

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT 6

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: _____