

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT

CASE NO: _____

IN RE THE GUARDIANSHIP OF:

Name of Minor Incapacitated Person

BIOLOGICAL PARENT INFORMATION FOR THE COURT

The following information is being provided to the Court as supplemental information for a Motion to Terminate Guardianship filed on _____.

1. The current Guardian(s), _____, were appointed on _____.

2. The reason a Guardian was needed at that time is as follows:

3. Since that time the following changes have taken place:

4. I am now able to provide:

- Adequate and stable housing at: _____
- Financial stability by being employed at _____ located at

_____ for _____ years months making
\$_____ a week.

- Proper Education by keeping the child enrolled in their current school transferring the child to _____, which is the school by their house.
- Medical Insurance through employer or Medicaid.

5. I feel I am better equipped to take care of my child because:

6. I feel it is in the best interest of my child to be returned to my custody and the guardianship terminated because:

7. If the child is returned to my care, I will allow the following relationship to continue with the current guardian(s):

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

/s/ _____
Signature

Date

Printed Name

Email