

STATE OF INDIANA)

IN THE SUPERIOR COURT 2

COUNTY OF JOHNSON)

CAUSE NO: 41D02 - _____

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 Johnson County, IN, is an incapacitated person and is subject to the jurisdiction of the Court by virtue of being a resident of Johnson 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 in such appointment is:

Signature

Date

STATE OF INDIANA)

IN THE SUPERIOR COURT 2

COUNTY OF JOHNSON)

CAUSE NO: 41D02 - _____

IN RE THE GUARDIANSHIP OF:

PROTECTED PERSON/ADULT

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 SUPERIOR COURT 2

COUNTY OF JOHNSON)

CAUSE NO: 41D02 - _____

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

STATE OF INDIANA)
) SS:
COUNTY OF JOHNSON)

IN THE SUPERIOR COURT 2

CAUSE NO: 41D02 - _____

Plaintiff / Petitioner,

v.

Defendant / Respondent.

APPEARANCE

1. My name is: _____

2. I am the
[] Initiating (filing) Party [] Responding (defending) Party [] Intervening Party
in this case, and I am not represented by a lawyer.

3. This case is a: [] Small Claim [] Dissolution [] Other: _____

4. Are there any other cases involving the same children or adults? [] Yes [] No
Case Number(s): _____

Signature: _____

Printed Name: _____

Address*: _____

City*: _____ State* _____ ZIP*: _____

Phone*: _____

Email*: _____

* = It is your responsibility to notify the Court immediately if this information changes.

JOHNSON COUNTY PROBATE FORM NO. 1
APPLICATION FOR APPOINTMENT OF PERSONAL REPRESENTATIVE
(COMPLETE ONE FORM FOR EACH PERSONAL REPRESENTATIVE)

CONTACT INFORMATION:

Case No.: 41 ____ - ____ - ____ - ____
Name: _____
Address: _____

Length of Residence: _____
Phone number: (____) ____ - ____

BACKGROUND / EXPERIENCE:

Highest degree received (*including institution and year degree received*): _____

Employer: _____
Address: _____

Length of employment: _____
Past experience with financial management (*including investing and checkbook management*):

Do you have any prior felony convictions in the State of Indiana or under the law of any other State or Territory of the United States? Yes ____ No ____

AFFIRMATIONS AND VERIFICATION:

I AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE FOREGOING INFORMATION IS TRUE AND CORRECT. I AFFIRM THAT I HAVE ATTAINED THE AGE OF MAJORITY. I AM NOT INCAPACITATED FOR A REASON OTHER THAN PHYSICAL MATTERS.

I FURTHER AFFIRM THAT I HAVE PROVIDED MY ATTORNEY MY DATE OF BIRTH AND SOCIAL SECURITY NUMBER.

AS A CONDITION OF APPOINTMENT OF THE PERSONAL REPRESENTATIVE, I HEREBY WAIVE THE PRIVILEGE ASSOCIATED WITH THIS INFORMATION AND AUTHORIZE MY ATTORNEY TO DISCLOSE THIS INFORMATION TO THE COURT, UPON COURT ORDER IN THE EVENT OF MY FAILURE TO RENDER AN ACCOUNT AS REQUIRED BY LAW OR OTHER DETERMINATION OF BREACH OF FIDUCIARY DUTY.

Dated: ____ / ____ / _____

Signature

☐ Proposed Order of Appointment and Letters enclosed.

STATE OF INDIANA)
)SS:
COUNTY OF JOHNSON)

IN THE SUPERIOR COURT 2

CAUSE NO: 41D02 - _____

IN RE: THE GUARDIANSHIP OF:

ORDER ON FEE WAIVER

The Petitioner's Motion for Fee Waiver is:

_____ **GRANTED,**

It is therefore **ORDERED** that the Petitioner may file this case:

_____ without the pre-payment of any filing fees, costs, security, bond or other expenses; or

_____ upon the pre-payment of \$ _____ which is a portion of the filing fee set by statute. Such sum must be paid by the Petitioner to the Clerk within the next twenty (20) days. The Court will determine whether any or additional costs are to be paid at a preliminary or final hearing in this case.

OR

_____ **DENIED**

SIGNED THIS _____ DAY OF _____, 20____.

PETER NUGENT, JUDGE
JOHNSON SUPERIOR COURT 2

Distribution:

Petitioner(s)

Mailing address

Town, State and Zip Code

Telephone number

Email

STATE OF INDIANA) IN THE SUPERIOR COURT 2
)SS:
COUNTY OF JOHNSON) CAUSE NO: 41D02 - _____

IN RE: THE GUARDIANSHIP OF:

VERIFIED MOTION FOR FEE WAIVER

Petitioner, _____, now states:

1. I have filed a court action against someone or someone has filed a court action against me and I believe that I have a case with merit.
2. I cannot pay any of the filing fees, costs, security, bond or other expenses of this action because I do not have sufficient income or resources.
3. I live with _____
4. Our family's income is \$_____ per month (total from line #31 below).

(Income received each month, before taxes)

Wages (\$_____ per hour x _____ hours per month)	_____
Unemployment Compensation	_____
AFDC/TANF Benefits	_____
SSI/SSD Benefits	_____
Child Support	_____
Other (please describe): _____	+
Total=	_____

5. We have \$_____ in the bank.
6. Our expenses total \$_____ per month: (total from line #47 below)

(Expenses spent each month)

Housing (Rent, Contract, or Mortgage)	_____
Utilities (Gas, Electric, Water, Phone, Etc.)	_____
Food	_____
Child Care	_____
Medical Bills	_____
Transportation	_____
Insurance (car, medical and/or property)	_____
Child Support	_____
Other (please specify)	_____
Total=	_____

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

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

Signature

Print your name

Mailing address

Town, State and Zip Code

STATE OF INDIANA)
) SS:
COUNTY OF JOHNSON)

IN THE SUPERIOR COURT 2

CAUSE NO: 41D02 - _____

IN THE MATTER OF)
THE GUARDIANSHIP OF)
)

)

PHYSICIAN'S REPORT

1. General Information

Name _____

Phone (_____) _____

Office Address _____

What is your License/Certification? _____

What is your area of specialty? _____

I last examined the Person on: _____, 20____

The Person is under my continuing treatment.

☐ YES, since _____, 20____

☐ NO

2. Evaluation of the Person's Physical Condition

Physical Diagnosis: _____

Severity: ☐ Mild ☐ Moderate ☐ Severe

Prognosis: ☐ Continuing ☐ Degenerative ☐ Recovering ☐ Relapsing

Treatment/Medical History/Additional Comments (attach additional pages, if necessary):

3. Evaluation of the Person's Mental Functioning

The Person is oriented to the following (check all that apply):

☐ Person

☐ Time

☐ Place

☐ Situation

Do you have concerns about the Person's functioning in the following areas? (check all that apply)

YES	NO	UNKNOWN	FUNCTION
			Short-term memory
			Long-term memory
			Immediate recall
			Understanding and communicating (verbally or otherwise)
			Recognizing familiar objects and persons
			Solving problems
			Reasoning logically
			Grasping abstract aspects of his or her situation
			Interpreting idiomatic expressions or proverbs
			Breaking down complex tasks into simple steps and carrying them out

Mental Diagnosis: _____

Severity: ☐ Mild ☐ Moderate ☐ Severe

Prognosis: ☐ Continuing ☐ Degenerative ☐ Recovering ☐ Relapsing

Treatment/Medical History/Additional Comments:

4. Medication Information

☐ YES ☐ NO Is the Person currently taking medication related to Person's physical or mental functioning as reported in sections 2 and 3? If "YES," please list:

Additional Comments: _____

5. Decision-Making

Is the Person able to make decisions regarding the following?

YES	WITH SUPPORT	NO	UNKNOWN	ACTION/DECISION
				Make complex business, managerial, and/or financial decisions.
				Manage a personal bank account. If "YES," or "WITH SUPPORT," should amount deposited in any such bank account be limited? <input type="checkbox"/> YES <input type="checkbox"/> NO
				Pay his or her own bills.
				Safely operate a motor vehicle.
				Make decisions regarding marriage.
				Determine the Person's own residence.
				Live alone.
				Obtain food.
				Administer own medications daily.
				Attend to basic activities of daily living (ADLs) (e.g., bathing, grooming, dressing, walking, and/or toileting) with/out services.
				Attend to instrumental activities of daily living (e.g., shopping, cooking, traveling, and/or cleaning).
				Make appropriate judgments that will protect them personally, physically, and/or financially.
				Consent to medical and dental treatment.
				Consent to psychological and/or psychiatric treatment.

Additional Comments:

“Incapacitated person” means an individual who:

- (1) cannot be located upon reasonable inquiry;
- (2) is unable:
 - (A) to manage in whole or in part the individual's property;
 - (B) to provide self-care; **or**
 - (C) both;because of insanity, mental illness, mental deficiency, physical illness, infirmity, habitual drunkenness, excessive use of drugs, incarceration, confinement, detention, duress, fraud, undue influence of others on the individual, or other incapacity; or
- (3) has a developmental disability (as defined in [IC § 12-7-2-61](#)).

Ind. Code § 29-3-1-7.5

(a) **“Less restrictive alternatives”** means an approach to meeting a person's needs that restricts fewer rights of the person than would the appointment of the guardian.

- (b) **“Less restrictive alternatives”** may include, but are not limited to, the following:
- (1) A supported decision making agreement (as defined in IC § 29-3-14-2).
 - (2) Appropriate technological assistance.
 - (3) The appointment of a representative payee.
 - (4) The appointment of a health care representative (as defined in IC § 16-36-1-2).
 - (5) The creation of a power of attorney (as defined in IC § 30-5-2-7).

Ind. Code § 29-3-1-7.8

6. Evaluation of Less Restrictive Alternatives

According to the definition in Ind. Code § 29-3-1-7.8 and based upon your last examination and observations of the Person, in your opinion, the following less restrictive alternatives could be considered or implemented:

YES	NO	UN- KNOWN	LESS RESTRICTIVE ALTERNATIVE
			Supported decision making agreement
			Appropriate technological assistance
			Representative payee
			Health care representative
			Power of attorney
			Other_____

7. Evaluation of Capacity

According to the definition in Ind. Code § 29-3-1-7.5 and based upon your last examination and observations of the Person, in your opinion, the Person is:

- ☐ Not incapacitated
- ☐ Not incapacitated with use of the following less restrictive alternative:

- ☐ Partially incapacitated
 - ☐ Personal OR ☐ Financial
- ☐ Totally incapacitated

Additional Comments:

8. Recommendation of Living Arrangement

In your opinion, what is the least restrictive living arrangement that you consider appropriate for the Person?

- ☐ At home/at home with services
- ☐ Facility based residence
- ☐ Community based residence
- ☐ Hospital based residence

Additional Comments:

9. Ability to Attend Court Hearing

- ☐ YES There is no significant threat to the Person's health and/or safety that would prevent them from attending the court hearing.
- ☐ NO There is a significant threat to the Person's health and/or safety that would prevent them from attending the court hearing.

10. Additional Information of Benefit to the Court

Please provide any additional information that would benefit the court (attach additional pages, if necessary).

11. Additional Professional Evaluations

If the descriptions of the Person's condition or skills is based on evaluations or assistance by other professionals, please provide the names and contact information of those professionals who are able to provide additional information or evaluations.

Professional's Name _____ Phone (_____) _____

Office Address or E-mail _____

Professional's Name _____ Phone (_____) _____

Office Address or E-mail _____

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

Signature

Date

Name Printed

Guardianship Information Sheet

Choose One* (☐ Individual ☐ Estate ☐ Estate and Individual)

Choose One* (☐ Minor ☐ Adult)

Choose One* (☐ 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 <input type="checkbox"/> Check if same as petitioner <input type="checkbox"/> 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 Information Sheet

(Additional)

Petitioner	Relationship to Protected Person _____
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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	<input type="checkbox"/> Check if same as petitioner	<input type="checkbox"/> 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: _____

GUARDIANSHIP FORM D
COURT'S INSTRUCTIONS TO GUARDIAN OF ESTATE

STATE OF INDIANA

IN THE SUPERIOR COURT 2

COUNTY OF JOHNSON

CAUSE NO: 41D02 - _____

IN THE MATTER OF THE GUARDIANSHIP OF: _____

COURT'S INSTRUCTIONS TO GUARDIAN OF ESTATE

Please read carefully before you date and sign. One copy of this form must be filed with the Court before your appointment as guardian is confirmed by the Court. Keep one copy for your records.

Introduction:

You have been appointed as the guardian of an individual who is unable to care for his or her own financial affairs. It is important that you fully realize your duties and responsibilities. Listed below are some of your duties, but not all of them.

If you are represented by an attorney of record, your attorney is required to notify the Court if you are not properly performing your fiduciary duties to the protected person, and by signing these Instructions you agree that the filing of that notice does not violate the attorney client privilege. If the Court receives such notice, it will set the matter for hearing and will require you to personally appear and account to the Court for all actions taken or not taken by you as guardian. You are required to notify the Court in writing in the event that your attorney is not timely performing or improperly performing his or her duties to reasonably supervise and guide your actions as guardian. Upon receipt of the notice, the Court will set the matter for hearing and require you and your attorney to personally appear and account to the Court for all actions taken or not taken by the attorney.

The Instructions which follow are to be considered by you as Orders of the Court which require you to perform as directed. Although your attorney will file all papers with the Court, the ultimate responsibility to see that all accounts and other documents are accurately prepared and filed, rests with you and you can be found personally liable should you not properly perform.

The Court appreciates your efforts on behalf of the protected person.

As Guardian you are required to:

1. Locate, collect and maintain all property owned by the protected person. Keep motor vehicles and real estate insured and protected. Keep motor vehicles and real estate insured and protected.
2. File with the Court, within ninety (90) days after your appointment, a verified inventory and appraisal of all the property belonging to the protected person, with values as of the date you were appointed. You must provide a copy of the inventory to the protected person [if over fourteen (14) years of age] and to certain other persons as set out in Indiana Code §29-3-9-5, as amended.

3. File with the Court a verified current account of all the income and expenditures of the guardianship every two (2) years after your appointment, in the statutory format prescribed by I.C. §29-1-16-4. Informal, handwritten, or transactional accountings will not be accepted.
4. Pay bond premiums as they become due.
5. File and pay taxes on the protected person's income and assets.
6. File a final accounting with the Court upon the termination of the guardianship, whether due to the death of the protected person, or for any other reason.
7. Keep all of the assets of the protected person separate from your own. Guardianship funds should never be co-mingled with personal funds. Unauthorized use of the guardianship funds will result in personal liability.
8. Open a guardianship checking account in your name "as guardian of (the protected person)". This account shall be used for all payments or disbursements on behalf of the protected person. The account should be in the protected person's Social Security number, not yours. It cannot be a joint account.
9. Real estate, automobiles and other accounts and investments should be held in the name of the protected person.
10. All investment accounts and other bank account holdings should be retitled as follows: "John Smith Guardianship, Mary Jones Guardian."
11. Obtain approval from the Court to use guardianship assets, other than for normal bills.
12. Do not self-deal. Do not buy anything from or sell anything to the protected person. Do not borrow anything from the protected person.
13. If applicable, timely qualify the protected person for Medicaid or other public assistance.
14. It is the duty of the guardian to protect and preserve the protected person's property, to account for the use of the property faithfully, and to perform all the duties required by law of a guardian.
15. The guardian has the same duties and responsibilities concerning the protected person whether or not the protected person is a relative of the guardian.
16. NEVER pay attorney fees or compensation to yourself from assets of the guardianship without first obtaining the advance written approval of the Court.
17. If any questions arise during the guardianship, immediately consult with your attorney.

I authorize my attorney to notify the Court in the event that he or she has reason to believe that I am not timely performing or improperly performing my fiduciary duties to the protected person even if such information would be otherwise confidential.

I acknowledge that I have carefully and completely read the above instructions and received a copy for my records. I agree to properly carry out my duties.

Dated this _____ day of _____, 20____.

Signature, Guardian

Signature, Guardian

Print, Guardian

Print, Guardian

I acknowledge that I have carefully and completely discussed the above instructions with my client before this form was signed and believe that he or she is fully aware of and capable of performing the duties required of a guardian of the estate.

Signature, Guardian

Signature, Guardian

Print, Guardian

Print, Guardian

GUARDIANSHIP FORM C
COURT'S INSTRUCTIONS TO GUARDIAN OF THE PERSON

STATE OF INDIANA

IN THE SUPERIOR COURT 2

COUNTY OF JOHNSON

CAUSE NO: 41D02 - _____

**IN THE MATTER OF THE
GUARDIANSHIP OF _____**

COURT'S INSTRUCTIONS TO GUARDIAN OF THE PERSON

Please read carefully before you date and sign. One copy of this form must be filed with the Court before your appointment as guardian is confirmed by the Court. Keep a copy for your records.

You have been appointed as the guardian of an individual who is unable to care for his or her own personal affairs. It is important that you fully realize your duties and responsibilities. Listed below are some of your duties.

If you are represented by an attorney of record, your attorney is required to notify the Court if you are not properly performing your duties to the protected person. By signing these Instructions you agree that the filing of that notice does not violate the attorney-client privilege. If the Court receives such notice it will set the matter for hearing and require you to personally appear and account to the Court for all actions taken or not taken by you as guardian.

The Instructions which follow are to be considered by you as Orders of the Court which require you to perform as directed. The Court appreciates your efforts on behalf of the protected person.

As Guardian of the person, you have the following duties and authority:

1. You must be or become sufficiently acquainted with the protected person and maintain sufficient contact with the protected person to know his or her capabilities, disabilities, limitations, needs, opportunities, and physical and mental health.
2. You are responsible to make sure the protected person has an adequate place to live that is appropriate for the protected person's needs. You can decide where the protected person will live. You must obtain **prior** approval of the Court before you move the protected person to another residence or health facility outside of Monroe County. In all other circumstances, you must notify the Court immediately in any change of residence.
3. You are responsible to make sure that the protected person receives needed and appropriate medical care. You can consent to medical or other professional care and treatment for the protected person's health and welfare. You can consent to the protected person's admission to a health care facility.
4. You shall, to the extent possible, encourage and promote the self-reliance and independence of the protected person.

5. You can, to the extent that the protected person is able, delegate to the protected person certain responsibilities for decisions affecting the protected person's well-being.
6. You or your attorney must notify the Court if your address, telephone number and/or e-mail address changes.
7. The guardian has the same duties and responsibilities concerning the protected person whether or not the protected person is a relative of the guardian.
8. You must file a report with the Court at least every two (2) years (reporting form attached). The report must state the present residence of the protected person and a statement of the protected person's current condition and general welfare. Failure to file the report may result in your removal as guardian.

I authorize my attorney to notify the Court in the event that he or she has reason to believe that I am not timely performing or am improperly performing my duties to the protected person even if such information would be otherwise confidential.

I acknowledge that I have carefully and completely read the above instructions and received a copy for my records. I agree to properly carry out my duties.

Dated this _____ day of _____, 20____.

Signature, Guardian

Signature, Guardian

Print, Guardian

Print, Guardian

I acknowledge that I have carefully and completely discussed the above instructions with my client before this form was signed and believe that he or she is fully aware of and capable of performing the duties required of a guardian of the person.

Signature, Attorney

Signature, Attorney

Print, Attorney

Print, Attorney