

STATE OF INDIANA)

IN THE CIRCUIT COURT ___

COUNTY OF MONROE)

CAUSE NO: 53C0_____

IN RE THE GUARDIANSHIP OF:

PROTECTED PERSON/ADULT

PETITION FOR APPOINTMENT OF PERMANENT GUARDIAN FOR INCAPACITATED PERSON

_____your name), Petitioner, says:

1. _____(ward), date of birth _____, who is currently residing at Monroe County, IN, is an incapacitated person and is subject to the jurisdiction of the Court by virtue of being a resident of Monroe County, IN.
2. The alleged incapacitated person’s presence at any hearing on this Petition is not required because:
_____.
3. The incapacitated person is an individual who is unable to:
 - a. manage his/he property;
 - b. provide self-care,
 because of insanity, mental illness, mental deficiency, physical illness, infirmity, habitual drunkenness, excessive use of drugs, incarceration, confinement, dentition, duress, fraud, undue influence of others on the individual, or other capacity.
4. The property of the incapacitated person is of the approximate value of \$_____.
5. There is no Guardian of the Person or Estate of the incapacitated person in any state.
6. The person or institution to be appointed Guardian is:

Name: _____

Address: _____

(City, State, Zip)

Phone Number: _____ (include area code)

Relationship: _____

7. The person(s) most closely related by blood or marriage to the incapacitated person is/are:

Name: _____

Address: _____

(City, State, Zip)

Phone Number: _____ (include area code)

Relationship: _____

8. The person or Institution (Caregiver) having the care and custody of the incapacitated person is:

Name: _____

Address: _____
(City, State, Zip)

Phone Number: _____ (include area code)

Relationship: _____

9. The person to be appointed Guardian, if not a corporation, is already the Guardian of the following protected person(s): _____.

10. The reason for appointment of a Guardian is to provide care and supervision of the person or property of the incapacitated person, and the interest of the petitioner is such appointment is:

Signature

Date

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IN RE THE GUARDIANSHIP OF:

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OATH AND ACCEPTANCE OF GUARDIAN

1. I accept appointment as guardian of the

PERSON

ESTATE

PERSON AND ESTATE

For _____
Incapacitated person's name

2. I will faithfully discharge the duties of my trust as such Guardian.

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

Printed Name

Signature

Date

STATE OF INDIANA)

IN THE CIRCUIT COURT __

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IN RE THE GUARDIANSHIP OF:

PROTECTED PERSON/ADULT

CONSENT TO THE APPOINTMENT OF A GUARDIAN BY A RELATIVE OR INDIVIDUAL

I, _____(Your Name), being duly sworn upon his or her oath, says that he/she is an adult and is familiar with the Petition of _____(Petitioner’s Name) for the appointment of a guardian over the incapacitated person _____(Your Name) and consents to the appointment of _____(Petitioner’s Name) and hereby expressly waives service of summons and notice of hearing on said guardianship petition.

Printed Name

Signature

Sworn to me and subscribed in my presence, a Notary Public in and for the State of _____, County of _____, this ___ day of _____, 20__.

Signature

Expiration Date of Notary