

PACKET FOR TEMPORARY ADULT GUARDIANSHIP

1. You must pay the filing fee of \$177.00. If you want the Court to consider a partial or full waiver of the filing fee, you must request a fee waiver by completing a separate petition and making a direct request to the Court staff and/or Judge. There are fee waivers located in the Clerk's office.
2. These documents are for the filing of an Temporary ADULT guardianship, and are available to you if you do not have an attorney. **IMPORTANT: THE CLERK, COURTS AND/OR COURT STAFF DO NOT PROVIDE LEGAL ADVICE. IF YOU NEED ADVICE, YOU MUST CONSULT WITH AN ATTORNEY.**
3. The Petition for Temporary Guardianship and the Physician's Report **MUST** be completed.
4. You **MUST** read and sign the Instructions to Guardians and complete the Guardianship Registry Information Sheet. These documents will be entered on to the Court's records.
5. The Summons, Appearance and Petition **MUST** be served on each living parent or child of the incapacitated adult, the incapacitated adult (him/herself) and on any other person required to be served by the Court. SERVICE MUST BE MADE IN ACCORDANCE WITH COURT RULES. A HEARING DATE AND TIME WILL BE SCHEDULED BY THE COURT. **YOU MUST ATTEND.**

CHECKLIST

YES

1. Filing fee paid? Case opened? _____
2. Petition for Temporary Guardianship completed? _____
3. Physician's Report completed? _____
4. Instructions to Guardian reviewed/signed? _____
5. Guardianship Registry completed? _____
6. Appearance completed? _____
7. Summons completed? _____
8. Notice of Hearing completed for each necessary person
(including the incapacitate person)? _____
9. Papers mailed/served on each person as required by Court? _____
10. Hearing date scheduled by Court? _____
11. Service perfected on all parties? _____
12. My case number is _____
13. My hearing date is set for _____

*****FAILURE TO COMPLETE ALL DOCUMENTS AND PROVIDE
PROPER SERVICE WILL DELAY THE PROCESS*****

IN THE CLARK COUNTY COURTS

STATE OF INDIANA

IN RE THE GUARDIANSHIP OF:

ADULT/PROTECTED PERSON

CASE NO. _____

**APPEARANCE BY UNREPRESENTED PERSON IN
TEMPORARY GUARDIANSHIP PROCEEDINGS**

1. My name is _____ and I am
_____ Initiating (Petitioner)
_____ Responding (Interested Party)

In this case I am not represented by a lawyer.

2. Contact information for receiving documents and case information is required by
Court Rules:

Address:

Email Address: _____

Phone number: _____

3. This is a GU case - Guardianship - Adult

4. There are related cases:

_____ YES

_____ NO

Caption and case numbers of related case:

Caption: _____ Case No. _____

Date: _____

Petitioner

CERTIFICATE OF SERVICE

I hereby certify I am serving this document by:

_____ Certified mail

_____ Service by Sheriff (County _____)

_____ Publication

_____ Acknowledgment

_____ Process Server

Signature

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 _____ |
|------------|--|

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: _____

IN THE CLARK COUNTY COURTS

STATE OF INDIANA

IN RE THE GUARDIANSHIP OF:

ADULT/PROTECTED PERSON

CASE NO. _____

**PETITION FOR APPOINTMENT OF TEMPORARY
GUARDIAN OVER AN ADULT**

Petitioner, after being duly sworn, petitions the Court as follows:

1. _____ (Name of Adult/Protected Person), who is _____ years of age and is currently residing in Clark County, Indiana is an *incapacitated adult*.
2. The Petitioner's relationship to the incapacitated person is _____ (spouse, child, other relative, etc.).
3. The *incapacitated person* cannot
_____ Manage his or her property
_____ Provide self-care
due to insanity, mental illness/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 (underline all that apply above).
4. A Physician's Report is attached to this petition.
_____ Yes
_____ No (a Physician's Report is REQUIRED if the incapacity is related to physical or mental illness or infirmity)
5. A guardian has been appointed for the incapacitated person in any other jurisdiction or State?
No _____ Yes _____
(If YES, provide details) _____

6. The address of the *incapacitated person* is:

7. The Petitioner's address is:

8. The person(s) most closely related by blood or marriage to the incapacitate person is/are:

Person 1: _____

Address: _____

Phone No. _____

Person 2: _____

Address: _____

Phone No. _____

Person 3: _____

Address: _____

Person 4: _____

Address: _____

9. The name and address of the person or institution having the care and custody of the incapacitate person is:

10. No person appears to have the authority to act on behalf of the incapacitated person.

11. The Petitioner requests that the Court grant him/her/them all of the responsibilities and powers accorded a guardian over the estate and person of an incapacitated person by Indiana law, as detailed in I.C. 29-3-8.

12. The Petitioner requests a hearing on the temporary guardianship as soon as adequate notice can be given pursuant to I.C. 29-3-6-1 and 29-3-6-2 to the protected person, all parties entitled to notice, and to all parties and persons directed by the Court to receive notice.

13. Petitioner acknowledges that he/she is responsible for service, in accordance with the Indiana Trial Rules, on the incapacitated person and all other persons entitled to notice, and to any and all other persons directed by the Court to receive notice. The Petitioner further acknowledges that he/she understands that no hearing will commence unless and until proper service is completed.

WHEREFORE, the Petitioner respectfully requests the Court to enter an order:

1. Setting a hearing on this petition as soon as possible consistent with the preservation of the rights of the alleged incapacitated person;
2. Requiring that all necessary parties and persons be given adequate notice of the guardianship proceedings;
3. Adjudicate incapacity;
4. Finding that a temporary guardian of the person and estate needs to be appointed;
5. Finding that the Petitioner is a suitable person to be appointed temporary guardian of the person and estate of the incapacitated person upon taking an oath and acceptance of the appointment;
6. Establish a bond, if necessary and set out the duties and powers of the temporary guardian; and
7. Granting all other relief which is proper in the premises.

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

DATE: _____

Signature of Petitioner

IN THE CLARK COUNTY COURTS

STATE OF INDIANA

IN THE MATTER OF THE GUARDIANSHIP OF:

ADULT/PROTECTED PERSON

CASE NO. _____

PHYSICIAN'S REPORT

Dr. _____, a physician licensed to practice medicine in the State of Indiana, submits the following report on _____, an alleged incapacitated person, based on an examination of _____ on _____.

1. Describe the nature and type of the respondent's cognitive/mental disability:

2. Describe the respondent's mental and physical condition; and, when it is appropriate, describe educational condition, adaptive behavior and social skills:

3. State whether, in your opinion, the respondent is totally or only partially incapable of making personal and financial decisions; and, if the latter, the kinds of decisions which the respondent can and cannot make. Include the reason for this opinion.

4. What, in your opinion, is the most appropriate living arrangement for the respondent; and, if applicable, describe the most appropriate treatment or habilitation plan. Include the reasons for your opinion.

5. Can the respondent appear in court without injury to his/her health?

_____ Yes

_____ No

If the answer is no, explain the medical reasons for your answer.

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

Physician's Signature

Physician Name _____

Address _____

Phone _____

THIS REPORT MUST BE SIGNED BY A PHYSICIAN. IF THE DESCRIPTION OF THE INCAPACITATED PERSON'S MENTAL, PHYSICAL OR EDUCATIONAL CONDITION, ADAPTIVE BEHAVIOR OR SOCIAL SKILLS IS BASED ON EVALUATIONS BY OTHER PROFESSIONALS, ALL PROFESSIONALS PREPARING EVALUATIONS MUST SIGN THE REPORT. EVALUATIONS MUST HAVE BEEN PERFORMED WITHIN THREE (3) MONTHS OF THE DATE OF THE FILING OF THE GUARDIANSHIP PETITION.

Names and addresses of other persons who performed evaluations upon which this report is based:

Signature

Signature

Printed Name

Printed Name

Address

Address

Position/Employer

Position/Employer

IN THE COUNTY COURTS

STATE OF INDIANA

IN RE THE GUARDIANSHIP OF:

CASE NO. _____

ADULT/PROTECTED PERSON

SUMMONS

1. You are hereby notified that an action has been filed in Court that you may have interest in.
2. The nature of the action is stated in the Petition which is attached to this Summons.
3. It is suggested that you consult with an attorney of your choice regarding this matter.
4. You must answer the Petition in writing to be filed with the Court within twenty (20) days (or twenty-three (23) days if this Summons was received by mail), or judgment will be entered in favor of the Petitioner.

The following manner of service is designated:

_____ certified mail

_____ Acknowledgment

_____ Publication

_____ Sheriff (_____) County

Date: _____

CLERK, Clark County Circuit Courts

IN THE CLARK COUNTY COURTS

STATE OF INDIANA

IN RE THE MATTER OF THE GUARDIANSHIP OF:

ADULT/PROTECTED PERSON

CASE NO: _____

NOTICE OF HEARING

TO: PETITIONER/ RESPONDENT AND ALL INTERESTED PARTIES

On _____, at _____ a hearing will be held to determine whether a temporary guardian should be appointed for the above incapacitated adult. A copy of the petition requesting appointment of a temporary guardian is attached to this notice.

At the hearing, the Court will determine whether the individual is an incapacitated adult under Indiana law. This proceeding may substantially affect the rights of the individual. If the Court finds that the individual is an incapacitated adult, the Court shall also consider whether the Petitioner should be appointed as the temporary guardian of the individual. The Court may, in its discretion, appoint some other qualified person as temporary guardian. The Court may also, in its discretion, limit the powers and duties of the temporary guardian to allow the individual to retain control over certain property and activities. The Court may also determine whether a protective order should be entered on behalf of the individual.

The Court may, where required, appoint a Guardian Ad Litem to represent the alleged incapacitated adult at the hearing.

The Court may on its own motion or on request of any interested person, postpone the hearing to another date and time.

DATE: _____

JUDGE/MAGISTRATE

IN THE CLARK COUNTY COURTS
STATE OF INDIANA

IN RE THE GUARDIANSHIP OF:

CASE NO. _____

ADULT

**CONSENT TO THE APPOINTMENT OF A TEMPORARY
GUARDIAN**

Comes now _____, being sworn upon his/her oath,
says that he/she is an adult and the _____ of _____
and is familiar with the Petition Filed by the Petitioner for the appointment of a temporary
guardian over the person of _____ and CONSENTS to
the appointment of the Petitioner, _____, and hereby
expressly waives service of Summons and Notice of Hearing on said Guardianship Petition.

Dated: _____

Signature

Relationship to Protected Person

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

My Commission Expires:

Notary Public

Printed Name

INSTRUCTIONS TO GUARDIANS

Read carefully, date and sign one copy and return it to the Court within 10-days. Keep a copy for your reference.

You have been appointed temporary guardian of an individual who, because of age or some incapacity, is unable to care for his or her own financial and/or personal affairs. It is important that you understand the significance of this appointment and your responsibility as temporary guardian.

Upon being appointed temporary guardian, you may be required to post a bond in an amount set by the court and to take an oath to faithfully discharge your duties as temporary guardian. The bond assures the court that you will properly protect the assets of the protected person.

Listed below are SOME of your duties. These apply whether or not the protected person is your relative. Ask the attorney for the temporary guardianship to fully explain to you each of the items below and to inform you about other duties you have in your particular circumstances. Although the attorney will file all the papers with the court, the ultimate responsibility to see that all reports and papers are accurately prepared and filed rests with you.

As temporary guardian, you are required to:

1. File with the court, within Ninety (90) days after your appointment, a verified inventory of all property belonging to the protected person.
2. File with the court, within Thirty (30) days of the first anniversary of your appointment and, thereafter, every two (2) years, a verified account. This details all property and income received by and all expenses paid from the guardianship.
 - a. Vouchers or receipts should be attached in order to verify each expenditure;
 - b. The present residence and general welfare of the protected person must be stated;
 - c. A report from the treating physician is required if the incapacitated person is an adult;
 - d. Pay bond premiums and court costs as they become due (if required by the Court);
 - e. File federal and state tax returns and to pay taxes for the protected person;
 - f. To open an account, in your name as temporary guardian, in which all of the cash assets of the protected person are deposited. This account shall be used for all payments and disbursements on behalf of the guardianship and the protected person. Cancelled checks and other written proof should be maintained;

(SEE REVERSE SIDE)

- g. To obtain approval from the court to use guardianship assets.
- h. To file a final accounting upon termination of the guardianship. This should detail all property and income received and all expenses paid, with receipts to verify each expenditure.

A temporary guardian is obliged to encourage self-reliability and independence of the protected person and to consider recommendations relating to the appropriate standard of support.

You must protect and preserve the protected person's property and conserve any property of the protected person in excess of the protected person's needs. Accurate accounts must be kept and guardianship funds should **never** be combined with your personal funds.

You may not make expenditure of investments from guardianship funds without court approval. Unauthorized use of guardianship assets may result in personal liability and/or criminal prosecution.

If any questions arise during the guardianship, you should consult with your attorney.

NICHOLAS A KARAFFA, JUDGE
CLARK CIRCUIT COURT NO. 1

I acknowledge receipt of a copy of the above instructions and have read and will follow said instructions carefully.

Case No. _____ Guardianship of: _____

Date: _____

Signature of Temporary Guardian

Printed Name of Temporary Guardian

IN THE CLARK COUNTY COURTS
STATE OF INDIANA

IN RE THE GUARDIANSHIP OF:

CASE NO. _____

ADULT

**ACCEPTANCE AND OATH OF TEMPORARY
GUARDIAN APPOINTED OVER PERSON OF
INCAPACITATED PERSON**

Comes _____ (Name of Temporary Guardian)
and hereby accepts the Court's appointment as Temporary Guardian over the person and
estate of _____ (Name of Incapacitated Person) and affirms
under the penalties of perjury, to faithfully discharge his/her duties as temporary guardian
as enumerated by the Court's order.

Date: _____

_ Signature of Temporary Guardian

Signature of Temporary Guardian

Printed Name of Temporary Guardian

Printed Name of Temporary Guardian

IN THE CLARK COUNTY COURTS
STATE OF INDIANA

IN THE MATTER OF THE
GUARDIANSHIP OF:

ADULT

CASE NO. _____

TEMPORARY GUARDIAN'S INVENTORY

Pursuant to I.C. 29-3-9-5 which requires guardians to file with the Court a written verified account of the guardian's administration, the Temporary Guardian, _____, in person, hereby files with the Court the following inventory of assets, which have come to the possession or knowledge of said temporary guardian in this case:

ASSETS:

Clothing & Personal items \$ _____

Savings/Checking Account \$ _____

Identify: _____

TOTAL ASSETS: \$ _____

TOTAL LIABILITIES: (list expenditures): \$ _____

NET ASSETS: \$ _____

This inventory and the written verified accounts may be inspected at the Court's address. The Temporary Guardian shall keep suitable records of the guardian's administration and exhibit the records as ordered by the Court.

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE.

Date: _____

Signature of Temporary Guardian

IN THE CLARK COUNTY COURTS
STATE OF INDIANA

IN THE MATTER OF THE
GUARDIANSHIP OF:

CASE NO. _____

TEMPORARY GUARDIAN'S ACCOUNTING

Comes now, _____, Temporary Guardian of the estate of _____, (an incapacitated adult), and files his/her interim accounting, which accounting is as follows:

This accounting covers the periods from _____ to and including _____.

According to the Temporary Guardian's (appraisement an inventory – last interim accounting), the Temporary Guardian was accountable for assets of his/her ward's estate having a value of \$_____.

That during the period of this accounting, the Temporary Guardian received the following monies and assets on behalf of the ward's estate:

(Here list all income or assets received by you on behalf of your ward since the original inventory or last accounting.) Use additional pages if needed.

| <u>DATE</u> | <u>INCOME OR ASSET</u> | <u>AMOUNT OR VALUE</u> |
|-------------|------------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

That during the period of this accounting, the Temporary Guardian has expended the following sums of for the care, support and education of his/her ward:

(Here itemize each expenditure made by you, by date, during the accounting period. Cancelled checks, or copies of cancelled checks should be filed with the accounting. If the original checks are filed, they will be returned by mail after the Judge has examined and approved the accounting.)

| <u>DATE</u> | <u>RECIPIENT</u> | <u>AMOUNT</u> |
|-------------|------------------|---------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

That by way of recapitulation, the Temporary Guardian shows the Court the following:

| | |
|--|----------|
| Value of ward's estate at the beginning of accounting: | \$ _____ |
| Income or other assets received during accounting: | \$ _____ |
| Expenditures during accounting period: | \$ _____ |
| Net gain or loss of estate during accounting period: | \$ _____ |
| Value of ward's estate at close of accounting: | \$ _____ |

The Temporary Guardian now asks that the Court examine and approve this interim

accounting. Filed this _____ day of _____,

_____.

Guardian's Name _____

Address _____

Phone _____

IN THE CLARK COUNTY COURTS
STATE OF INDIANA

IN THE MATTER OF THE
GUARDIANSHIP OF:

CASE NO. _____

MINOR/ADULT

TEMPORARY GUARDIAN'S STATUS REPORT TO THE COURT

The undersigned is the duly appointed and serving temporary guardian over the person of the above-named Protected Person and states that:

1. The Protected Person is a child/adult and is currently _____ years of age.
2. The Protected Person currently resides at _____

3. Please provide a brief description of their living situation and activities: _____

4. Describe how often you physically see the Protected Person: _____
5. Does the Guardianship over the person of the Protected Person need to remain in effect?
_____ Yes
_____ No - If not, provide a brief description of why not. _____

6. If you are also the Guardian over the Estate of the Protected Person, please describe the Protected Person's assets and attach a copy of your accounting. Please do not include any full social security numbers in any attached document. _____

7. Please provide any additional comments not otherwise provided above: _____

**I AFFIRM UNDER PENALTIES FOR PERJURY THAT THE FOREGOING
REPRESENTATIONS ARE TRUE AND ACCURATE.**

Dated: _____

TEMPORARY GUARDIAN
(Signature)

TEMPORARY GUARDIAN
(Printed Name)

Temporary Guardian Phone Number:

Temporary Guardian Mailing
Address:

Temporary Guardian Email Address:

IN THE CLARK COUNTY COURTS
STATE OF INDIANA

IN THE MATTER OF THE
GUARDIANSHIP OF:

CASE NO. _____

An Incapacitated Person
Adult/Minor

LETTERS OF GUARDIANSHIP

I, Ryan Lynch, Clerk of the Courts of Clark County, Indiana, do hereby certify that on (date)

_____, _____

Was appointed Temporary Legal Temporary Guardian over the person and the estate of

_____, (DOB: _____) that Letters of

Guardianship of _____, are GRANTED to said Guardian, and the

Guardian having qualified, is duly authorized to take upon (himself/herself) the administration of
such Guardianship, according to law.

WITNESS my hand and seal _____

Ryan Lynch, Clerk
Clark County Courts

IN THE CLARK COUNTY COURTS
STATE OF INDIANA

IN THE MATTER OF THE
GUARDIANSHIP OF:

CASE NO. _____

MINOR/ADULT

**ORDER APPOINTING TEMPORARY GUARDIANSHIP OVER PERSON
AND ESTATE OF
INCAPACITATED PERSON**

_____ [Name of Petitioner] having filed _____ [his/her] Verified
Petition for the Appointment of a Temporary Guardianship over the Person and Estate of
_____ [Name of Incapacitated Person] which Petition is on file with the
Court and part of the Court's record. The Court, having reviewed the Petition; and the Petitioner, having
appeared in person; and the Court, having heard evidence thereon on _____ [date of
hearing], and being fully advised in the premises, now finds that the allegations contained in said Petition
are true, and that:

1. _____ [name of incapacitated person] has been personally
served notice of these guardianship proceedings and has received a copy of the Petition for
Temporary Guardianship as evidenced by _____ [the certificate of serviced
filed herein or by _____ (his/her) written waiver].
2. _____ [(name of incapacitated person) appeared in person at
the Court hearing _____ (and testified) or _____ (name of
incapacitated person)'s medical condition was such that _____ (his/her) physician deemed
it detrimental to _____ (his/her) health to require _____ (him/her) to appear in Court and
testify during the hearing].
3. Notice required under the statute and by this Court has been sent to all interested parties and
persons as evidenced by the certified mail receipts filed herein.
4. _____ [name of incapacitated person], an adult person,
_____ [age] years of age, a resident of _____ County, Indiana, residing at

[address], is incapable of handling [his/her] person and property because of
_____ [nature of incapacity] and is hereby
found to be an incapacitated person under Indiana law.
5. _____ [name of incapacitated person] is in need of a
temporary guardian because of _____ [his/her] incapacity, and it is in the best interests of
_____ [name of incapacitated person] that a temporary
guardian be appointed over [his/her] person and estate.

6. _____ [name of petitioner] is a suitable person to serve as temporary guardian and is fully qualified and willing to assume the duties and responsibilities of the guardianship.
7. All of the requirements for the appointment of a temporary guardian as set for in the Indiana Code have been satisfied, and _____ [name of petitioner] is entitled to be a temporary guardian of the person and estate of _____ [name of incapacitated person] and is so appointed without any limitations as to _____ [his/her] duties, responsibilities, or powers as set out in IC 29-3-8-1, 29-3-8-2 and 29-3-8-4.
8. The estimated value of _____ [name of incapacitated person]'s property is _____ Dollars (\$ _____). That one (1) year's estimated income from the property is _____ Dollars (\$ _____). That the total amount of the bond to be posted by the temporary guardian according to IC 29-3-7-1(a) is _____ [amount of bond] Dollars (\$ _____).

IT IS THEREFORE ORDERED, ADJUDGED AND DECREED by the Court that:

1. _____ [name of incapacitated person] by reason of _____ [his/her] incapacity is unable to care for _____ [his/her] person and estate and is, therefore, adjudicated to be an incapacitated person and the appointment of a temporary guardian over _____ [his/her] person and estate is necessary.
2. _____ [name of petitioner] is the most qualified and suitable person available to serve as temporary guardian and is hereby appointed as the guardian of the person and estate of _____ [name of incapacitated person].
3. _____ [name of petitioner] shall serve as temporary guardian upon taking an oath before the Clerk of this Court _____ [and upon posting a bond in the amount of _____ (amount of bond) Dollars (\$ _____)].
4. Upon taking such an oath, _____ [and upon posting such a bond] and agreeing to the terms of this Order of the Clerk of this Court is directed to issue Letters of Guardianship of the Person and Estate to _____ [name of petitioner], without any limitations as the temporary guardian is authorized to exercise all powers granted a guardian of the person and estate of an incapacitated person as set forth in IC 29-3-8-1, 29-3-8-2 and 29-3-8-4.

All of which is ordered _____ [date].

Judge, Clark County Courts