

Minor Guardianship with Consent Form Instructions

Use this form:

1. If you are an adult 18 years of age or older;
2. If you are seeking guardianship of a minor child under 18 years of age;
3. There is no case already open about custody, parenting time, or child support of the minor; and
4. If **both** minor child's parents (or other interested parties*) agree that you should be the minor child's guardian.

***Note:**

Interested parties may include adults that the minor child has lived with during the past sixty (60) days and the child themselves if they are 14 years of age or older.

Before you get started

- All forms included in this form packet **are required** to file your guardianship case with the court. However, your county may require you to file additional forms. Find them under More Forms You May Need To File.
- You may choose to file your documents at the courthouse in the county in which the child lives, or to e-file them. If you want to file your paper documents at the courthouse, you will need to print them when you have finished filling them out. You can review the information about how to file your forms with the court in person at this link: <https://indianalegalhelp.org/how-to-file-forms-with-the-court-in-person/>
- **If you choose to e-file**, instead of filing in person, make sure you review the information at this link: <https://indianalegalhelp.org/how-to-electronically-file-forms-with-the-court/>
- **There is a filing fee.** Contact your local county clerk's office to find out what the filing fee is at this link: <https://www.in.gov/courts/files/court-directory.pdf>. You might qualify for a fee waiver. You can learn more about filing for a fee waiver here: <https://indianalegalhelp.org/filing-fee-frequently-asked-questions/>

Who Should be Completing What?

STATE OF INDIANA	IN THE _____ COUNTY _____ COURT
	<small>(County you live in) (Court staff will write court type here)</small>
COUNTY OF _____	CASE NUMBER: _____
<small>(County you live in)</small>	<small>(Court staff will write your case number here)</small>
IN RE THE MATTER OF:	
_____ <small>(Minor child's name)</small>	
MINOR CHILD	

The picture above is a “Caption” and is at the top of each form. You will fill in the county information and your name. The court staff will complete court information and your case number.



The icon to the left is the “**Petitioner**” icon. Wherever you see the Petitioner icon, you will begin filling in the blanks with the correct information. Once you see the Court Staff icon, stop filling in the blanks until you see the Petitioner icon again. The Court Staff icon is explained below.



The icon to the left is the “**Court Staff**” icon. Wherever you see the Court Staff icon, the court staff will fill in the blanks with the required information. **Do not complete** anything in areas where you see the Court Staff icon.



The icon to the left is the “**Notary Public** icon”. Wherever you see the Notary Public icon, a notary public will need to witness you signing your court papers and complete the Notary section. **Do not complete** anything in areas where you see the Notary Public icon.

There are entire pages in this form packet that only the court staff or notary public will complete. These pages will only have the Court Staff icon or the Notary Public icon, and no Petitioner icons.

Forms Included in this Packet:

- 1.) Appearance
 - This is the form that tells the court how to contact you if they need to.
- 2.) Verified Petition for Appointment of Guardians of the Person Of the Minor
 - This is the form that asks the court to give you guardianship.

3.) Guardianship Information Sheet

- This is the form that must be completed so the court system knows about you and the case.

4.) ACR Form

- This form will make sure the Guardianship Information Sheet is kept confidential and only the court and the parties can see it.

5.) Parent and Other Interested Person's Waiver of Notice and Consent to the Appointment of Guardian(s) of the Person of Minor Child

- This form tells the court that the parents and other interested parties do not need to be told about any hearing that may be scheduled, and that they know about and consent to the guardianship.
- **You may need several copies of this form.** A form should be signed by **ALL** of the following:
 - Every living parent. ***If every living parent has not consented then this is not a guardianship with consent and these forms will not work for you.*** You do not need the consent of a parent if that parent's parental rights have been terminated by a court.
 - Any person who has lived with or had custody of the minor during the 60 days before filing the petition.
 - Any other person that the court has required that you provide notice to.

6.) Order Setting Hearing on Petition for Appointment of Guardian

- The judge may want to have a hearing. If so, the court will complete the Order Setting Hearing on Petition for Appointment of Guardian. You must come to court on the day and time the court puts in the Order.
- Please be aware that the court may ask a Guardian ad litem to get involved with the case before the court makes a decision.

7.) Order Appointing Guardian for Minor

- This is the form the judge signs saying you can have guardianship of the child.

8.) Oath of Guardian

- Sign this in front of a notary public and file it with the court when you file your Petition.

9.) Letters of Guardianship of the Person

- Complete your portion and file it with the court when you file your Petition. The Clerk will sign the Letters of Guardianship and return them to you at the address from your Appearance.
- You will need the Letters of Guardianship, the Order, and the Oath to prove you have guardianship.

More Forms You May Need to File

A list of the additional forms can be found below. These additional forms are available on the Indiana Legal Help website from the Minor Guardianship pages.

Additional Forms:

1. Application for Appointment
 - This form asks for general information about the petitioners who are opening the guardianship case with the court. Check with your county clerk to see if this form is required for filing.
2. Consent Form for Minor 14 Years of Age or Older
 - This form must be completed by a minor child who is fourteen (14) years of age or older. ***If the minor child who is fourteen (14) years of age or older has not consented then this is not a guardianship with consent and these forms will not work for you.***
3. CHINS Disclosure Form
 - This form must be completed if any of the following are true:
 1. The minor child has been the subject of a substantiated report of child abuse or neglect.
 2. The minor child has been determined to be a Child in Need of Services.
 3. The minor child has been involved in an Informal Adjustment.
 4. A party involved in this case has been determined to be a perpetrator in a substantiated report of child abuse or neglect.
4. Additional Consent Form
 - This form should be completed by individuals who are consenting to the guardianship. There is already one (1) consent form included in the minor guardianship packets.
5. Additional Notice Form
 - This form should be completed if the court has required that you provide notice of the guardianship case to individuals not already listed in the Minor Guardianship packet. The notices already provided in the packet include:
 1. Notice to Parents
 2. Notice to Adult Custodian the Minor Child has lived with for the past sixty (60) days
 3. Notice to Minor Child if they are fourteen (14) years of age or older

Terms You May Need to Know

Incapacitated- A person who fits into one of the following three types:

- (1) they cannot be located after a reasonable search;
- (2) they are unable to either manage their property, take care of themselves, or both, because of any of the following reasons: 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) they have a developmental disability.

Informal adjustment- A program where the Department of Child Services (DCS) has “substantiated” an allegation of child abuse or neglect for the minor child, and the parents of the minor child consent to and willingly participate in family services and the Juvenile court approves the request for the Informal Adjustment Program. A “substantiated” report is a report that DCS has fully investigated and reached the conclusion that abuse and/or neglect actually did occur.

Real Property- Any ownership by the minor including:

1. land; or
2. buildings.

This does not include personal property (money or things you can take with you).

Personal Property- Any ownership by the minor child including:

1. anything you can take with you,
2. money
3. any right to sue someone else on behalf of the minor child; or
4. any debts owed to the minor child.

This does not include real property (buildings or land).

Bond- The bond in a guardianship case is like a shield that protects the minor child’s property. It is an official agreement between the guardian and a bonding company, which is like an insurance company. This company promises to give money to the minor child if the guardian does something wrong with the minor child’s money or property.

Perjury- When a person makes a false statement under oath or affirmation in the case documents or when they testify in court, when they know the statement is false or they don’t believe the statement is true.

Guardian ad Litem- A Guardian ad litem, or GAL, is an attorney, a volunteer, or an employee of a county GAL program who is appointed by a court to represent and protect the best interests

of the minor child and provide the child with services requested by the court, including: researching, examining, advocating, facilitating, and monitoring the child's situation.

Certificate of Service- When a court case begins, it's important for both sides to know about it and receive official forms. This is called "service of process." These forms tell them about the case and their rights. You are required to give a copy of every form you file with the court to every other person involved in the case. You must say when you gave them the copies and how you gave them the copies. Here are the ways to get them their copies:

First Class U.S. mail- You can serve the court forms by paying to have them sent by certified mail. The clerk will ask you to complete the Certified Mail card. The clerk will serve the court forms by Certified Mail. Certified mail ensures that the court forms have been signed for and received.

Hand Delivery- You can serve the court forms by paying to have a sheriff or private company hand- deliver them to the other party. Ask the clerk for information on how to use the Sheriff's office to serve your court forms.

Indiana's E-Filing System- You can serve the court forms by filing your documents electronically. Ask the clerk for information on how to e-file your court forms.

Waiver- Waiving or Waiver means that someone is giving up an option they would normally get. In legal cases, there are many different options that people are normally given. Here are some examples:

- (1) Waiver of Service- as described in Certificate of Service above, "service" is the option of having legal papers formally delivered to them by the other party involved in the case, often by certified mail or by the sheriff. Waiving service means that someone is giving up those formal options of having legal papers delivered to them through the court and instead getting them from the other party directly, by mail or in person. It's important to remember that waiving service doesn't mean giving up any rights or the ability to participate in the case—it just means they're choosing a different way to communicate and handle the legal proceedings.
- (2) Waiver of Notice- "notice" is when someone has been told about something occurring in a case. People involved in legal cases must be told when documents are filed with the court or when the court has made an order. They must also be told when hearings are going to happen. Waiving notice means that someone is giving up their choice of being told about something happening in the case.

Waivers allow the parties to move forward with the case more quickly and avoid the need for some of those formal options and choices.

Adjudicated- This means the court has already made a decision. In this case, an "Adjudicated" minor child means the court has seen and heard enough evidence to decide the child is a minor.

STATE OF INDIANA

IN THE _____ COUNTY JUVENILE MAGISTRATE CIRCUIT COURT

(County the minor child lives in)

(Court staff will write court type here)

COUNTY OF _____

(County the minor child lives in)

CASE NUMBER: 41C01 - - GU - _____

(Court staff will write your case number here)

IN RE THE MATTER OF:

(Minor child's name)

MINOR CHILD

APPEARANCE BY SELF-REPRESENTED PERSON IN CIVIL CASE



1. My name is: _____.

2. I am representing myself in this case and I do not have a lawyer.

3. My address is (***Include your street name, city, state, and zip code***):

_____.

My email address, phone number, and fax number are (***An email address and a 10-digit phone number are required below; a fax number is not required if you do not have one***):

Email Address: _____

Phone Number: _____

Fax Number: _____

4. I would like to receive my court documents and case information (***Select One Below***):

- ☐ at my street address.
- ☐ at my email address.
- ☐ at the Attorney General confidential address. (***This option is only available if you have used this address in another court case.***)

5. This is a GU case type as defined in Administrative Rule 8(B)(3).

6. (***Select One Below***):

- ☐ There are other cases related to this guardianship case. The case number(s) can be found below:

- ☐ There are no other cases related to this guardianship case.

7. **(Select One Below):**

- ☐ I am not aware of any additional information required by a local rule that I must provide.
- ☐ There is additional information required by local rule that is provided below:_____

Petitioner Signature:_____

Date: _____

Co-Petitioner Signature:_____

Date: _____

.....

STATE OF INDIANA

IN THE _____ COUNTY JUVENILE MAGISTRATE CIRCUIT COURT

(County the minor child lives in)

(Court staff will write court type here)

COUNTY OF _____

(County the minor child lives in)

CASE NUMBER: 41C01 - - GU -

(Court staff will write your case number here)

IN RE THE MATTER OF:

(Minor child's name)

MINOR CHILD



VERIFIED PETITION FOR APPOINTMENT OF GUARDIAN(S) OF THE PERSON OF THE MINOR

1. My name is (***name(s) of petitioners seeking guardianship of minor child***):

_____.

2. I am asking the court to appoint me as the guardian of (***name of minor child you want guardianship over***):

_____.

3. The minor child's date of birth is: _____.

4. The minor child's age is: _____.

5. The minor child is incapacitated due to their minority and is unable to care for themselves.

6. The minor child currently lives at (***Include street name, city, state, and zip code below***):

_____.

_____.

7. My current address where I live is (***Include street name, city, state, and zip code below***):

_____.

_____.

8. The minor child is living with (***the name of person(s) the minor child is currently living with***):

_____.

The minor child has lived with them since (***the month, day, and year the minor child began living with the person(s) written on line 8***): _____.

9. The minor child has lived with the person(s) on line 8 because:

_____.

_____.

_____.

_____.

10. My relationship to the minor child is (*list your relationship to the minor child/how you know the minor child. For example, a grandparent, aunt/uncle, etc.*):

_____.

11. I have been supporting and caring for the minor child in the following ways (*Please explain in what ways you have helped and provided for the minor child*):

_____.

12. A Child In Need of Services (CHINS) petition (*check one of the boxes below*):

- ☐ has been filed regarding the minor child and is an open case.
- ☐ has been filed regarding the minor child and is a closed case.
- ☐ has not been filed regarding the minor child.

13. A program of informal adjustment (*check one of the boxes below*):

- ☐ has been filed regarding the minor child and is an open case.
- ☐ has been filed regarding the minor child and is a closed case.
- ☐ has not been filed regarding the minor child.

14. I am (*check one of the boxes below*):

- ☐ aware that there is another guardian that has been appointed for the minor child or that there is an acting custodian of the minor child.

Their name(s) are:

_____.

Their address is (*Include street name, city, state, and zip code below*):

_____.

- ☐ not aware of another guardian that has been appointed for the minor child or is the acting custodian of the minor child.

15. A protective order (*check one of the boxes below*):

- ☐ has been issued for the minor child.
- ☐ has not been issued for the minor child.

16. The minor child has the following real or personal property:

In the chart below, list the minor child's real or personal property and its approximate value. Real or personal property may include pay, pension, insurance, allowance, or any other important items that belong to the minor child or that the minor child is entitled to.

For more information on real or personal property, see the "Terms You May Need to Know" section.

<u>Name of Real or Personal Items</u>	<u>Approximate Value (<i>in U.S. dollars</i>)</u>
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$

17. The minor child's family members (by blood or marriage) and their addresses are:

<u>Name of Family Member</u>	<u>Address (<i>Include street name, city, state, and zip code below</i>)</u>

18. I would like to be the guardian of the minor child because (***explain why you are the best person to be appointed as guardian over the minor child***):

19. If I am appointed as the guardian over of the minor child, I can provide the minor child (***explain how you plan to support the minor child***):

20. The filing fee to open this case (***Select One Below***):

- ☐ has been paid.
- ☐ has not been paid.
- ☐ has been waived.

21. I ask the court not to require that I pay a bond because the minor child has no asset(s).

22. I have (***Select One Below***):

- ☐ been appointed as the guardian of another person in the state of Indiana.
- ☐ not been appointed as the guardian of another person in the state of Indiana.

23. There are no better options than guardianship for the minor child because:

Therefore, I respectfully request that the court appoint me/us as the guardian(s) of the minor child after notice and a hearing.

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

Petitioner Signature: _____

Date: _____

Co-Petitioner Signature: _____

Date: _____

Guardianship Registry Information Sheet-Trial Rule 3.1 (A)(10)

(☒ 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?:** _____

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?:** _____

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? _____ **Language:** _____

Guardian	<input type="checkbox"/> Check if same as petitioner	<input type="checkbox"/> Certified (Only check if Federal or State Certified)
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Last:* _____ **Suffix:** _____ **First:*** _____ **Middle:** _____

DOB: _____ **Gender:*** _____ **Race:*** _____ **Hispanic?:** _____

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?:** _____

Mailing Address:* _____

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

Email Address: _____

FOR THE FIRST SECTION, INCLUDE YOUR NAME IN THE BLANK AND FILL IN THE INFORMATION BELOW. IF SOMEONE ELSE IS ASKING FOR GUARDIANSHIP WITH YOU, PUT THEIR INFORMATION ON THE NEXT PAGE

IF AN INSTITUTION (LIKE A HOSPITAL) IS THE CHILD'S GUARDIAN, FILL IN THIS SECTION.

FILL IN THE CHILD'S INFORMATION HERE

IF THE CHILD CURRENTLY HAS A GUARDIAN (NOT THE CHILD'S PARENT) FILL IN THE INFORMATION HERE

INCLUDE THE CHILD'S CLOSE RELATIVE'S INFORMATION HERE. THERE IS ADDITIONAL SPACE ON THE NEXT PAGE

CONFIDENTIAL DOCUMENT *TREAT AS IF FILED ON GREEN PAPER*

Guardianship Registry Information Sheet- Trial Rule 3.1 (A)(10)

(Additional)

Petitioner

Relationship to Protected Person _____

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

DOB: _____ **Gender:*** _____ **Race:*** _____ **Hispanic?:** _____

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?:** _____

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?:** _____

Mailing Address:* _____

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

Email Address: _____

INCLUDE THE CHILD'S CLOSE RELATIVE'S INFORMATION HERE. THERE IS ADDITIONAL SPACE ON THE NEXT PAGE

Interested Party

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

Gender:* _____ **Race:*** _____ **Hispanic?:** _____

Address:* _____

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

Email Address: _____

Interested Party

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

Gender:* _____ **Race:*** _____ **Hispanic?:** _____

Address:* _____

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

Email Address: _____

STATE OF INDIANA

IN THE _____ COUNTY JUVENILE MAGISTRATE CIRCUIT COURT
(County the minor child lives in) (Court staff will write court type here)

COUNTY OF _____
(County the minor child lives in)

CASE NUMBER: 41C01 - - GU -
(Court staff will write your case number here)

IN RE THE MATTER OF:

(Minor child's name)

MINOR CHILD

FORM ACR (ACCESS TO COURT RECORDS)

**Notice of Exclusion of Confidential Information from Public Access
(FILED WITH TRIAL CLERK)**

I am filing this notice because I have filed private and confidential information under the Indiana Rules on Access to Court Records. This notice is to let the court know that the confidential information I have filed should remain confidential, and should not be visible to the public according to the rule listed below:

Name or description of document

ACR Grounds for Exclusion

Guardianship Registry Information Sheet

Access to Court Records Rule 5(b)(2)



Printed Name: _____

Signature: _____

STATE OF INDIANA

IN THE _____ COUNTY JUVENILE MAGISTRATE CIRCUIT COURT
(County the minor child lives in) (Court staff will write court type here)

COUNTY OF _____
(County the minor child lives in)

CASE NUMBER: 41C01 - - GU -
(Court staff will write your case number here)

IN RE THE MATTER OF:

(Minor child's name)

MINOR CHILD

**Parent and Other Interested Person's Waiver of Notice and Consent to the Appointment of
Guardian(s) of the Person of Minor Child**

Instructions: This form tells the court that the parents and other interested parties do not need to be told about any hearing that may be scheduled, and that they know about and consent to the guardianship.

Filer: Give this form to the other person involved in the case when they agree they know about and consent to the guardianship. Once they have completed this form and given it back to you, file this Waiver of Notice and Consent form with the court at the same time you file the other documents in this packet.

Person Completing this Form: Complete and give this form back to the person is asking to become the guardian. Please be aware that it may be in your best interest to consult with an attorney before completing this form.

Before Filing: Please be aware of the legal outcomes before you complete and file this form. To ensure you are using this form properly and that you understand the legal outcomes of filing this form, please consult the trial rules and your county's local rules.

Find the trial rules by visiting https://www.in.gov/courts/rules/trial_proc/index.html.

Find your county's local rules by visiting <https://www.in.gov/courts/publications/local-rules/>.

I swear on my oath that:

1. I am an adult and my name is: _____.
2. My date of birth is: _____.
3. My relationship to the minor child in this case is *(state your relation to the child (i.e. father, aunt, guardian, etc.))*:
_____.

4. I am aware of the Verified Petition for Appointment of Guardians of the Persons of a Minor Child.

5. I consent to the appointment of the following as guardian of the minor child (*name(s) of petitioners seeking guardianship of minor child*):

_____.

6. I agree to waive service of summons and notices on this Petition.

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

The following signatures must be signed in front of notary public. Do not complete this until you are with a notary public. Many banks and libraries have a notary public available. A notary public will charge a small fee.

Signature: _____

Date: _____



Notary Public will complete the section below.

STATE OF INDIANA

COUNTY OF _____

Before me, _____, a notary public in and for _____
County, State of Indiana, personally appeared _____, and he/she
having been first duly sworn upon his/her oath, says that the facts as alleged in the foregoing
instrument are true.

Date: _____

Notary Public

My Commission Expires: _____

COUNTY OF _____
(County you live in)CASE NUMBER: 41C01 - - GU -
(Court staff will write your case number here)

IN RE THE MATTER OF:

(Minor child's name)

MINOR CHILD

**Parent and Other Interested Person's Waiver of Notice and Consent to the Appointment of
Guardian(s) of the Person of Minor Child**

Instructions: This form tells the court that the parents and other interested parties do not need to be told about any hearing that may be scheduled, and that they know about and consent to the guardianship.

Filer: Give this form to the other person involved in the case when they agree they know about and consent to the guardianship. Once they have completed this form and given it back to you, file this Waiver of Notice and Consent form with the court at the same time you file the other documents in this packet.

Person Completing this Form: Complete and give this form back to the person who is asking to become the guardian. Please be aware that it may be in your best interest to consult with an attorney before completing this form.

Before Filing: Please be aware of the legal outcomes before you complete and file this form. To ensure you are using this form properly and that you understand the legal outcomes of filing this form, please consult the trial rules and your county's local rules.

Find the trial rules by visiting https://www.in.gov/courts/rules/trial_proc/index.html.

Find your county's local rules by visiting <https://www.in.gov/courts/publications/local-rules/>.

I swear on my oath that:

1. I am an adult and my name is: _____.
2. My date of birth is: _____.
3. My relationship to the minor child in this case is (*state your relation to the child (i.e. father, aunt, guardian, etc.)*):
_____.

4. I am aware of the Verified Petition for Appointment of Guardians of the Persons of a Minor Child.

5. I consent to the appointment of the following as guardian of the minor child (*name(s) of petitioners seeking guardianship of minor child*):

_____.

6. I agree to waive service of summons and notices on this Petition.

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

The following signatures must be signed in front of notary public. Do not complete this until you are with a notary public. Many banks and libraries have a notary public available. A notary public will charge a small fee.

Signature: _____

Date: _____



Notary Public will complete the section below.

STATE OF INDIANA

COUNTY OF _____

Before me, _____, a notary public in and for _____
County, State of Indiana, personally appeared _____, and he/she
having been first duly sworn upon his/her oath, says that the facts as alleged in the foregoing
instrument are true.

Date: _____

Notary Public

My Commission Expires: _____

STATE OF INDIANA

IN THE _____ COUNTY JUVENILE MAGISTRATE CIRCUIT COURT

(County the minor child lives in)

(Court staff will write court type here)

COUNTY OF _____

(County the minor child lives in)

CASE NUMBER: 41C01 - - GU -

(Court staff will write your case number here)

IN RE THE MATTER OF:

(Minor child's name)

MINOR CHILD

Order Setting Hearing on Petition for Appointment of Guardian



The Petitioner(s) is(are) (***name(s) of petitioners seeking guardianship of minor child***):

_____.

The Petitioner(s) have filed a Verified Petition for Appointment of Guardian of the Person of (***name of minor child***):

_____.



The Court schedules the Verified Petition for hearing on: _____

at _____.

Date: _____

Judicial Officer

Distribution:

Your name(s): _____

Your mailing address: _____



STATE OF INDIANA

IN THE _____ COUNTY JUVENILE MAGISTRATE CIRCUIT COURT
(County the minor child lives in) (Court staff will write court type here)

COUNTY OF _____
(County the minor child lives in)

CASE NUMBER: 41C01 - - GU -
(Court staff will write your case number here)

IN RE THE MATTER OF:

(Minor child's name)

MINOR CHILD

Order Appointing Guardian for Minor

The Court now finds as follows:

1. The individual for whom the Guardian is sought is a minor child.
2. The appointment of Guardian is necessary to provide care and supervision of the Minor Child's physical person.

IT IS THEREFORE ORDERED as follows:

1. The adjudicated Minor Child's name is (***name of minor child***):
_____.
2. The appointed Guardian(s) is (***name(s) of petitioners seeking guardianship of minor child***):
_____.
3. No bond is required except on further Order.
4. The court has received the Oath of Guardianship and the Clerk shall issue Letters of Guardianship.



SO ORDERED: _____

Judicial Officer

Distribution:



Your name(s): _____

Your mailing address: _____

STATE OF INDIANA

IN THE _____ COUNTY JUVENILE MAGISTRATE CIRCUIT COURT

(County the minor child lives in)

(Court staff will write court type here)

COUNTY OF _____

(County the minor child lives in)

CASE NUMBER: 41C01 - - GU - _____

(Court staff will write your case number here)

IN RE THE MATTER OF:

(Minor child's name)

MINOR CHILD

Oath of Guardian



I/We are ((***name(s) of petitioners seeking guardianship of minor child***):

I/We swear and affirm that I/we will faithfully discharge my/our duties according to the law as
guardians of (***name of minor child***): _____.

Printed Name of Guardian:

Signature of Guardian:

Guardian Date of Birth:

Address of Guardian:

Printed Name of Guardian:

Signature of Guardian:

Guardian Date of Birth:

Address of Guardian:

COUNTY OF _____

(County the minor child lives in)

CASE NUMBER: 41C01 - - GU - _____

(Court staff will write your case number here)

Letters of Guardianship of the Person

This is to certify that the Judge of the _____,
County Indiana, has this day granted to:



_____, Guardian(s),
the authority to administer to as Guardian, the guardianship of:
_____, Protected Person.

A guardian of the person is authorized to exercise those powers set out in Indiana Code 29-3-8-2(a), Subsections (2), (3) and (4) only.

A guardian of the estate is authorized to exercise those powers set out in Indiana Code 29-3-8-4, Subsections 1-8 only.

A guardian has no authority to do any act not specifically authorized herein except with the prior written permission of the court.

Further limitations on the guardian's authority are as follows:

Said guardianship shall extend until terminated as provided by law, and the said guardian, having duly qualified as such, is authorized to take upon themselves the performance of their duties of the trusts of this Guardianship according to law.



Witness my hand and seal of the Court, as _____, Indiana.

This _____.

Clerk, _____ County

Court

STATE OF INDIANA

IN THE _____ COUNTY JUVENILE MAGISTRATE CIRCUIT COURT
(County you live in) (Court staff will write court type here)

COUNTY OF _____
(County you live in)

CASE NUMBER: 41C01 - - GU -
(Court staff will write your case number here)

IN RE THE MATTER OF:

(Minor child's name)

MINOR CHILD

This form should be completed by the minor child if they are 14 years of age or older if they agree that the petitioner(s) seeking guardianship should be appointed as their guardian.

Minor Child's Notice and Consent to the
Appointment of Guardian(s) of the Person of Minor Child

1. My name is: _____.
2. I swear on my oath that I am a minor.
3. My birthdate is (*include month, day, and year*): _____.
4. I know about the Petition for Appointment of Guardian(s) of me.
5. The person(s) who is/are asking the court for guardianship of me is/are (*write their first and last name(s)*):
_____.
6. I agree that the court should appoint the person(s) listed in line 5 as the Guardian(s) of me.
7. I waive my right to be served court papers including the summons and the notice of the hearing on this guardianship petition.
8. I understand that if there is hearing, the court will not send me a notice of the date and time of the hearing.

I affirm under the penalties for perjury that the information I have provided is true.

Signature: _____

Date: _____

Printed Name: _____

STATE OF INDIANA

IN THE

COUNTY

JUVENILE MAGISTRATE CIRCUIT

COURT

(County you live in)

(Court staff will write court type here)

COUNTY OF

(County you live in)

CASE NUMBER: 41C01 -

- GU -

(Court staff will write your case number here)

IN RE THE MATTER OF:

(Minor child's name)

MINOR CHILD

Child In Need of Services Disclosure Form

1. My name is **(name(s) of petitioners seeking guardianship of minor child)**:

_____.

2. I respectfully file this CHINS Disclosure Form according to IC 29-3-2-7.

3. A petition for guardianship has been filed by **(name(s) of petitioners seeking guardianship of minor child)**:

_____.

4. The parties involved in this guardianship proceeding are found in the chart below **(name(s) of petitioners, the minor child's parent(s) or legal guardian(s), and the custodian who the minor child has lived with for the past sixty (60) days, or any other parties involved)**:

Petitioner #1	
Petitioner #2	
Parent/Legal Guardian #1	
Parent/Legal Guardian #2	
Custodian #1	
Custodian #2	
Other:	
Other:	

5. I have knowledge that **(check all that apply)**:

- ☐ a party involved in this guardianship case has been determined to be a perpetrator of a substantiated report of child abuse or neglect. The name of the party is **(name of the party who has been involved with reports of child abuse and neglect)**:

_____.

- ☐ The minor child(ren) named in the petition for guardianship for this case has/have been the subject of a substantiated report of child abuse or neglect.
- ☐ The minor child(ren) named in the petition for guardianship for this case has/have been determined to be child(ren) in need of services under IC 31-34.
- ☐ The child(ren) named in the petition for guardianship in this case have been involved in an informal adjustment under IC 31-34-8.

6. I understand my duty under IC 29-3-2-7 to continue to keep the Court informed, in writing, of any changes to this information.

7. I understand that if the information is not given to the Court, a hearing on the petition regarding guardianship may be delayed until the information is provided to the Court.
8. I understand that the Court reviewing the petition to establish guardianship of the child(ren) may request information from the Department of Child Services regarding the guardianship petition or proceedings described in IC 29-3-2-7.
9. I understand that the Department of Child Services is required to provide a response, under seal, to the Court's request for information.

Signature: _____

Date: _____

Printed Name: _____

Signature: _____

Date: _____

Printed Name: _____

STATE OF INDIANA

IN THE _____ COUNTY JUVENILE MAGISTRATE CIRCUIT COURT
(County you live in) (Court staff will write court type here)

COUNTY OF _____
(County you live in)

CASE NUMBER: 41C01 - - GU -
(Court staff will write your case number here)

IN RE THE MATTER OF:

(Minor child's name)

MINOR CHILD

APPLICATION FOR APPOINTMENT OF GUARDIAN(S) OF THE PERSON OF THE MINOR

This form should be completed by anyone petitioning the court to make them a guardian of the minor child.

Contact Information:

Name: _____

Address: _____

Home Phone: _____

Cell Phone: _____

Email: _____

Educational Background:

Do you have a High School Diploma? ☐ Yes ☐ No

If not, do you have a HSE? ☐ Yes ☐ No

Do you have a College education? ☐ Yes ☐ No

If so, list the colleges you have attended, how many years you attended, the name of the degree you earned, and the year you earned the degree below:

Name of College	Years Attended	Degree Earned	Year Earned

Do you have a post-graduate or professional degree?

☐ Yes

☐ No

If so, list the post-graduate or professional institution you attended, the degree you earned, and the year you earned the degree.

Name of College	Years Attended	Degree Earned	Year Earned

Employment

Name of Employer: _____

Address of Employer: _____

Length of employment: _____

If you are not employed, state below whether you are retired, a homemaker, a surviving spouse/surviving partner of a deceased person, and please describe your most recent occupation before retiring, or before you stopped working outside your home:

Financial Expertise

List any experience you have in money or finance management below. This may include investments and checkbook management:

Felony Convictions:

Do you have any past felonies or convictions?

☐ Yes

☐ No

If so, list the date of convictions and the type of felony below:

Date of Conviction:	Type of Felony Convicted for:

Affirmation of Petitioner

1. I am the Petitioner requesting appointment as the Guardian of the Estate of (***name of minor child***):

_____.

I hereby state:

2. I am 18 years of age or older.
3. I am not incapacitated in anyway that would impair my ability to manage the estate (property) of the minor child.
4. ☐ I do not have attorney.
- ☐ My attorney is (***full name of attorney***):

_____.

Their office is located (include street, city, state, and zip code):

_____.

_____.

My attorney's phone number is: _____.

My attorney's fax number is: _____.

My attorney's email address is: _____.

I have provided my attorney with my social security number and my date of birth.

5. I accept my appointment as fiduciary.
6. I agree to submit to the authority of this court in any proceeding that relates to the estate of the minor child.

Affirmation and Verification

1. I affirm under the penalties for perjury that the information in this document is true and correct.
2. If I have an attorney, as a condition of my appointment as fiduciary in this matter, 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 a breach of my fiduciary duty.

Signature: _____

Date: _____