

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT 6

CASE NO: _____

IN RE THE GUARDIANSHIP OF:

Name of Incapacitated Person

NOTICE OF HEARING ON PETITION FOR GUARDIANSHIP

To: _____
Name of Person

Person's Address

Person's Email Address

On _____, at _____ AM / PM, the Elkhart Superior Court 6, sitting at _____, will hold a hearing to determine whether a Guardian should be appointed for _____ . A copy of the Petition requesting appointment of Guardian is attached to _____ .
(Name of Incapacitated Person)

this notice.

At the hearing the Court will determine whether _____ is an incapacitated person or minor under Indiana law. This proceeding may substantially affect the rights of _____ .
(Name of Incapacitated Person)

If the Court finds that _____ is an incapacitated person or minor, the Court at the hearing shall also consider whether _____ should be appointed Guardian of _____ . The Court may, in its discretion, appoint some other qualified person as Guardian.
(Name of Incapacitated Person)

The Court may also, in its discretion, limit the powers and duties of the Guardian to allow _____
(Name of Incapacitated Person)

to retain control over certain property and activities. The Court may also determine whether a Protective Order should be entered on behalf of _____.
(Name of Incapacitated Person)

_____ may attend the hearing and be represented by an Attorney. The Petition may be
(Name of Incapacitated Person)
heard and determined in the absence of _____ if the Court determines that the presence of
(Name of Incapacitated Person)

_____ is not required. If _____ attends the hearing,
(Name of Incapacitated Person) (Name of Incapacitated Person)
opposes the Petition, and is not represented by an Attorney, the Court may appoint an Attorney to represent
_____. The Court may, where required, appoint a Guardian Ad Litem to represent
(Name of Incapacitated Person)

_____ at the hearing.
(Name of Incapacitated Person)

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

/s/ _____
Signature

Date

Printed Name

Email Address

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition to the other person's attorney, or to the other person if they are not represented by an attorney, via:

- Certified mail at this address: _____
- Sheriff
- E-service via the e-file system at this email address: _____

Signature

Date