

## **PACKET FOR MINOR GUARDIANSHIP**

1. You must pay the filing fee. 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 a MINOR 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 Guardianship and the Guardianship Registry Information Sheet **MUST** be completed.
4. The Summons/Appearence/Petition **MUST** be served on all interested parties (Respondent/Mother, Respondent/Father). SERVICE MUST BE MADE IN ACCORDANCE WITH COURT RULES. A HEARING DATE AND TIME WILL BE SCHEDULED BY THE COURT. **YOU MUST ATTEND.**
5. \*\*\*\* Please bring the completed checklist with you to the hearing. **FAILURE TO COMPLETE ALL DOCUMENTS AND PROVIDE PROPER SERVICE WILL DELAY THE PROCESS\*\*\***

## CHECKLIST

1. Filing fee paid? Case opened? \_\_\_\_\_
2. Petition for Guardianship completed? \_\_\_\_\_
3. Guardianship Registry completed? **Both Parents** \_\_\_\_\_
4. Appearance completed? \_\_\_\_\_
5. Notice of hearing completed? \_\_\_\_\_
6. Papers mailed/served on each person? (Respondent/parents) \_\_\_\_\_
7. Hearing date scheduled by Court? \_\_\_\_\_
8. Service perfected on all parties? \_\_\_\_\_
9. My case number is \_\_\_\_\_
10. My hearing date is set for \_\_\_\_\_

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

## PRO-SE MINOR GUARDIANSHIP INSTRUCTIONS

This packet is for a minor Guardianship and is for your use, acting as your own attorney. **The Clerk's office DOES NOT provide legal advice:** If you need legal advice you will need to consult with an attorney of your choice. This packet needs to be filled out and returned to the Clerk's office. Make sure you have enough copies for everyone that you are serving.

**If you are applying for a fee waiver, the clerk's office will call and let you know when it has been signed.**

This matter will be set for a hearing once all parties have been served. You will be sent the Notice of Hearing once the hearing has been set. **Make sure to include your email on your pro-se appearance.** (If you do not have an email address a paper notice will be mailed to you.)

\*\*\*\* If there are 2 Petitioners seeking a co-guardianship, a separate Petition, Registry Sheet and Appearance will need to be filled out and signed by each of you.

If the Respondent/Parents are consenting to this Guardianship, the Clerk's office can provide you with consents. The consents must be **signed by the PARENTS and notarized.** If a parents whereabouts are unknown, you will be required to publish in the newspaper at your own expense. **If this child is involved in a CHINS action, the DCS Attorney and Family Case Manager(s) must be noticed. The CHINS case number must be included on the appearance and the cases related.**

1. Fill out completely, sign where indicated, make copies and file: Appearance, Petition, Summons, Guardianship Registry (**both pages**) and signed/notarized Consents (if you have them).
2. **You are responsible for making sure the Respondents are served.** The Court will not set a hearing until all parties are served.

\*\*\* I acknowledge that I have read these instructions. \_\_\_\_\_ Petitioners initials

**KEEP FOR YOUR RECORDS; PLEASE HAVE YOUR CASE NUMBER  
AVAILABLE IF YOU CALL THE CLERK'S OFFICE OR COURT.**

My case number: \_\_\_\_\_

IN THE CIRCUIT COURT NO. 4 FOR CLARK COUNTY  
STATE OF INDIANA

IN RE THE MATTER OF THE  
GUARDIANSHIP OF:

\_\_\_\_\_  
Minor child

\_\_\_\_\_  
Petitioner

CASE NO. 10C04-

**GUARDIANSHIP REGISTRY INFORMATION SHEET**

Comes now the Petitioner and hereby submits to the Court the completed  
Guardianship Registry Sheet.

See attachment.

Dated this \_\_\_\_\_

\_\_\_\_\_  
Petitioner

# 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)

\_\_\_\_\_

<b>Petitioner</b>	<b>Relationship to Protected Person*</b> _____
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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:** \_\_\_\_\_

<b>Protected Person</b>	<b>Estimated Value \$</b> _____
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**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:** \_\_\_\_\_

<b>Guardian</b> <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?:** Yes/No

**Address:\*** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:\*** \_\_\_\_\_

**Attorney Name:** \_\_\_\_\_ **Bar Number:** \_\_\_\_\_ **App. Filed Date:** \_\_\_\_\_

<b>Guardian Institution</b>
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**Name:\*** \_\_\_\_\_

**Address:\*** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Agent Name:** \_\_\_\_\_

<b>Close Relative (Entitled to Notice)</b>	<b>Relationship to Protected Person</b> _____
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**Last:\*** \_\_\_\_\_ **Suffix:** \_\_\_\_\_ **First:\*** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Gender:\*** \_\_\_\_\_ **Race:\*** \_\_\_\_\_ **Hispanic?:** Yes/No

**Mailing Address:\*** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:\*** \_\_\_\_\_

# Guardianship Information Sheet

(Additional)

Co-Petitioner (if applicable)

Relationship to Protected Person \_\_\_\_\_

Last:\* \_\_\_\_\_ Suffix: \_\_\_\_\_ First:\* \_\_\_\_\_ Middle: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender:\* \_\_\_\_\_ Race:\* \_\_\_\_\_ Hispanic?: Yes/No  
Address:\* \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Attorney Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_ App. Filed Date: \_\_\_\_\_

Guardian ☐ Check if same as petitioner

☐ Certified (Only check if Federal or State Certified)

Last:\* \_\_\_\_\_ Suffix: \_\_\_\_\_ First:\* \_\_\_\_\_ Middle: \_\_\_\_\_  
DOB: \_\_\_\_\_ Gender:\* \_\_\_\_\_ Race:\* \_\_\_\_\_ Hispanic?: Yes/No  
Address:\* \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Attorney Name: \_\_\_\_\_ Bar Number: \_\_\_\_\_ App. Filed Date: \_\_\_\_\_

Close Relative (Entitled to Notice)

Relationship to Protected Person \_\_\_\_\_

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

Interested Party (Living Grandparent 1)

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

Interested Party (Living Grandparent 2)

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

IN THE CLARK COUNTY CIRCUIT COURT

STATE OF INDIANA

IN RE THE MATTER OF THE  
GUARDIANSHIP OF:

\_\_\_\_\_, minor child

CASE NO.

\_\_\_\_\_, Petitioner

**PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR**

Petitioner says:

1. \_\_\_\_\_ (child), who is currently residing at \_\_\_\_\_  
Clark County, is a minor and is subject to the jurisdiction of the Court by virtue of being a resident of Clark County Indiana.
2. Does the child own any property other than clothes or toys? No \_\_\_\_ Yes \_\_\_\_  
(If YES please describe and provide approximate value. Include any compensation, pension, insurance or allowance received)  
\_\_\_\_\_  
\_\_\_\_\_
3. Has a guardianship or protective order been issued by any other State?  
No \_\_\_\_ Yes \_\_\_\_  
(If YES, provide details) \_\_\_\_\_  
\_\_\_\_\_
4. The person or institution to be appointed Guardian is:  
  
NAME: \_\_\_\_\_  
  
ADDRESS: \_\_\_\_\_  
  
PHONE: \_\_\_\_\_  
  
EMAIL: \_\_\_\_\_

5. What is your relationship to the child? \_\_\_\_\_

6. The person(s) most closely related by blood or marriage to the child is/are  
(List **parents**, siblings and any person(s) who have custody of the child.

**Parent 1:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

**Parent 2:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone No. \_\_\_\_\_

**Other:** \_\_\_\_\_

Address: \_\_\_\_\_

**Other:** \_\_\_\_\_

Address: \_\_\_\_\_

7. Do you serve as a guardian over any other person? No \_\_\_\_ Yes \_\_\_\_

If YES, provide name and address \_\_\_\_\_

8. Reason(s) a guardianship is necessary:

9. What efforts have you made to let the natural parents know you are seeking a guardianship order?

If you have not advised the parents that you are seeking a guardianship order why haven't you done so?

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 CIRCUIT COURT NO. 4 FOR CLARK COUNTY

STATE OF INDIANA

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
MINOR CHILD

CASE NO. \_\_\_\_\_

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

1. My name is \_\_\_\_\_.

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

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

IN THE CIRCUIT COURT NO. 4 FOR CLARK COUNTY

STATE OF INDIANA

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
MINOR CHILD

\_\_\_\_\_  
PETITIONER

CASE NO. 10C04-

**SUMMONS**

**TO: RESPONDENT/PARENTS**

1. You are hereby notified that an action has been filed against you in the Court above.
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 against you.

The following manner of service is designated:

\_\_\_\_\_ certified mail

\_\_\_\_\_ Acknowledgment

\_\_\_\_\_ Publication

\_\_\_\_\_ Sheriff (\_\_\_\_\_) County

Date: \_\_\_\_\_

\_\_\_\_\_  
CLERK, Clark County Circuit Courts