

Guardianship of a Minor Child

1. Has this child been made a ward of the state through a juvenile proceeding (JC or JT case)?

Yes _____ No _____

If yes, the case must be filed in Circuit Court 2.

2. Are there other cases related to this child (DC, DR, or JP case)?

If so, write the cause numbers here:

3. These forms are only used to appoint a guardian over the person of the minor child. If the minor child has assets you need to seek legal counsel.

Please see the Clerk's Filing Office if you have any questions regarding the above information.

WITH CONSENT

You must fill out a separate

- **WAIVER OF NOTICE OF HEARING AND
CONSENT TO GUARDIANSHIP BY INTERESTED
PERSON**

**for mother and father of the minor child AND it must
be signed by mother and father in front of a notary**

STATE OF INDIANA) IN THE DELAWARE CIRCUIT COURT NO. ____
) SS:
COUNTY OF DELAWARE)

IN RE THE GUARDIANSHIP OF: CAUSE NO: 18C0_____

VERIFIED MOTION FOR FEE WAIVER

The petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay any of the filing fees or other costs 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 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 below**)

(Expenses spent each month)

Housing (Rent, Contract, or Mortgage)	_____
Food	_____
Utilities (Gas, Electric, Water, Phone, etc.)	_____
Child Care	_____
Medical Bills	_____
Transportation	_____
Insurance (car, medical and/or property)	_____
Child Support	_____
Other _____	_____
(please describe)	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 the penalties of perjury that the foregoing representations are true.

Signature

STATE OF INDIANA)
) SS:
COUNTY OF DELAWARE)

IN THE DELAWARE CIRCUIT COURT NO. ____

IN RE THE GUARDIANSHIP OF:

CAUSE NO: 18C0_____

ORDER ON FEE WAIVER

The Petitioner, has filed a Verified Motion for Fee Waiver, which the Court has read and finds should be granted

IT IS THEREFORE ORDERED that 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 Petitioner to the Clerk within the next 20 days.

The Court will determine whether any or additional costs are to be paid at a preliminary or final hearing in this case.

Date

Judge, Delaware Circuit Court No. ____

Distribution:

Petitioner Name

Address

City, State, Zip

Phone Number

STATE OF INDIANA)
) SS:
COUNTY OF DELAWARE)

IN THE DELAWARE CIRCUIT COURT NO. ____

IN RE THE GUARDIANSHIP OF:

CAUSE NO: 18C0_____

APPEARANCE

1. _____ Party: _____
2. Attorney Information Self-Represented
3. Case Type: GU
4. Will NOT accept FAX service.
5. Are there related cases? Yes _____ No _____

Case Number(s): _____

Signature

Print your name

Mailing Address

City, State, Zip

Telephone number, with area code

STATE OF INDIANA) IN THE DELAWARE CIRCUIT COURT NO. ____
) SS:
COUNTY OF DELAWARE)

IN RE THE GUARDIANSHIP OF: CAUSE NO: 18C0_____

**VERIFIED PETITION FOR APPOINTMENT OF
GUARDIAN(S) OF THE PERSON OF MINOR CHILD (WITH CONSENTS)**

Comes now the Petitioner(s), _____, and respectfully petitions the Court to appoint Petitioner(s) as guardian(s) of _____, a minor child. In support of this request, Petitioner(s) would show the Court as follows:

1. _____ was born on _____ and is _____ years old and is incapacitated due to minority and resides at the following address: _____
_____ in _____ County.

2. Petitioner(s) reside at _____, in _____ County, and Petitioner(s) relationship to the minor child is/are: _____.

3. The nature of the incapacity is:
 ___ he or she is a Minor Child under the age of 14.
 ___ he or she is a Minor Child of 14 or over but younger than 18, and I have attached a copy of his or her consent.

4. The child has been in the physical custody and care of Petitioner(s) since _____, because: _____

_____.

5. Petitioner(s) has/have been supporting and caring for the child in the following ways:

_____.

6. A Child in Need of Services (CHINS) petition

___ has been filed regarding this child and is open ___ closed ___
___ has not been filed regarding this child.

7. A program of informal adjustment

___ has been filed regarding this child and is open ___ closed ___
___ has not been filed regarding this child

8. Petitioner(s):

___ are aware of another guardian appointed for or acting as the custodian of the minor child
and their name is _____ and their address is: _____

___ are not aware of another guardian appointed for or acting as the custodian of the minor
child.

9. A protective order:

___ has been issued for the minor.
___ has not been issued for the minor.

10. The person or institution ("Caregiver") having the care and custody of the Minor Child at this time is:

_____	_____	_____
Name	Street Address	City, State, Zip

11. The names and address of relatives most closely related by blood or marriage to the Minor Child are the following (if whereabouts are unknown, so indicate):

Mother: _____	_____	_____
Name	Age	Address

Father: _____	_____	_____
Name	Age	Address

Other Relationship:

_____	_____	_____
Name	Age	Address

12. The appointment of a guardian is sought for the following reasons:

13. If appointed as guardian(s), of the child, Petitioner(s) can provide the following for the child:

14. Attached to this petition, as exhibits, are separate waiver of notice of hearing and consent to guardianship by all listed interested persons and the minor child if said child is over 14 years of age.

15. Petitioner(s) request that no bond be required of Petitioner(s) since the minor child has no asset(s).

16. ___ Petitioner(s) has/have been appointed guardian(s) of another person in this state.

___ Petitioner(s) has/have not been appointed guardian(s) of another person in this state.

17. Less restrictive alternative are not sufficient to meet the needs of the child because

18. The appointment of a guardian(s) is/are necessary to provide care and supervision of the Minor Child's person.

19. Petitioner(s) believe it is necessary for the Court to appoint them as guardian over the Minor Child for the previously mentioned reasons.

20. Petitioner(s) has/have no attorney who represent(s) them.

WHEREFORE, Petitioner(s) respectfully requests to be appointed guardian(s) of _____

after notice and a hearing.

The undersigned affirms under penalties for perjury that the foregoing representations and statements are true.

Signature

Signature

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this document on _____ by

e-service using the e-filing system

first class U.S. mail, postage prepaid

hand delivery

to _____ at the following address:

I hereby certify that I sent a copy of this document on _____ by

e-service using the e-filing system

first class U.S. mail, postage prepaid

hand delivery

to _____ at the following address:

Signature

Signature

STATE OF INDIANA)
) SS:
COUNTY OF DELAWARE)

IN THE DELAWARE CIRCUIT COURT NO. ____

IN RE THE GUARDIANSHIP OF: CAUSE NO: 18C0_____

**MINOR CHILD’S WAIVER AND REQUEST
(Minor Child Over Age Fourteen)**

I hereby state:

1. I am a Minor Child, age Fourteen (14) Years or older, birth date: _____.
2. I have received and read a copy of the PETITION FOR APPOINTMENT OF A GUARDIAN (“Petition”) seeking the appointment of _____ as Guardian.
3. I enter my general appearance with respect to the Petition.
4. I waive the issuance and service of notice of hearing upon the Petition.
5. I request the Court enter an Order granting the Petition because I believe it is in my best interest.

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

Dated this _____ day of _____, 20 ____.

Signature of Minor Child

Printed Name of Minor Child

Address

City, State, Zip

STATE OF INDIANA) **IN THE DELAWARE CIRCUIT COURT NO. _____**
) **SS:**
COUNTY OF DELAWARE)

IN RE THE GUARDIANSHIP OF: **CAUSE NO: 18C0_____**

**WAIVER OF NOTICE OF HEARING AND CONSENT
TO GUARDIANSHIP BY INTERESTED PERSON**

I waive any notice of the hearing on the Petition for the Appointment of a Guardian for _____ and acknowledge that I have received a copy of the aforementioned petition and approve of the appointment of Petitioner, _____ as guardian and understand the legal implications of this guardianship proceeding.

Dated: _____

Signature

Printed Name

STATE OF INDIANA)
) **SS:**
COUNTY OF DELAWARE)

The alleged interested person appeared before me, _____, and sworn and subscribed to the waiver in my presence this _____ day of _____, 20 ____.

Signature

Printed Name

Notary Public
Residing in _____ County, Indiana
My Commission Expires: _____.

STATE OF INDIANA) **IN THE DELAWARE CIRCUIT COURT NO. ____**
) **SS:**
COUNTY OF DELAWARE)

IN RE THE GUARDIANSHIP OF: **CAUSE NO: 18C0_____**

**Notice of Exclusion of Confidential Information from Public Access
(FILED WITH TRIAL COURT CLERK for documents filed with the clerk)
(TENDERED IN OPEN COURT for documents tendered in open court)**

Contemporaneous with filing ____ tender ____ of this notice, _____ has
Your Name
filed ____ tendered ____ confidential information under the Indiana Rules on Access to Court Records.

_____, provides this notice that the confidential information is to remain
Your Name

excluded from public access in accordance with the authority listed below:

Name or description of document:

ACR grounds for exclusion:

Guardianship Information Sheet

TR 3.1 (A)(10)

*[NOTE: If Rule 5(A)(1 or 3), 5(B)(1 or 2),
or 5 (D)(2) provides the basis for exclusion,
you must also list the specific law, statute, or
rule declaring the information confidential.]*

Respectfully submitted,

Petitioner Signature

CERTIFICATE OF SERVICE

I certify that on this _____ day of _____, 20 _____, I served a copy of the foregoing Notice on _____ [insert Name of Person Served] at the following address: _____, by the following method of service: _____ [please specify U.S. Mail, personal service, fax, email, etc.]

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 \$ _____
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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: _____

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 _____
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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)

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: _____

STATE OF INDIANA) **IN THE DELAWARE CIRCUIT COURT NO. ____**
) **SS:**
COUNTY OF DELAWARE)

IN RE THE GUARDIANSHIP OF: **CAUSE NO: 18C0_____**

**ORDER SETTING HEARING DATE ON PETITION FOR APPOINTMENT OF
GUARDIAN AND DIRECTING NOTICE TO MINOR CHILD AND
OTHER INTERESTED PERSONS**

Petitioner, _____, has filed a Petition for the Appointment of a Guardian of the
Minor Child, _____, and for good cause shown, the Court now sets this
Petition for hearing on _____ at _____ o'clock ____ . m. at which time the petitioner's application for
the appointment of a guardian will be heard.

The Court **HEREBY ORDERS THAT THE PETITIONER MUST:**

1. Give notice of the filing of the petition for guardianship over _____ in the
form required by law, and attach to that notice a copy of the petition, and serve that notice and petition
on Minor Child with the Certificate of Service returned to the Court.
2. Give notice of the filing and a copy of the petition in the form required by law to all interested persons
and institutions as defined by law who have not waived notice of Petition.

All of which is ordered on: _____

Judge, Delaware Circuit Court No. ____

STATE OF INDIANA) **IN THE DELAWARE CIRCUIT COURT NO. ____**
) **SS:**
COUNTY OF DELAWARE)

IN RE THE GUARDIANSHIP OF: **CAUSE NO: 18C0_____**

OATH AND ACCEPTANCE OF GUARDIAN

1. I ACCEPT THE APPOINTMENT AS GUARDIAN OF THE PERSON OF:
_____.

2. I WILL FAITHFULLY DISCHARGE THE DUTIES OF MY TRUST AS GUARDIAN.

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

Dated the _____ day of _____, 20 ____.

Guardian

STATE OF INDIANA) **IN THE DELAWARE CIRCUIT COURT NO. ____**
) **SS:**
COUNTY OF DELAWARE)

IN RE THE GUARDIANSHIP OF: **CAUSE NO: 18C0_____**

ORDER APPOINTING GUARDIAN FOR MINOR CHILD

The Court now finds as follows:

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

IT IS THEREFORE ORDERED as follows:

- 1. _____ is adjudicated a Minor Child.
- 2. _____ is appointed guardian.
- 3. No bond is required except on further Order.
- 4. The Clerk shall issue Letters of Guardianship to the Guardian upon qualification.

SO ORDERED ON: _____

Judge, Delaware Circuit Court No. ____