

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 to be held, you will be notified by the Court of the date and time. Please provide all information, current address and phone number for all parties involved. The consents need to be signed by the biological parents; if no consents are signed, you will need to publish notice in a Madison County newspaper. The following are the costs for the newspapers most commonly used.

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.

COPIES ARE \$1.00 PER PAGE

STATE OF INDIANA) IN THE CIRCUIT COURT _____
)
MADISON COUNTY) SS: CAUSE NO. 48 _____

IN RE THE GUARDIANSHIP OF

Child

PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR

(your name) Says:

1. _____ (child) _____ (child's age) _____ (DOB),
Who is currently residing at _____ (address)
Madison County, is a minor and is subject to the jurisdiction of the Court by virtue of
being a resident of Madison County Indiana.
2. _____ (child) has no real property or personal property
other than some clothing and toys.
3. There is no Guardian for the Person or Estate of the minor in any other state.
4. The person or institution to be appointed Guardian is:

NAME: _____

ADDRESS: _____

PHONE: _____

STATE OF INDIANA

)

IN THE CIRCUIT COURT _____

MADISON COUNTY

)

) SS: CAUSE NO. 48 _____

5. The person(s) most closely related by blood or marriage to the minor is/are

NAME: _____

ADDRESS: _____

PHONE: _____

WHEREFORE, _____ (Your Name) requests the Court to
appoint _____ (Your Name) and for all other just and
proper relief.

6. Reason or Reasons a guardianship without a hearing is necessary:

7. What efforts have you made to let the natural parents know you are in the Probate office
seeking a guardianship order? _____

If you have not advised the parents that you are seeking an emergency order without a hearing,
why haven't you done so? _____

STATE OF INDIANA

)

IN THE CIRCUIT COURT _____

MADISON COUNTY

)

) SS: CAUSE NO. 48 _____

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

(date)

(print name)

(signature)

STATE OF INDIANA) IN THE SUPERIOR/CIRCUIT COURT _____
MADISON COUNTY)SS: CAUSE NO. 48 _____

IN RE THE GUARDIANSHIP OF

Child

OATH AND ACCEPTANCE OF GUARDIAN

1. I accept the appointment as guardian of the

PERSON

ESTATE

PERSON AND ESTATE

of _____ (child)

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
MADISON COUNTY

) IN THE SUPERIOR/CIRCUIT COURT _____
)
)SS: CAUSE NO. 48 _____

IN RE THE GUARDIANSHIP OF

Child

CONSENT TO THE APPOINTMENT OF A GUARDIAN BY A RELATIVE

(your name), being sworn upon his/her oath,
says that he/she is an adult and the natural father/mother of

(child's name) and is familiar with the Petition of

(your name) for the appointment of a guardian over the
person of _____
(child's name) and consents to the appointment of

(your name) and hereby expressly waives service of
summons and notice of hearing on said guardianship petition.

(Signature)

SWORN TO ME AND SUBSCRIBED IN MY PRESENCE, A NOTARY PUBLIC IN AND
FOR THE STATE OF INDIANA, COUNTY OF MADISON THIS _____ DAY OF
_____, 20____.

Notary Public

Expiration date

STATE OF INDIANA) IN THE CIRCUIT COURT _____
)
MADISON COUNTY) CAUSE NO. 48C _____

IN RE THE GUARDIANSHIP OF

Incapacitated Minor

MINORS CONSENT TO THE APPOINTMENT OF A _____ GUARDIAN
(TEMPORARY/PERMANENT)

_____(incapacitated minor), being sworn upon his/her
Oath, says the he/she is a minor over the age of fourteen (14) years and is familiar with the
petition of _____(proposed guardian) for the appointment of a
guardian over the person of _____(incapacitated minor) and consents
to the appointment of _____(proposed guardian) and hereby
expressly waives service of summons and notice of hearing on said guardianship petition.

Signature of Incapacitated Minor

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

Notary Public

STATE OF INDIANA
MADISON COUNTY

)
)
)SS:

IN THE SUPERIOR/CIRCUIT COURT _____
CAUSE NO. 48 _____

IN RE THE GUARDIANSHIP OF

Child

PUBLISHED NOTICE FOR APPOINTMENT OF GUARDIAN

_____ are/is notified that a Petition for
Permanent Guardianship was filed in the office of the Clerk of Madison County Superior/Circuit
Court, Anderson, Indiana.

To Contest said Petition, he/she must appear or file an answer in the above named Court before
the hearing date of _____.

_____ he/she does not appear or file
an answer to the Petition for Permanent Guardianship; the above named Court will hear the
Petition and the same shall be determined in their absence.

Published _____

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

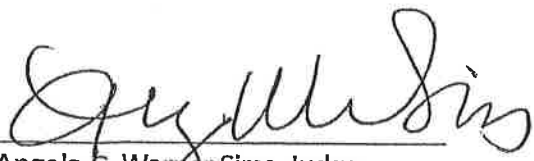
Last: _____ Suffix: _____ First: _____ Middle: _____

Gender: _____ Race: _____ Hispanic?: Yes/No

Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

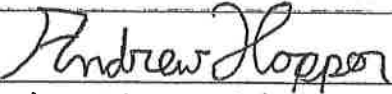
Email Address: _____




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



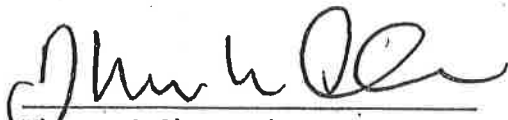
G. George Pancol, Judge
Madison County Circuit Court Division 2



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 SUPERIOR/CIRCUIT COURT _____

MADISON COUNTY

) SS: CAUSE NO. 48_____

IN RE THE GUARDIANSHIP OF

Child

**ORDER FOR PERMANENT GUARDIANS OF THE PERSON OVER
MINOR**

On _____ (date) a hearing was held to determine whether the
Guardianship should be made permanent. After the evidence was presented and being duly
advised in the premises, the Court now enters the following facts and conclusions and issued this
Order Thereon:

1. That the Court has jurisdiction over the parties and the subject matter in this case.
2. That _____ (child) _____ (age)
_____ (dob), and is incapacitated due to minority.
3. That the minor child does not possess any property, personal or real, for which to
account.
4. That no other guardian has been appointed or is acting for the minor child in any
other state.

STATE OF INDIANA

)
)

IN THE SUPERIOR/CIRCUIT COURT _____

MADISON COUNTY

) SS: CAUSE NO. 48 _____

5. That the appointment of a guardian is necessary as a means of providing care and supervision of the physical person of the minor child, pursuant to IC 29-3-5-3.

6. That the mother _____ (natural mothers name) and the natural father _____ (natural fathers name), both consent and agree to the appointment of _____ (your name) for the child _____ (child).

IT IS, THEREFORE, ORDERED that Petitioner _____ (your name) are hereby appointed as legal guardian of _____ (child), minor child, and that said guardians shall serve without bond, and that the clerk shall issued Letters of Guardianship without any limitations to said guardians upon their taking an Oath. Said guardians are authorized to exercise all powers granted guardians of the person of a minor as set forth in IC 29-3-8-1 and IC 29-3-8-2.

SO ORDERED ON THIS _____ DAY OF _____ 20 _____.

JUDGE OF MADISON COUNTY SUPERIOR/CIRCUIT _____