \_\_\_\_\_, I hereby state as follows:

1. That I have attained 18 years of age and I am not incapacitated in any manner that would interfere with my administration of the estate (property) of the minor or incapacitated adult.

2. That my attorney is \_\_\_\_\_, with offices located at \_\_\_\_\_

That my attorney's Phone Number is: \_\_\_\_\_

That my attorney's Fax Number is: \_\_\_\_\_

That my attorney's E-Mail address is: \_\_\_\_\_

3. That I have provided my attorney with my Social Security Number and the date of my birth.

4. That I accept my appointment as fiduciary.

5. That I agree to submit personally to the Jurisdiction of this Court in any proceeding that relates to the estate of the minor or incapacitated adult.

**LEAVE BLANK**

SELECT THE  
BOX THAT  
IS TRUE

**AFFIRMATION AND VERIFICATION:**

I affirm under the Penalties of perjury that the foregoing information is true and correct. That as a condition of my appointment as fiduciary in this matter, I hereby waive the privilege associated with this information and authorize my attorney to disclose this information to the Court, upon Court order, in the event of my failure to render an account as required by law or other determination of a breach of my fiduciary duty.

Dated:            This DAY day of MONTH, 20YEAR.

SIGN HERE  
\_\_\_\_\_  
Signature of Petitioner