Adult Guardianship Form Instructions

Use these forms:

1. If you are an adult 18 years of age or older;
2. If you are seeking guardianship of an incapacitated adult 18 years of age or older;
3. If there is no guardianship already in place for the incapacitated adult

Before you get started:

All forms included in this form packet **are required** to file your guardianship case with the court. However, not all forms will be filled out completely – some are for the Court to complete. Fill in any blanks requiring information from you, such as your name and the name of the incapacitated person.

These documents should be filed with a court in the county where the incapacitated person resides. You may choose to file your document at the courthouse or to e-file them. **If you choose to e-file** you must create an account at this link: https://efile.incourts.gov

There is a filing fee. Contact the 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 a fee waiver here: https://indianalegalhelp.org/filing-fee-frequently-asked-questions/

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 Guardian of the Person and/or Estate of an Incapacitated Adult**
   This form asks the court to give you guardianship.

3) **Guardianship Information Sheet**
   This form provides information required by state law for all guardianships.

4) **Physician's Report**
   This form must be completed by the incapacitated adult's regular treating physician. A guardianship will not be granted without determination from a qualified physician that the adult is incapacitated.

5) **ACR Form**

This form will make sure the Guardianship Information Sheet and Physician's Report are kept confidential and only the court and the parties can see it.

6) **Notice of Petition for Appointment of Guardian**

This form notifies interested parties that you have filed a petition for guardianship and that the court has scheduled a hearing on the matter.

Submit a Notice of Petition for Appointment of Guardian for each of the people listed below when you file your papers in court. You should leave the date and time of the hearing blank. You must complete a separate copy of this form addressed to each of the following applicable: Notice of the petition and the hearing on the petition shall be given to the following persons whose whereabouts can be determined upon reasonable inquiry:

(A) The alleged incapacitated person, the alleged incapacitated person's spouse, and the alleged incapacitated person's adult children, or if none, the alleged incapacitated person's parents.
(B) Any person who is serving as a guardian for, or who has the care and custody of, the alleged incapacitated person.
(C) In case no person other than the incapacitated person is notified under clause (A), at least one (1) of the persons most closely related by blood or marriage to the alleged incapacitated person.
(D) Any person known to the petitioner to be serving as the alleged incapacitated person's attorney-in-fact under a durable power of attorney.
(E) Any other person that the court directs.

7) **Hearing on Petition for Appointment of Guardian**

The Judge will schedule a hearing on the Petition for Appointment of Guardian. You must come to court on the day and time the court puts in the Order.

After the court sets the hearing, you have to make a reasonable effort to get a copy of the following to all interested parties:

*Verified Petition for Appointment of Guardian of the Person and/or Estate of an Incapacitated Person
*Notice of Petition for Appointment of Guardian
*Order Setting Hearing on Petition for Appointments of Guardian

You can pay to have the sheriff give the Petition, Order Setting Hearing, and Notice of Petition for Appointment of Guardian to a person or you can mail the papers by certified mail. You can get help with certified mail at the post office.

It may be hard to find a relative or interested party, but you have to show the court that you really tried. If you cannot find a relative or interested person, make sure you have proof that you really looked for them. This might mean searching social media and using other online resources. The court might allow you to give notice by publishing in a newspaper. You can find links to more information on notice here:
https://indianalegalhelp.org/guardianshipfrequently-asked-questions/

Please be aware that the court might appoint a Guardian ad Litem to get involved with the case before the court makes a decision. A Guardian ad litem is a neutral person appointed by the court to ensure the best interest of the incapacitated person are properly represented during the guardianship proceedings.

8) **Oath of Guardian**
Sign this in front of a notary public and file it with the court when you file your Petition.

9) **Waiver of Notice of Hearing and Consent to Guardianship**
This form may be submitted with the petition in lieu of notice to a party listed in #6. It must be signed in front of a notary.

STATE OF INDIANA)
)
COUNTY OF MONROE)

IN THE MONROE COUNTY CIRCUIT COURT ___

CAUSE NO.: _____

IN RE THE GUARDIANSHIP OF:

_____
AN ALLEGED INCAPACITATED ADULT

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 (***A 10-digit phone number is required below; a fax number is not required if you do not have one***):

   Email Address:

   Phone 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:_____

Certificate of Service

I certify that I mailed a copy of this Appearance form to all interested parties as listed below. I sent this form to:

First and Last Name	Address	Type of Service Used	Date of Service

Petitioner Signature: _____

STATE OF INDIANA)
) IN THE MONROE COUNTY CIRCUIT COURT ___
COUNTY OF MONROE) CAUSE NO.: _____

IN RE THE GUARDIANSHIP OF:

_____
AN ALLEGED INCAPACITATED ADULT

VERIFIED PETITION FOR APPOINTMENT OF GUARDIAN OF THE PERSON AND/OR ESTATE OF AN INCAPACITATED ADULT

1. My name is [*name(s) of petitioners seeking guardianship*]:
_____.
2. I am asking the court to appoint me as the guardian of ☐ Person ☐ Estate of
_____.
3. That the alleged incapacitated person is a _____ [*male/female*], _____[*age*] years of age, presently residing at _____,[*street address*] _____, State of Indiana, County of Monroe.
4. _____ [*name of incapacitated person*] is unable to maintain and care for _____ [*his/her*] financial affairs and person because ____ [*he/she*] suffers the following incapacities: [*describe nature of incapacity*]:
_____
_____
_____.
5. That _____[*name of physician*] has examined the alleged incapacitated person and has advised the petitioner that it _____ [*would/would not*] be detrimental to _____ [*name of incapacitated person*]'s health to appear in Court. That the physician's report is attached hereto as "Exhibit A" of this petition.
6. That the alleged incapacitated person owns personal property in the approximate amount of $_____ [*estimated value of personal assets*] Dollars. Said

property includes _____ _____[*description of property*].

7. That the alleged incapacitated person owns real property located at _____[*street address*], _____, State of _____, valued at approximately $_____ [*estimated value of real property*] Dollars.
8. That the alleged incapacitated person has monthly income of approximately $_____[*amount of monthly income*] Dollars. This income includes _____[*list sources of income such as Social Security, retirement benefits, or the like*].
9. That the petitioner does not seek any limitations on ____[*his/her*] guardianship appointment.
10. That there is no guardian appointed for _____[*name of incapacitated person*] in this state or in any other state, and no proceedings pending to the petitioner's knowledge.
11. That the petitioner is an adult person who resides at _____ _____,[*street address*] _____ , State of _____ , County of _____ who is the _____[*relationship*] of the alleged incapacitated person.
12. That the names and addresses of the persons most closely related by blood or marriage to the alleged incapacitated person are:

    _____

    _____

    _____

    _____

    _____

    _____.

    [*list names, addresses, and relationship*].
13. That the petitioner herein is not the legally court appointed guardian over any other person in this state or any other state.

14. That the need exists for the appointment of a guardian of the person and/or estate of _____[*name of incapacitated person*] in that _____[*he/she*] cannot handle _____[*his/her*] financial affairs, and the assets of said _____[*name of incapacitated person*] need to be preserved for _____[*his/her*] support, maintenance, care, and proper medical treatment. That the petitioner is interested in this appointment because [*he/she*] is _____.[*state the relationship to the incapacitated person*]

15. That the petitioner believes that a hearing on this matter would be advisable as soon as adequate notice can be given pursuant to IC 29-3-6-1 and 29-3-6-2 to all parties and persons directed by the Court to receive notice, and the petitioner requests the Court to set a hearing on this matter as soon as possible, consistent with providing the alleged incapacitated person and other interested persons with adequate notice.

16. That the petitioner has considered less restrictive alternatives to a guardianship including power of attorney, medical representative, and supported decision making but believes these alternatives to be insufficient because:

_____

_____ .

[*describe alternatives to guardianship and why these alternatives were insufficient*]

WHEREFORE, your petitioner prays 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. After hearing, adjudicate that _____[*name of incapacitated person*] is an incapacitated person.
4. Finding a guardian of the person and/or estate of _____[*name of incapacitated person*] needs to be appointed.

5. Finding that the petitioner is a suitable person to be appointed guardian of the person and/or estate of _____[*name of incapacitated person*].
6. Appointing _____[*name of petitioner*] as the guardian of the person and/or estate of _____[*name of incapacitated person*].
7. And all other relief which is proper in the premises.

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

Petitioner Signature:_____ Date: _____

Certificate of Service

I certify that I mailed a copy of this Petition to all interested parties as listed below. I sent this form to:

First and Last Name	Address	Type of Service Used	Date of Service

Petitioner Signature: _____

Cause No._____

***CONFIDENTIAL DOCUMENT ***

Guardianship Registry Information Sheet

(☐ 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:_____

Email Address:*_____

Attorney Name:_____ Bar Number:_____ App. Filed Date: _____

Protected Person **Estimated Estate 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:_____

Email Address:_____

Attorney Name:_____ Bar Number:_____ App. Filed Date: _____

Guardian Ad Litem Full Name:_____

Interpreter required? Yes/No Language: _____

Guardian ☐ **Check if same as Petitioner** ☐ **Check if Federal or State Certified**

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

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

Address:*_____

Home Phone:_____ Work Phone:_____ Cell:_____

Email Address:*_____

Attorney Name:_____ Bar Number:_____ App. Filed Date: _____

Guardian Institution

Name:*_____

Address:*_____

Phone:_____ Agent Name:_____

Close Relative **Relationship to Protected Person*: _____**

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

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

Mailing Address:*_____

Home Phone:_____ Work Phone:_____ Cell:_____

Email Address:_____

Close Relative **Relationship to Protected Person*: _____**

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

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

Mailing Address:*_____

Home Phone:_____ Work Phone:_____ Cell:_____

Email Address:_____

Interested Party

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

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

Address:*_____

Home Phone:_____ Work Phone:_____ Cell:_____

Email Address:_____

Interested Party

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

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

Address:*_____

Home Phone:_____ Work Phone:_____ Cell:_____

Email Address:_____

GUARDIANSHIP FORM A

STATE OF INDIANA)
) SS:
COUNTY OF MONROE)

IN THE MONROE CIRCUIT COURT

CAUSE NO53C01-_____

IN THE MATTER OF)
THE GUARDIANSHIP OF)
)
_____)

PHYSICIAN'S REPORT

1. General Information

Name _____

Phone (_____) _____

Office Address _____
_____

What is your License/Certification? _____

What is your area of specialty? _____

I last examined the Person on: _____, 20____

The Person is under my continuing treatment.
□ YES, since _____, 20____
□ NO

2. Evaluation of the Person's Physical Condition

Physical Diagnosis: _____
_____
_____

Severity: □ Mild □ Moderate □ Severe
Prognosis: □ Continuing □ Degenerative □ Recovering □ Relapsing

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

3. Evaluation of the Person's Mental Functioning

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

□ Person □ Time □ Place □ Situation

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

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

Mental Diagnosis: _____

_____

Severity: □ Mild □ Moderate □ Severe

Prognosis: □ Continuing □ Degenerative □ Recovering □ Relapsing

Treatment/Medical History/Additional Comments:

_____

_____

4. Medication Information

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

_____

_____

Additional Comments: _____

_____

_____

_____

5. Decision-Making

Is the Person able to make decisions regarding the following?

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

Additional Comments:

_____
_____
_____
_____
_____
_____

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

Ind. Code § 29-3-1-7.5

(a) **"Less restrictive alternatives"** means an approach to meeting a person's needs that restricts fewer rights of the person than would the appointment of the guardian.
(b) "**Less restrictive alternatives"** may include, but are not limited to, the following:
(1) A supported decision making agreement (as defined in IC § 29-3-14-2).
(2) Appropriate technological assistance.
(3) The appointment of a representative payee.
(4) The appointment of a health care representative (as defined in IC § 16-36-1-2).
(5) The creation of a power of attorney (as defined in IC § 30-5-2-7).

Ind. Code § 29-3-1-7.8

6. Evaluation of Less Restrictive Alternatives

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

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

7. Evaluation of Capacity

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

□ Not incapacitated
□ Not incapacitated with use of the following less restrictive alternative:

_____
_____
_____

□ Partially incapacitated
□ Personal OR □ Financial
□ Totally incapacitated

Additional Comments:

_____
_____
_____
_____

8. Recommendation of Living Arrangement

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

□ At home/at home with services
□ Community based residence
□ Facility based residence
□ Hospital based residence

Additional Comments:

_____
_____

9. Ability to Attend Court Hearing

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

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

10. Additional Information of Benefit to the Court

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

_____
_____
_____

11. Additional Professional Evaluations

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

Professional's Name_____ Phone (_____)_____

Office Address or E-mail _____

Professional's Name_____ Phone (_____) _____

Office Address or E-mail _____

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

_____ _____

Signature Date

_____

Name Printed

STATE OF INDIANA)
)
COUNTY OF MONROE)

IN THE MONROE COUNTY CIRCUIT COURT ___

CAUSE NO.: _____

IN RE THE GUARDIANSHIP OF:

_____
AN ALLEGED INCAPACITATED ADULT

FORM ACR (ACCESS TO COURT RECORDS)

Notice of Exclusion of Confidential Information from Public Access

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)
Physician's Report	Access to Court Records Rule 5(b)(9)

Printed Name: _____

Signature: _____

Certificate of Service

I certify that I mailed a copy of this Petition to the parents or other interested parties as listed below. I sent this form to:

First and Last Name	Address	Type of Service Used	Date of Service

Petitioner Signature: _____

STATE OF INDIANA) IN THE MONROE COUNTY CIRCUIT COURT ___
)
COUNTY OF MONROE) CAUSE NO._____

IN RE THE GUARDIANSHIP OF:

_____
AN ALLEGED INCAPACITATED ADULT

Notice of Verified Petition for Appointment of Guardian

To: _____
Adress: _____
_____
_____

The following notice is given pursuant to I.C. 29-3-6-2:
On_____(***date***), at _____(***time***) in _____(***place of hearing)*** at _____ (***city***), Indiana, the Monroe County Circuit Court, sitting at 301 N. College Ave., Bloomington, Indiana, will hold a hearing to determine whether a Guardian should be appointed for _____(***name of incapacitated person***).

A copy of the petition requesting appointment of guardian or for the issuance of a protective order is attached to this notice.

At the hearing the court will decide if _____ (***name of incapacitated person***)is an incapacitated person or minor under Indiana law. This proceeding may significantly affect the rights of _____(***name of incapacitated person***).

If the court decides that _____(***name of incapacitated person***) is an incapacitated person, the court at the hearing will also decide if _____ (***name of petitioner seeking guardianship of incapacitated person***) should be appointed as guardian of _____ (***name of incapacitated person***). The court may decide that it is best to appoint some other qualified person as guardian. The court may decide to limit the powers and duties of the guardian to allow_____ (***name of incapacitated person***) to have control over certain property and activities.

The court may, if necessary, appoint a guardian ad litem to represent and protect the best interests of _____(***name of incapacitated person***) 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:_____ _____
Clerk of the Monroe Circuit Courts

STATE OF INDIANA) **IN THE MONROE CIRCUIT COURT**
)
COUNTY OF MONROE) **CASE NO: _____**

IN RE THE GUARDIANSHIP OF:

_____
Name of Alleged Incapacitated Adult

OATH OF GUARDIAN

I/We _____ swear and affirm that I/we will faithfully discharge my/our duties as guardian(s) of _____ according to law.

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

_____ _____
Signature of Guardian Signature of Guardian

_____ _____
Printed Name Printed Name

_____ _____
Email Address Email Address

_____ _____
Date of Birth Date of Birth

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 all alleged in the foregoing instrument are true.
Date: _____
Notary Public: _____
My Commission Expires: _____

STATE OF INDIANA)
) IN THE MONROE COUNTY CIRCUIT COURT ___
COUNTY OF MONROE) CAUSE NO.: _____

IN RE THE GUARDIANSHIP OF:

_____
AN INCAPACITATED ADULT

GUARDIANSHIP INVENTORY

INSTRUCTIONS: A complete inventory of property subject to the guardian's control must be filed with the court within ninety (90) days of the guardian's appointment. The guardian must provide a copy of the inventory to the protected person as well as any co-guardian, parent, or person with whom the protected person resides and any other person ordered by the court. Keep a copy of the inventory for yourself.

The following assets are those which have come to the possession or knowledge of the guardian in this case, together with their respective fair market values, and their respective liens and charges:

NO.	**REAL PROPERTY** (Give plat or survey description and designate homestead as such.)	**Fair-Market Value**	
1.		$	
2.			
3.			
4.	**TOTAL**	$	
5.	**BANK ACCOUNTS, INVESTMENT ACCOUNTS, INSURANCE PAYABLE TO ESTATE**		
6.			
7.			
8.			
9.	**TOTAL**	$	

NO.	OTHER DEBTS AND INTERESTS (Mortgages, promissory notes, corporate stock, ops, etc.)	FAIR-MARKET VALUE	
10.		$	
11.			
12.			
13.			
14.	**TOTAL**	$	
15.	**FURNITURE AND HOUSEHOLD GOODS**		
16.			
17.			
18.			
19.			
20.			
21.			
22.			
23.	**TOTAL**	$	
24.	**ALL OTHER PERSONAL PROPERTY (Includes Partnership Interest, etc.)**		
25.			
26.			
27.			
28.			
29.			
30.			
31.	**TOTAL**	$	

RECAPITULATION

REAL PROPERTY	$	
BANK ACCOUNTS, INVESTMENT ACCOUNTS, INSURANCE PAYABLE TO THE ESTATE	$	
OTHER DEBTS AND INTERESTS	$	
FURNITURE AND HOUSEHOLD GOODS	$	
ALL OTHER PERSONAL PROPERTY	$	
TOTAL FAIR-MARKET VALUE OF ABOVE PERSONAL PROPERTY	$	
REAL PROPERTY	$	
GRAND TOTAL FAIR-MARKET VALUE OF PERSONAL AND REAL PROPERTY	$	

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

Date: _____ _____

Guardian

STATE OF INDIANA)
) IN THE MONROE COUNTY CIRCUIT COURT ___
COUNTY OF MONROE) CAUSE NO.: _____

IN RE THE GUARDIANSHIP OF:

_____
AN ALLEGED INCAPACITATED ADULT

WAIVER OF NOTICE OF HEARING
AND CONSENT TO GUARDIANSHIP

The undersigned _____[relationship to incapacitated person] of _____[name of incapacitated person] waives any notice of the hearing on the Petition to Appoint Guardian of the _____ [person and/or estate] of _____[name of incapacitated person]. The undersigned acknowledges that _____[he/she] has received a copy of the petition, waives any notice of the hearing and approves of _____[name of petitioner] being appointed as guardian of the _____ [person and/or estate] of the undersigned and understands the legal ramifications of this guardianship proceeding.

DATED: _____ _____
[Signature of Relative]

(Notary Public will complete this section)

STATE OF INDIANA

COUNTY OF _____

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

Date: _____ _____ Notary Public

My Commission Expires: _____