

STATE OF INDIANA )  
 )  
COUNTY OF ELKHART )

IN THE ELKHART SUPERIOR COURT

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

IN RE THE GUARDIANSHIP OF:

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

**MOTION TO ADD CO-GUARDIAN**

Comes now, \_\_\_\_\_, self-represented, and requests the Court approve this Motion to add a Co-Guardian for \_\_\_\_\_:

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. The current guardian(s) is/are:

First Guardian's Name: \_\_\_\_\_

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

Second Guardian's Name: \_\_\_\_\_

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

3. The care provider(s) above is caring for \_\_\_\_\_ due to the following reasons:

4. The property of the minor incapacitated person is of the approximate value of \$\_\_\_\_\_.

5. The person to be appointed Co-Guardian is:

Name: \_\_\_\_\_

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

6. The persons most closely related by blood or marriage to \_\_\_\_\_ are:

- a. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- b. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- c. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_
- d. Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_

7.  The person to be appointed Co-Guardian is already the Guardian of the following people:  
\_\_\_\_\_
- The person to be appointed Co-Guardian is not already a guardian over anyone.

8. The reason the appointment of a Co-Guardian is necessary is:

WHEREFORE, \_\_\_\_\_ requests that the Court grant this Motion to add Co-Guardian or set a hearing to consider this petition, and that notice, if not already waived, be issued to the incapacitated person and the Caregiver and for all other proper relief.

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

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

\_\_\_\_\_  
Date

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

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

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition to \_\_\_\_\_, via:

- Registered mail at this address: \_\_\_\_\_
- Certified mail at this address: \_\_\_\_\_
- Sheriff for \$28.00
- E-Service per Trial Rule 86 at this email address: \_\_\_\_\_
- Hand delivery at this address: \_\_\_\_\_
- Other: \_\_\_\_\_

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

\_\_\_\_\_  
Date

I hereby certify that I sent a copy of this Petition to \_\_\_\_\_, via:

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

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

\_\_\_\_\_  
Date