

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT

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

IN RE THE GUARDIANSHIP OF:

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

**INTERESTED PERSON'S WAIVER OF NOTICE OF HEARING FOR  
APPOINTMENT OF GUARDIAN**

I \_\_\_\_\_, being duly sworn upon my oath, state that I am an adult, and my date of birth is \_\_\_\_\_. I am the \_\_\_\_\_ of \_\_\_\_\_, the person for whom guardianship is being sought.

I am familiar with the Verified Petition for Appointment of Guardian and hereby consent to the appointment of \_\_\_\_\_ as guardian for the above-named adult. I expressly waive service of summons and notice on this Petition.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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

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

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: \_\_\_\_\_