

STATE OF INDIANA

IN THE \_\_\_\_\_ COUNTY \_\_\_\_\_ COURT  
(County you live in) (Court staff will write court type here)

COUNTY OF \_\_\_\_\_  
(County you live in)

CASE NUMBER: \_\_\_\_\_  
(Court staff will write your case number here)

IN RE THE MATTER OF:

\_\_\_\_\_  
(Minor child's name)

**MINOR CHILD**

**APPLICATION FOR APPOINTMENT OF GUARDIAN(S) OF THE PERSON OF THE MINOR**

*This form should be completed by anyone petitioning the court to make them a guardian of the minor child.*

**Contact Information:**

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

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

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

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

**Educational Background:**

Do you have a High School Diploma?  Yes  No

If not, do you have a HSE?  Yes  No

Do you have a College education?  Yes  No

If so, list the colleges you have attended, how many years you attended, the name of the degree you earned, and the year you earned the degree below:

Name of College	Years Attended	Degree Earned	Year Earned

Do you have a post-graduate or professional degree?

Yes

No

If so, list the post-graduate or professional institution you attended, the degree you earned, and the year you earned the degree.

Name of College	Years Attended	Degree Earned	Year Earned

**Employment**

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Length of employment: \_\_\_\_\_

If you are not employed, state below whether you are retired, a homemaker, a surviving spouse/surviving partner of a deceased person, and please describe your most recent occupation before retiring, or before you stopped working outside your home:

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**Financial Expertise**

***List any experience you have in money or finance management below. This may include investments and checkbook management:***

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**Felony Convictions:**

Do you have any past felonies or convictions?

Yes

No

If so, list the date of convictions and the type of felony below:

Date of Conviction:	Type of Felony Convicted for:

**Affirmation of Petitioner**

1. I am the Petitioner requesting appointment as the Guardian of the Estate of (***name of minor child***):

\_\_\_\_\_.

I hereby state:

2. I am 18 years of age or older.

3. I am not incapacitated in anyway that would impair my ability to manage the estate (property) of the minor child.

4.  I do not have attorney.

My attorney is (***full name of attorney***):

\_\_\_\_\_.

Their office is located (include street, city, state, and zip code):

\_\_\_\_\_.

\_\_\_\_\_.

My attorney's phone number is: \_\_\_\_\_.

My attorney's fax number is: \_\_\_\_\_.

My attorney's email address is: \_\_\_\_\_.

I have provided my attorney with my social security number and my date of birth.

5. I accept my appointment as fiduciary.

6. I agree to submit to the authority of this court in any proceeding that relates to the estate of the minor child.

**Affirmation and Verification**

1. I affirm under the penalties for perjury that the information in this document is true and correct.
2. If I have an attorney, 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.

Signature: \_\_\_\_\_

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