

STATE OF INDIANA                    )                    IN THE CIRCUIT COURT \_\_\_\_\_  
COUNTY OF MADISON                )                    CAUSE NUMBER \_\_\_\_\_

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
PROTECTED PERSON/ADULT

**PETITION FOR APPOINTMENT OF PERMANENT GUARDIAN FOR INCAPACITATED  
PERSON**

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\_\_\_\_\_ (your name), Petition says:

1. \_\_\_\_\_ (ward) date of birth \_\_\_\_\_, who is currently residing at Madison County, IN, is an incapacitated person and is subject to the jurisdiction of the Court by virtue of being a resident of Madison 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:
- ( ) manage his/her property,
  - ( ) 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 incapacity.

- 4. The property of the incapacitated person is of the approximate value of \$\_\_\_\_\_.
- 5. There is no Guardian for the Person or Estate of the incapacitated person in any state.
- 6. The person or institution to be appointed Guardian is:

Name \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

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

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_

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: \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature