

STATE OF INDIANA)
)
COUNTY OF ELKHART)

IN THE ELKHART SUPERIOR COURT 6

CASE NO: _____

IN RE THE GUARDIANSHIP OF:

Name of Incapacitated Person

**PETITION FOR APPOINTMENT OF GUARDIAN FOR
INCAPACITATED PERSON**

Comes now, _____, self-represented, and states:

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 alleged incapacitated person's presence at any hearing on this Petition is not required because:

3. The incapacitated person is an individual who is unable to: manage their property / provide self-care because of insanity, mental illness, mental deficiency, physical illness, infirmity, habitual drunkenness, excessive use of drugs, incarceration, confinement, detention, duress, fraud, undue influence of others on the individual, or other incapacity.

4. The property of the 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 or institution to be appointed Guardian is:
Name: _____
Address: _____

7. The persons most closely related by blood or marriage to the incapacitated person are:

- a. Name: _____ Age: _____ Relationship: _____
Address: _____
- b. Name: _____ Age: _____ Relationship: _____
Address: _____
- c. Name: _____ Age: _____ Relationship: _____
Address: _____
- d. Name: _____ Age: _____ Relationship: _____
Address: _____

8. The person or institution (“Caregiver”) having the care and custody of the incapacitated person is:

Name: _____

Address: _____

9. The person to be appointed Guardian, if not a corporation, is already the Guardian of the following protected persons:

10. The reason the appointment of a Guardian is necessary is as a means of providing care and supervision of the physical person or property of the incapacitated person, and the interest of the petitioner in such appointment is:

WHEREFORE, _____ requests that the Court 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

/s/ _____
Signature

Printed Name

Printed Name

Email Address

Email Address

Date

Date

CERTIFICATE OF SERVICE

I hereby certify that I sent a copy of this Petition by first class mail to the other person's attorney, or to the other person if they are not represented by an attorney, via:

Registered mail at this address: _____

Certified mail at this address: _____

Sheriff

Other: _____

/s/ _____
Signature

Date