

STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION

CAUSE NO: _____

IN THE GUARDIANSHIP OF

A Minor

APPEARANCE BY UNREPRESENTED PERSON

1. My Name is _____ and in this case I am not represented by a lawyer.
2. My contact information for receiving legal service of documents and case information as required by Court Rules is:

Address: _____

Email: _____

I will accept service in the above email address

Phone: _____

Fax: _____

3. This is a _____ case type as defined in Administrative Rule 8(B)(3).
4. There are other cases related to this case (If yes, please indicate below)
 Yes No

Caption: _____ Case No. _____

Signature: _____

CHECKLIST FOR FILING FOR SELF REPRESENTED GUARDIANSHIP

You must complete all of the necessary forms to petition the Court for guardianship.

- Instructions for Guardians over Minor** - be sure to save these instructions
- Appearance by Unrepresented Persons** - complete this form and file with Court
- Verified Motion for Fee Waiver** -If you are not financially able to pay the filing fees to apply for Guardianship you may petition the Court with this form.
If you are able to pay the filing fee, do not complete this form.
- Guardianship Information Sheet**- complete as much information you can
- Notice of Filing of Petition for Appointment - YOU MUST COMPLETE**
a separate notice for each of the following(you only need to fill in name and address for each party), the Clerk will complete the rest a separate Notice for each party, you may need to make additional copies:
 - Ward (if over the age of 14)
 - Natural Mother
 - Natural Father
 - Anyone having care/custody of the minor in the last 60 days
- Waiver of Notice of Hearing and Consent to Guardianship** - You only need this form if a party consents to the Guardianship, complete one form for each party that consents (make additional copies if needed) – this needs to be notarized.
- Order Setting Hearing Date** - A majority of Guardianships get set for hearing, complete the form, the Court will insert a date and mail the information to the necessary parties. Be sure to list the parties on the bottom section of the form so that proper notice can be given.
- Petition for Appointment of Guardian** Complete the form and file with Court
- Acceptance and Oath of Guardian** - This form needs to be completed, and signed in front of a notary.

Your responsibilities to the Court once your Guardianship is approved:

1. You **MUST** update your address, phone, or email address each time you move or make a change. Contact the Vigo County Probate Office at 812-462-3201 to get a form.
2. Within 90 days of your Appointment you must file an initial inventory, if the assets of the ward is over \$10,000. The **Inventory** form is available on the website.
3. Included in this packet is a **Status Reporting** form which shall be filed biennial (every other year) from your appointment as Guardian. If the ward has more than \$10,000 you must file a biennial accounting(every other year). The **Biennial Accounting** form is available on the website.

VIGO SUPERIOR COURT STAFF ARE NOT ALLOWED TO GIVE LEGAL ADVIC
E- IF YOU NEED ASSISTANCE IN COMPLETING THESE FORMS OR HAVE QUESTIONS,
YOU SHOULD CONTACT AN ATTORNEY.

**STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION**

General Instructions for Guardians over Minor

You have been appointed the Guardian of an individual “Protected Person”, who, because of some incapacity, is unable to care for his/her own financial and/or personal affairs. It is important that you understand the significance of this appointment and your responsibility as Guardian.

In order to qualify and have your Letters issued to you, you may be required to post a bond in the amount set by the Court and to take an oath to faithfully discharge your duties as Guardian. The Bond assures the Court that you will properly protect the assets of the Protected Person.

Listed below are some of your duties, but not necessarily all of them. If you have questions about your duties, you should seek the advice of an attorney.

As GUARDIAN of the personal affairs of the Protected Person, you are required to:

1. Make certain that the physical and mental needs of the Protected Person (food, clothing, shelter, medical attention, education, etc.) are properly and adequately provided for;
2. File with the Court a status report as to the physical condition and the general welfare of the Protected Person every two (2) years after your appointment. A copy of the **Status Reporting form** is included in this packet.
3. **IF YOU MOVE YOU ARE REQUIRED TO INFORM THE COURT** of your new address in writing. A form to update your address can be requested by contacting the Probate Office at 812-462-3201. If you change phone number or email, you are also required to contact the Probate Office and complete the form.
4. When the Ward turns 18 you must inform the Court in writing so that the Guardianship can be closed.

It is important to understand that you have the same duties and responsibilities concerning the Protected Person whether or not the Protected Person is your relative.

**Forms for Status Reports, Restricted Accounts, Inventory, Accountings are located on the Vigo County Probate Website

As Guardian of the financial affairs(estate) of the Protected Person, you are required to:

1. File with the Court, within 90 days after your appointment, a verified Inventory and appraisal of all the property belonging to the Protected Person, unless waived by the Court;
2. File with the Court a verified account of all the income and expenditures of the Guardianship every two (2) years after your appointment, unless waived by the Court;
3. Pay bond premiums as they become due;
4. File a final accounting with the Court upon the termination of the Guardianship, whether due to death of the Protected Person, or for any other reason, unless waived by the Court;
5. Keep all of the assets of the Protected Person separate from your own;
6. Open an account, in your name as Guardian, in which all of the cash assets of the Protected Person are deposited. This account must be used for all payments or disbursements on behalf of the Guardianship and the Protected Person. It is your duty to use Guardianship assets only for the benefit of the Protected Person.
7. Obtain approval from the Court to use assets in a restricted Guardianship account.

It is your duty to protect and preserve the Protected Person's property, to account for the use of the property faithfully and to perform all the duties required by law of a Guardian.

Guardianship funds must never be co-mingled with personal funds. A separate account for all Guardianship assets must be kept in your name as Guardian. Accurate accounts must be kept and accurate reports made. Unauthorized use of Guardianship funds can result in your being personally liable for the misuse of those sums.

If any questions arise during the Guardianship, you should consult your Attorney immediately.

**STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION**

CAUSE NO: _____

IN THE GUARDIANSHIP OF

A Minor

VERIFIED MOTION FOR FEE WAIVER

The Petitioner now states:

1. I wish to file this action and I believe I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I live with the following persons who are over eighteen (18) years of age:

4. I live with the following persons who are under eighteen (18) years of age:

5. I am responsible for the financial support of the following people who live in my household:

6. The combined income of all persons I am responsible for supporting is \$_____ per month(total from form below).

Income/Expenses each month (before taxes)

Wages (\$_____per hour x _____hrs per month)	\$
Unemployment Compensation	\$
AFDC/TANF Benefits	\$
Child Support	\$
Other (please describe	\$
Total Income	\$

7. We have \$_____in the bank.

8. Our expenses total \$_____per month (From chart below).

Monthly Expenses

Housing (Rent,Contract, Mortgage)	\$
Utilities(Gas, electric, water, phone etc)	\$
Food	\$
Child Care	\$
Medical Bills	\$
Transportation	\$
Insurance (Car, medical, property)	\$
Child Support	\$
Other (please describe)	\$
Total Expenses	\$

I request that this Court waive all costs of this action and allow me to proceed without payment of any filing fees or other costs.

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

Date: _____

Signature: _____

Printed Name: _____

**STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION**

CAUSE NO: _____

IN THE GUARDIANSHIP OF

_____,
A Minor

ORDER ON FEE WAIVER

The Petitioner, self represented, has filed a Verified Motion for Fee Waiver which the Court has read and finds should be granted.

IT IS THEREFORE ORDERED that Petitioner may file this case:

- Without the pre-payment of any filing fees, costs, security, bond or other expenses; **or**
- Upon the prepayment of \$ _____ which is a portion of the filing fee set by statute. Such sum must be paid by the Petitioner to the Clerk within the next twenty (20) days.

The Court will determine whether any or additional costs are to be paid at a preliminary or final hearing in this case.

Date

Judicial Officer

Guardianship Registry Information Sheet

(Individual Estate Estate and Individual)

Choose One* (Minor Adult)

Choose One* (Temporary Permanent)

Related Cases (List any cases in which the Protected Person is a party, e.g., CHINS)

Petitioner	Relationship to Protected Person*
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Last:* _____ Suffix: _____ First:* _____ Middle: _____
DOB: _____ Gender:* _____ Race:* _____ Hispanic?: Yes/No
Address:* _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address:* _____
Attorney Name: _____ Bar Number: _____ App. Filed Date: _____

Protected Person	Estimated Value \$
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Last:* _____ Suffix: _____ First:* _____ Middle: _____
DOB:* _____ Gender:* _____ Race:* _____ Hispanic?: Yes/No
Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____ lbs
Scars, Marks, and Tattoos: _____
Address:* _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Attorney Name: _____ Bar Number: _____ App. Filed Date: _____
Guardian Ad Litem Full Name: _____
Interpreter required? Yes/No Language: _____

Guardian	<input type="checkbox"/> Check if same as petitioner	<input type="checkbox"/> Certified (Only check if Federal or State Certified)
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Last:* _____ Suffix: _____ First:* _____ Middle: _____
DOB: _____ Gender:* _____ Race:* _____ Hispanic?: Yes/No
Address:* _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address:* _____
Attorney Name: _____ Bar Number: _____ App. Filed Date: _____

Guardian Institution

Name:* _____
Address:* _____
Phone: _____ Fax: _____ Agent Name: _____

Close Relative (Entitled to Notice)	Relationship to Protected Person
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Last:* _____ Suffix: _____ First:* _____ Middle: _____
Gender:* _____ Race:* _____ Hispanic?: Yes/No
Mailing Address:* _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

Guardianship Registry Information Sheet (Additional)

Petitioner Relationship to Protected Person _____

Last:* _____ Suffix: _____ First:* _____ Middle: _____
DOB: _____ Gender:* _____ Race:* _____ Hispanic?: Yes/No
Address:* _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Attorney Name: _____ Bar Number: _____ App. Filed Date: _____

Guardian Check if same as petitioner Certified (Only check if Federal or State Certified)

Last:* _____ Suffix: _____ First:* _____ Middle: _____
DOB: _____ Gender:* _____ Race:* _____ Hispanic?: Yes/No
Address:* _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Attorney Name: _____ Bar Number: _____ App. Filed Date: _____

Close Relative (Entitled to Notice) Relationship to Protected Person _____

Last:* _____ Suffix: _____ First:* _____ Middle: _____
Gender:* _____ Race:* _____ Hispanic?: Yes/No
Mailing Address:* _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

Interested Party

Last:* _____ Suffix: _____ First:* _____ Middle: _____
Gender:* _____ Race:* _____ Hispanic?: Yes/No
Address:* _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

Interested Party

Last:* _____ Suffix: _____ First:* _____ Middle: _____
Gender:* _____ Race:* _____ Hispanic?: Yes/No
Address:* _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

**STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION**

**IN THE MATTER OF THE
GUARDIANSHIP OF**

CAUSE NO.

_____,
A MINOR

**PETITION FOR APPOINTMENT OF GUARDIAN(S)
OF THE PERSON OVER MINOR**

Comes now the Petitioner(s) _____ (your name),

and respectfully petitions the Court to appoint Petitioner as Guardian of

_____ (child's name), a minor child. In support of this

request, Petitioner would show the Court as follows:

1. That _____ (child's name) was born on
_____ (Date of birth) who is now _____ (age) years of age and is incapacitated
due to minority and resides at _____
_____ (child's address) in the county of _____.

2. The Petitioner(s) reside at _____ (your address)
Phone number _____ (your phone number).
Email address: _____ (your email)

3. The child has been in the physical custody and care of the Petitioner since:
_____, because: _____
_____.

Petitioner is/are the child's _____ (Relationship to child)

Petitioner is supporting the child in the following ways: _____

4. The mother of the child is: _____
Her address is: _____
Her phone number is: _____ Her email is: _____

5. The father of the child is: _____
His address is: _____
His phone number is: _____ His email is: _____

6. The name and address of the persons most closely related to the minor that are not identified above (siblings, persons having care/custody of the child) are:

Name: _____ Address _____
Relationship: _____ Age: _____

7. The name and address of the person seeking to be appointed guardian of the person over _____ (child's name), is _____ residing at _____ (address) and that he/she is not serving as guardian over any other person within the state.

8. That there has not been a guardian appointed over the minor in this or any other state.

9. The need exists for the appointment of Guardian of the person of _____ (child's name) in order to provide for his/her care, custody, support and maintenance due to his/her minority and that said petition is in the best interest of said minor.

10. The child has the following real or personal property: (include values)

11. The filing fee for this proceeding:

has been paid is requested to be waived *(include fee waiver)*

12. A Child in Need of Services (CHINS) Petition:

has not been filed regarding this child
 has been filed regarding this child and is open closed

13. A program of informal adjustment

has not been filed regarding this child
 has been filed regarding this child and is open closed

14. A Protective Order:

has not been issued for the child
 has been issued for the child

WHEREFORE, your petitioner(s) pray that Court enter an order:

1. Setting a hearing on this petition as soon as possible consistent with the preservation of the rights of the alleged incapacitated minor.

2. Requiring that all necessary parties and persons be given adequate notice of the guardianship proceedings.

3. After the hearing, adjudicate that _____ *(child's name)* is an incapacitated minor.

4. Finding that Co-Guardians of the person of _____ *(child's name)* need to be appointed.

5. Finding that the petitioner(s) _____ is/are suitable person to be appointed Guardian of the person of _____ *(child's name)* after notice and hearing.

The Undersigned affirms under penalties for perjury that the foregoing representations and statements are true.

(Signature)/Date

(Signature)/Date

**STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION**

**IN THE MATTER OF THE
GUARDIANSHIP OF**

CAUSE NO.

, a Minor

**WAIVER OF NOTICE OF HEARING AND
CONSENT TO GUARDIANSHIP**

The undersigned waives any notice of the hearing on the Petition for the Appointment of a Guardian of the person and estate of _____ and acknowledges that he/she has received a copy of the aforementioned petition and approves of the appointment of _____ as guardian(s) of the person and estate of _____.

Dated: _____

Your Name

Relationship to the Ward

STATE OF INDIANA
COUNTY OF _____

I hereby certify that on the _____ day of _____, 20 __, before me personally appeared _____, to me known to be the person who executed the foregoing instrument and acknowledged that she/he executed the same as his/her free act and deed.

My Commission Expires

Notary Public

County of Residence

**STATE OF INDIANA
VIGO SUPERIOR COURT**

**IN THE MATTER OF
THE GUARDIANSHIP OF**

_____ A Minor

CAUSE NO.

**NOTICE OF FILING OF PETITION FOR APPOINTMENT
OF GUARDIAN AND HEARING THEREON**

TO: _____ (name)
_____ (address)
_____ (city, state,zip)

On the _____ day of _____, 2021 at _____ o'clock A.M/P.M. in
Vigo Superior Court Division _____, Vigo County, Indiana, a hearing will be held to determine whether a Guardian
should be appointed for the person/estate of _____ (Ward's name). A copy of the Petition
requesting appointment of a Guardian is attached to this notice. At the hearing, the Court will determine whether
_____ (Ward's name) is an incapacitated person under Indiana Law. This proceeding
may substantially affect the rights of _____ (Ward's name).

If the Court finds that (Ward's name) is an incapacitated minor, the Court at the hearing shall also consider
whether (Petitioner's name) should be appointed as Guardian of the person/estate of _____
_____ (Ward's name). The Court may also, in its discretion, appoint some other qualified person as
Guardian. _____ (Ward's name) may attend the hearing and be represented by
an attorney. The Petition may be heard and determined in the absence of (Ward's name) if the Court determines that
the presence of _____ (Ward's name) is not required. If
_____ (Ward's name) attends the hearing, opposes the Petition and is not
represented by an attorney, the Court may appoint an attorney to represent _____ (Ward's
name). The Court may, where required, appoint a Guardian Ad Litem to represent
_____ (Ward's name) at the hearing.

The Court may, on its own motion, or on request of any interested person, postpone the hearing to another
date and time.

Clerk, Vigo Superior Court

**STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION**

**IN THE MATTER OF THE
GUARDIANSHIP OF**

CAUSE NO. _____

_____, **A Minor**

ACCEPTANCE AND OATH OF GUARDIAN

_____(*your name*), hereby accepts the Court's
appointment as Guardian over the person/estate of _____,
and affirms, under the penalties of perjury, to faithfully discharge his/her duties as
Guardian, said duties being set forth by the Court's Order.

Dated this _____

(Your signature-sign in presence of Notary)

STATE OF INDIANA
COUNTY OF VIGO

Subscribed and sworn before me on this ____ day of _____

Seal:

Notary Public _____

**STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION**

**IN THE MATTER OF THE
GUARDIANSHIP OF**

CAUSE NO.

_____ **A Minor**

**ORDER SETTING HEARING DATE ON
PETITION FOR APPOINTMENT OF GUARDIAN**

Comes now _____, (your name)
and files a Verified Petition for Appointment of Guardian of the Person of
_____ (ward's name).

This matter is scheduled for hearing on the _____ day of
_____ at _____ AM/PM.

SO ORDERED this

Judge
Vigo Superior Court Probate Division

Distribution:

- _____ Petitioner
- _____ Natural Mother
- _____ Natural Father
- _____ Sibling
- _____ Other Interested parties