

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT

CASE NO: _____

IN RE THE GUARDIANSHIP OF:

Name of Minor Incapacitated Person

PETITION FOR APPOINTMENT OF SUCCESSOR GUARDIAN

Comes now, _____, self-represented, and requests the Court approve this Petition for Appointment of Successor Guardians 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 resigning 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. There is no Guardian for the Person or Estate of the incapacitated person in any state.

6. The person to be appointed Successor Guardian is:

Name: _____

Address: _____

7. 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: _____

8. The person to be appointed Successor Guardian is already the Guardian of the following people:

9. The reason the appointment of _____ as Successor Guardian is in the best interest of _____ because:

WHEREFORE, _____ requests that the Court grant this Petition for Appointment of Successor 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

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Date