

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:)

WARD

PETITION FOR APPOINTMENT OF TEMPORARY GUARDIAN FOR INCAPACITATED PERSON

_____ (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. (Circle all that apply)

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 _____

Printed Name: _____

Signed Name: _____

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

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

STATE OF INDIANA

IN THE MADISON CIRCUIT COURT, DIVISION _____

SS:

COUNTY OF MADISON

CAUSE NO.: _____

IN RE: THE GUARDIANSHIP OF

Protected Person's Name

ADDRESSES

PLEASE LIST NAME, ADDRESS AND PHONE NUMBER OF ALL PARTIES INVOLVED:

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 _____

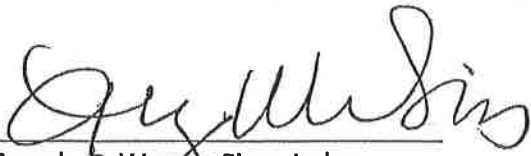
Last: _____ Suffix: _____ First: _____ Middle: _____
Gender: _____ Race: _____ Hispanic?: Yes/No
Mailing Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

Interested Party

Last: _____ Suffix: _____ First: _____ Middle: _____
Gender: _____ Race: _____ Hispanic?: Yes/No
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

Interested Party

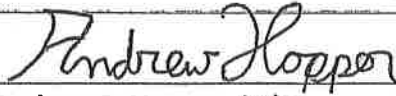
Last: _____ Suffix: _____ First: _____ Middle: _____
Gender: _____ Race: _____ Hispanic?: Yes/No
Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____



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



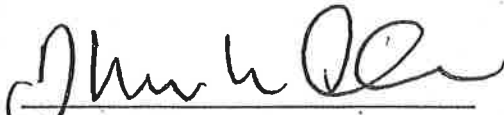
G. George Pancol, Judge
Madison County Circuit Court Division 2



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 TEMPORARY 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 Temporary Guardian of the incapacitated person for ninety (90) days.
3. () The bond of the Temporary 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 Temporary Guardianship to the Temporary Guardian upon qualification.
5. Temporary 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 TEMPORARY GUARDIASHIP ARE ISSUED.

Date: _____

Judge Circuit _____