

## GUARDIANSHIP INFORMATION SHEET

\$177.00 to file **CASH or MONEY ORDER** (NO PERSONAL CHECKS, DEBIT/CREDIT CARDS WILL BE ACCEPTED, BUT THE COMPANY PROCESSING THE TRANSACTION WILL CHARGE A FEE). Make money order payable to *Madison County Clerk* for the Court Costs.

This packet is for Guardianship, and is for your use, acting as your own attorney. **THE CLERK DOES NOT PROVIDE LEGAL ADVICE; YOU WILL BE ACTING AS YOUR OWN ATTORNEY. IF YOU NEED LEGAL ADVICE, YOU MAY RESEARCH OR CONTACT AN ATTORNEY.**

This packet needs to be filled out and returned to our office. The instructions and letters will be provided by the Probate Clerk.

This entire packet will be submitted to the Judge and he/she will make the final decision. This process may take up to two (2) weeks. If a hearing is scheduled, you will receive a notice of hearing by the Court with the date and time. Notice by publication is required if the matter is set for hearing for all unknown addresses. Select one of the following Madison County papers to publish your notice.

**ELWOOD CALL-LEADER/ALEXANDRIA TIMES-TRIBUNE**

Notice of Guardianship Hearing                      \$105.00

**ANDERSON HERALD BULLETIN**

Notice of Guardianship Hearing                      \$284.00

**DAILY REPORTER: LAPEL/PENDLETON, MARKLEVILLE, INGALLS TIMES/POST**

Notice of Guardianship Hearing                      \$100.00

**NO CASH ACCEPTED FOR PAPER COSTS.** You must provide a money order made out to the newspaper of your choice for the paper costs.

Consents for **Minor Guardianship** need to be signed by the biological parents. The protected person is required to consent if over the age of fourteen (14). For **Adult Guardianships**, consents need to be signed by protected person and all immediate family members. If you are unable to obtain consent from adult protected person, you must provide the Court with a Doctor's recommendation.

**COPIES ARE \$1.00 PER PAGE**

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 GUARDAIN FOR INCAPCITATED  
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: \_\_\_\_\_

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

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

STATE OF INDIANA

)

IN THE CIRCUIT COURT \_\_\_\_\_

MADISON COUNTY

)

)SS: CAUSE NO. 48 \_\_\_\_\_

IN RE THE GUARDIANSHIP OF

\_\_\_\_\_  
Incapacitated Person

**OATH AND ACCEPTANCE OF GUARDIAN**

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1. I accept the 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.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

STATE OF INDIANA )  
 )  
COUNTY OF MADISON )

IN THE MADISON CIRCUIT COURT \_\_\_\_\_  
CAUSE NO. 48C0 \_\_\_\_\_ -GU- \_\_\_\_\_

IN RE: THE GUARDIANSHIP OF )  
 )  
 )  
\_\_\_\_\_ )

**INCAPACITATED PERSON'S  
PROTECTED PERSON WAIVER AND REQUEST**

I hereby state:

1. I am the person alleged to be the incapacitated person in this case.
2. I have received and read a copy of the PETITION FOR APPOINTMENT OF GUARDIAN ("Petition") seeking the appointment of \_\_\_\_\_ as Guardian, which Petition is to be filed with the Court.
3. I enter my general appearance with respect to the Petition.
4. I waive the issuance and service of notice of hearing upon the Petition.
5. I request that the Court enter an Order granting the Petition because I believe it is in my best interest.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

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

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

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

IN RE THE GUARDIANSHIP OF: )

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

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

\_\_\_\_\_ (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 name) for the appointment of a guardian over the incapacitated person \_\_\_\_\_ (name) and consents to the appointment of \_\_\_\_\_ (petitioners name) and hereby expressly waives service of summons and notice of hearing on said guardianship petition.

\_\_\_\_\_  
Signed name

\_\_\_\_\_  
Written name

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

\_\_\_\_\_  
Notary Public Name                      Expiration date of Notary



# Guardianship Registry Information Sheet

Minor       Adult       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?: Yes/No

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?: Yes/No

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? Yes/No      Language: \_\_\_\_\_

**Guardian**       Check if same as petitioner       Certified (Only check if Federal or State Certified)

Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic?: Yes/No

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?: Yes/No

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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



# Guardianship Registry Information Sheet

(Additional)

**Petitioner** Relationship to Protected Person \_\_\_\_\_

Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

DOB: \_\_\_\_\_ Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic?: Yes/No

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?: Yes/No

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?: Yes/No

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Interested Party**

Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic?: Yes/No

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

**Interested Party**

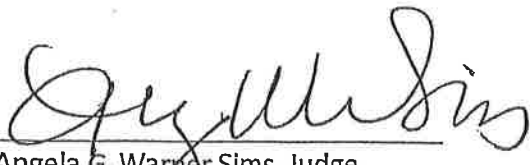
Last: \_\_\_\_\_ Suffix: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

Gender: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic?: Yes/No

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

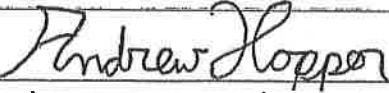
Email Address: \_\_\_\_\_



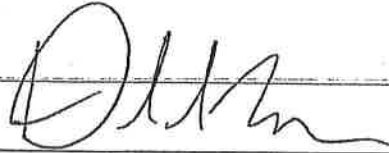
Angela G. Warner Sims, Judge  
Madison County Circuit Court Division 1



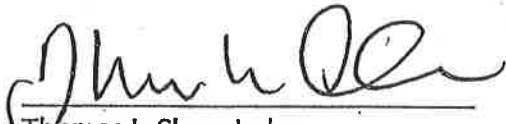
G. George Pancol, Judge  
Madison County Circuit Court Division 2



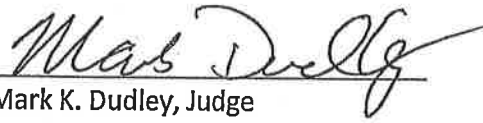
Andrew R. Hopper, Judge  
Madison County Circuit Court Division 3



David A. Happe, Judge  
Madison County Circuit Court Division 4



Thomas L. Clem, Judge  
Madison County Circuit Court Division 5



Mark K. Dudley, Judge  
Madison County Circuit Court Division 6

I acknowledge receipt of a copy of the above instructions and have read and will follow these instructions carefully.

\_\_\_\_\_  
Cause Number

\_\_\_\_\_  
Protected Person (printed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guardian (printed)

\_\_\_\_\_  
Guardian (signature)

STATE OF INDIANA )

IN THE CIRCUIT COURT

COUNTY OF MADISON )

CAUSE NUMBER \_\_\_\_\_

IN RE THE GUARDIANSHIP OF: )

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

**ORDER APPOINTING PERMANENT GUARDIAN FOR  
INCAPACITATED PERSON**

The Court finds that immediate and irreparable injury may occur to the alleged incapacitated person or injury, loss or damage to the property of the alleged incapacitated person may result before the alleged incapacitated person can be heard in response to the petition.

**IT IS ORDERED AS FOLLOWS:**

1. \_\_\_\_\_ is hereby adjudicated an incapacitated person.
2. \_\_\_\_\_ is appointed Permanent Guardian of the incapacitated person.
3.  The bond of the Permanent Guardian is fixed in the sum of \$ \_\_\_\_\_.
- No bond is required except on further Order of this Court.
4. The Clerk is directed to issue letters of Permanent Guardianship to the Permanent Guardian upon qualification.
5. Permanent Guardian now qualifies by:
  - Taking and subscribing oath and filing bond if required; (individual)
  - Filing acceptance of appointment and oath of its corporate officer and filing bond if required; (non-individual).

**ALL OF WHICH IS APPROVED AND LETTERS OF PERMANENT GUARDIASHIP ARE ISSUED.**

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

Judge Circuit \_\_\_\_\_