

INSTRUCTIONS FOR FILING A PRO SE GUARDIANSHIP

You are the Petitioner in this matter and are directed to fill out the following attached packet, in full and to the best of your knowledge, and submit to the Johnson County Clerk's Office located at 5 East Jefferson Street, Franklin, Indiana 46131. At the time of filing the Clerk will assign your guardianship to the appropriate court and will assign cause number(s), all of which will be provided to you.

It is not a requirement to fill out the "Acceptance and Oath of Guardian Appointed Over the Person; Minor" as this can be completed at the hearing when the guardianship is granted.

If either mother and/or father are willing to consent to the appointment of a guardian(s) please fill out the "Consent to Appointment of Guardian by Parent" that is attached to this packet. If either mother and/or father are not willing to consent to the guardianship please indicate this in paragraphs 4 and/or 5.

IN THE JOHNSON _____ COURT

CAUSE NUMBER: _____

APPEARANCE

- If so please list the cause number(s) and the name(s) of the minor child/children and/or adult(s) below:

Email: _____

IN RE: THE GUARDIANSHIP OF:)
)

(signature of Petitioner(s))

)

COURT

)SS:

)

)

ORDER ON MOTION TO OVERRIDE CASE ALLOCATION

Comes now the Court and having reviewed the Petitioner(s) Motion to Override Case Allocation now GRANTS the same and ORDERS that the Johnson County Clerk transfer this matter to the Johnson County Circuit Court Juvenile and Family Division.

SIGNED THIS _____ DAY OF _____, 20____.

**MICHAEL T. BOHN, MAGISTRATE
JUVENILE AND FAMILY DIVISION**

Distribution:

STATE OF INDIANA)
)SS: IN THE JOHNSON _____ COURT
COUNTY OF JOHNSON)
 CAUSE NUMBER: _____

IN RE: THE GUARDIANSHIP OF:)

)

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

Comes now _____ (name of Petitioner(s)) who
being duly sworn petitions the Court as follows:

1. That _____ (name of minor child) is _____ (age)
years of age, having been born on _____ (date of birth), and
that he/she is presently residing in the home of the Petitioner(s) at _____
_____ (address), in the City of _____,
State of Indiana, County of Johnson.
2. That the nature of the incapacity of said _____
_____ (name of minor child) is that he/she has not
reached the age of majority.
3. That said minor has no property, real or personal, other than his/her personal effects.
4. That the natural mother, _____ (name of mother), is
(state facts of mother's unavailability and her current whereabouts/if mother consents to
the guardianship please fill out the "Consent to Appointment of Guardian by Parent")

5. That the natural father, _____ (name of father), is
(state facts of father's unavailability and his current whereabouts if father consents to the
guardianship please fill out the "Consent to Appointment of Guardian by Parent")

6. That there has not been a guardian appointed over the minor child in this or any other
state.
7. That the Petitioner(s) does not seek any limitations on the guardian's authority.

8. That the name(s) and address(es) of the person(s) seeking to be appointed guardian of the minor child _____ (name of minor), is _____ (name of Petitioner(s)) residing at _____ (Petitioner(s) address) in the City of _____, State of Indiana, County of Johnson, and that he/she is not serving as guardian over any other person within the State.

9. That the names and addresses of the person(s) most closely related to said minor are: (list names, addresses, and relationship to minor child) _____

10. That the person(s) having the care and custody of _____ (name of minor child) is the Petitioner(s) herein.

11. That it is necessary that a guardian be appointed for _____ (name of minor child) in order to provide for his/her care, custody and support and maintenance due to his/her minority and that said petition is in the best interests of said minor child.

12. That a hearing on this matter should be set as soon as adequate with notice to be given to the natural parents and other interested person(s) as directed by the Court pursuant to IC 29-3-3-4.

WHEREFORE, your Petitioner(s) prays the Court enter and Order:

1. Setting a hearing on this petition as soon as possible consistent with the preservation of the rights of the minor child and requiring notice to all necessary parties and persons;

2. Finding that all necessary parties and person(s) have been given adequate notice of the guardianship proceedings;

3. After the hearing, adjudicate that _____ (name of minor) is incapacitated due to his/her minority;

4. Finding that a guardian of the person of _____ (name of Petitioner(s)) needs to be appointed;

5. Finding that the Petitioner(s) _____ (name of Petitioner(s)) is a suitable person(s) to be appointed guardian(s) of the person of _____ (name of minor child).

6. Appointing _____ (name of Petitioner(s)) as
the guardian(s) of the person of _____ (name of minor
child);

7. And for all other relief proper in the premises.

(Petitioner's signature)

(Co-Petitioner's signature)

Distribution:

STATE OF INDIANA)
)SS:
COUNTY OF JOHNSON)

IN RE: THE GUARDIANSHIP OF:)
)

IN THE JOHNSON _____ COURT

CAUSE NUMBER: _____

CONSENT TO APPOINTMENT OF GUARDIAN BY PARENT

Comes now _____, and agrees and states as follows:

1. That I consent to the appointment of _____ as
guardian over the person of _____ (minor child).

DATED: _____

(signature of parent)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this
_____ day of _____, 20_____.

My Commission Expires:

Notary Public

STATE OF INDIANA)
)SS:
COUNTY OF JOHNSON)

IN RE: THE GUARDIANSHIP OF:)
)

IN THE JOHNSON _____ COURT

CAUSE NUMBER: _____

CONSENT TO APPOINTMENT OF GUARDIAN BY PARENT

Comes now _____, and agrees and states as follows:

1. That I consent to the appointment of _____ as
guardian over the person of _____ (minor child).

DATED: _____

(signature of parent)

Subscribed and sworn to before me, a Notary Public, in and for said County and State, this
_____ day of _____, 20_____.

My Commission Expires:

Notary Public

STATE OF INDIANA)
COUNTY OF JOHNSON)

)
) SS:
)

IN THE JOHNSON CIRCUIT COURT
JUVENILE AND FAMILY DIVISION
CAUSE NUMBER: 41C01-_____

IN THE MATTER OF THE GUARDIANSHIP OF)
_____)
A Minor Child)

**ACCEPTANCE AND OATH OF GUARDIAN(S) APPOINTED
OVER THE PERSON; MINOR**

Comes _____ and hereby accepts the Court's
appointment as Guardian over the person of _____, a minor child
and affirms under the penalties of perjury, that he/she will faithfully discharge his/her duties as
guardian as enumerated by the Court's order.

DATED: _____, 20_____.

_____, Guardian _____, Guardian

I affirm under the penalties of perjury that the foregoing declaration is true and correct.

_____, Guardian _____, Guardian

STATE OF INDIANA)
) SS:
COUNTY OF JOHNSON)

IN THE JOHNSON CIRCUIT COURT
JUVENILE AND FAMILY DIVISION
CAUSE NUMBER: 41C01-_____

IN THE MATTER OF THE GUARDIANSHIP OF)
)
_____)
A Minor Child)

**ACCEPTANCE AND OATH OF GUARDIAN APPOINTED
OVER THE PERSON; MINOR**

Comes _____ and hereby accepts the Court's
appointment as Guardian over the person of _____, a minor child
and affirms under the penalties of perjury, that he/she will faithfully discharge his/her duties as
guardian as enumerated by the Court's order.

DATED: _____, 20____.

_____, Guardian

I affirm under the penalties of perjury that the foregoing declaration is true and correct.

_____, Guardian

STATE OF INDIANA) IN THE JOHNSON _____ COURT
)SS: _____
COUNTY OF JOHNSON) CAUSE NUMBER: _____

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: IN THE JOHNSON _____ COURT
COUNTY OF JOHNSON)
 CAUSE NUMBER: _____

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 Petition 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____.

**MICHAEL T. BOHN, MAGISTRATE
JUVENILE AND FAMILY DIVISION**

Distribution:

Petitioner(s)

Mailing address

Town, State and Zip Code

Telephone number

Email