

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT 6

CASE NO: _____

IN RE THE GUARDIANSHIP OF:

Name of Incapacitated Person

APPLICATION FOR APPOINTMENT OF GUARDIAN
(If there are Co-Guardians, then complete one form for each Co-Guardian)

CONTACT INFORMATION:

Name: _____

Address
(including street number,
city, and zip code):

Home Phone Number: _____

Cell Phone Number: _____

Email Address: _____

EDUCATIONAL BACKGROUND:

Did you graduate from High School and obtain a
high school diploma? Yes No

If no, did you obtain a GED? Yes No

Do you have a college education? Yes No

If yes, please list college, number of years attended, the year degree was obtained, and the type of degree obtained:

Do you have a post graduate or professional
degree? Yes No

If yes, please identify the educational institution, the year degree was obtained, and the type of degree obtained:

EMPLOYMENT:

Name of Employer: _____

Address of Employer: _____

Length of Employment: _____

If you are not currently employed, please state whether you are retired, a homemaker, or a surviving spouse/partner, and please describe your most recent occupation or work experience before your retirement or before you stopped working outside of your home:

FINANCIAL EXPERTISE:

Please list all prior experience in financial management, including investments and checkbook management:

FELONY CONVICTIONS:

Do you have any prior felony convictions? Yes No

If yes, list date of conviction and type of felony:

AFFIRMATIONS OF PETITIONER:

As Petitioner requesting my appointment as Guardian of the Estate of _____,

I hereby state as follows:

1. That I have attained 18 years of age and I am not incapacitated in any manner that would interfere with my administration of the estate (property) of the minor or incapacitated adult.
2. That my attorney is _____, with offices located at _____.

That my attorney's phone number is: _____

That my attorney's fax number is: _____

That my attorney's email address is: _____

3. That I have provided my attorney with my Social Security Number and the date of my birth.
4. That I accept my appointment as fiduciary.

5. That I agree to submit personally to the Jurisdiction of this Court in any proceeding that relates to the estate of the minor or incapacitated adult.

AFFIRMATION AND VERIFICATION:

I affirm under the penalties for perjury that the foregoing information is true and correct. That as a condition of my appointment as fiduciary in this matter, I hereby waive the privilege associated with this information and authorize my attorney to disclose this information to the Court, upon Court Order, in the event of my failure to render an account as required by law or other determination of a breach of my fiduciary duty.

/s/ _____
Signature

_____ Date

Printed Name

Email Address