

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT 6

CASE NO: \_\_\_\_\_

IN RE THE GUARDIANSHIP OF:

\_\_\_\_\_  
Name of Incapacitated Person

**PETITION FOR APPOINTMENT OF TEMPORARY GUARDIAN FOR  
INCAPACITATED PERSON**

Comes now, \_\_\_\_\_, self-represented, and states:

1. \_\_\_\_\_, age \_\_\_\_\_ (DOB: \_\_\_\_\_), who is currently residing at \_\_\_\_\_, is an incapacitated person and is subject to the jurisdiction of the Court by virtue of being a resident of Elkhart County, Indiana.
2. No Guardian for the Person or Estate of the incapacitated person has been appointed.
3. An emergency exists and immediate and irreparable injury to the person or injury, loss, or damage to the property of the incapacitated person may result before the incapacitated person can be heard in response to the petition.
4. The welfare of the incapacitated person requires immediate action.
5. No other person appears to have authority to act in the circumstances.
6. The reason for appointment of a guardian is to provide care and supervision of the person or property of the incapacitated person, and the interest of the petitioner in such appointment is:
7. The person or institution to be appointed Guardian is:  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_
8. The persons most closely related by blood or marriage to the incapacitated person are:
  - a. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

b. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

c. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

d. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

WHEREFORE, \_\_\_\_\_ requests that this Court set this matter for hearing, and upon hearing, appoint a temporary guardian for \_\_\_\_\_ as is appropriate, and order all other further relief that is just and proper in the premises.

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

/s/ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Email Address

CERTIFICATE OF SERVICE

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

Registered mail at this address: \_\_\_\_\_

Certified mail at this address: \_\_\_\_\_

Sheriff

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date