

PACKET FOR MINOR GUARDIANSHIP

1. You must pay the filing fee. If you want the Court to consider a partial or full waiver of the filing fee, you must request a fee waiver by completing a separate petition and making a direct request to the Court staff and/or Judge. There are fee waivers located in the Clerk's office.
2. These documents are for the filing of a MINOR guardianship, and are available to you if you do not have an attorney. **IMPORTANT: THE CLERK, COURTS AND/OR COURT STAFF DO NOT PROVIDE LEGAL ADVICE. IF YOU NEED ADVICE, YOU MUST CONSULT WITH AN ATTORNEY.**
3. The Petition for Guardianship and the Guardianship Registry Information Sheet **MUST** be completed.
4. The Summons/Appearance/Petition **MUST** be served on all interested parties (Respondent/Mother, Respondent/Father). SERVICE MUST BE MADE IN ACCORDANCE WITH COURT RULES. A HEARING DATE AND TIME WILL BE SCHEDULED BY THE COURT. **YOU MUST ATTEND.**
5. **** Please bring the completed checklist with you to the hearing. **FAILURE TO COMPLETE ALL DOCUMENTS AND PROVIDE PROPER SERVICE WILL DELAY THE PROCESS*****

CHECKLIST

1. Filing fee paid? Case opened? _____
2. Petition for Guardianship completed? _____
3. Guardianship Registry completed? **Both Parents** _____
4. Appearance completed? _____
5. Notice of hearing completed? _____
6. Papers mailed/served on each person? (Respondent/parents) _____
7. Hearing date scheduled by Court? _____
8. Service perfected on all parties? _____
9. My case number is _____
10. My hearing date is set for _____

*****FAILURE TO COMPLETE ALL DOCUMENTS AND PROVIDE PROPER SERVICE WILL DELAY THE PROCESS*****

PRO-SE MINOR GUARDIANSHIP INSTRUCTIONS

This packet is for a minor Guardianship and is for your use, acting as your own attorney. **The Clerk's office DOES NOT provide legal advice:** If you need legal advice you will need to consult with an attorney of your choice. This packet needs to be filled out and returned to the Clerk's office. It is recommended that you take the packet home to complete. Make sure you have enough copies for everyone that you are serving.

This matter will be set for a hearing once all parties have been served. You will be sent the Notice of Hearing once the hearing has been set. An email is required as that is how we distribute copies to you. **Make sure to include your email on your pro-se appearance.** (If you do not have an email address a paper notice will be mailed to you.)

**** If there are 2 Petitioners seeking a co-guardianship, a separate Petition, Registry Sheet and Appearance will need to be filled out and signed by each of you.

If the Respondent/Parents are consenting to this Guardianship, the Clerk's office can provide you with consents. The consents must be **signed by the PARENTS and notarized.** If a parents whereabouts are unknown, you will be required to publish in the newspaper at your own expense. **If this child is involved in a CHINS action, the DCS Attorney and Family Case Manager(s) must be noticed. The CHINS case number must be included on the appearance and the cases related.**

1. Fill out completely, sign where indicated, make copies and file: Appearance, Petition, Summons, Guardianship Registry (**both pages**) and cover sheet, Notice of Hearing and signed/notarized Consents (if you have them).

2. **You are responsible for making sure the Respondents are served.** The Court will not set a hearing until all parties are served.

*** I acknowledge that I have read these instructions. _____ Petitioners initials

Filing fee paid/waived _____

Case Filed _____

My case number: _____

Guardianship hearing date: _____

IN THE CIRCUIT COURT NO. 4 FOR CLARK COUNTY
STATE OF INDIANA

IN RE THE MATTER OF THE
GUARDIANSHIP OF:

Minor child

Petitioner

CASE NO. 10C04-

GUARDIANSHIP REGISTRY INFORMATION SHEET

Comes now the Petitioner and hereby submits to the Court the completed
Guardianship Registry Sheet.

See attachment.

Dated this _____

Petitioner

Guardianship Information Sheet

Choose One* (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 Information Sheet

(Additional)

Co-Petitioner (if applicable) 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 (Living Grandparent 1)

Last:* _____ Suffix: _____ First:* _____ Middle: _____

Gender:* _____ Race:* _____ Hispanic?: Yes/No

Address:* _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Interested Party (Living Grandparent 2)

Last:* _____ Suffix: _____ First:* _____ Middle: _____

Gender:* _____ Race:* _____ Hispanic?: Yes/No

Address:* _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

IN THE CLARK COUNTY CIRCUIT COURT

STATE OF INDIANA

IN RE THE MATTER OF THE
GUARDIANSHIP OF:

_____, minor child

CASE NO.

_____, Petitioner

PETITION FOR APPOINTMENT OF GUARDIAN FOR MINOR

Petitioner says:

1. _____ (child), who is currently residing at

Clark County, is a minor and is subject to the jurisdiction of the Court by virtue
of being a resident of Clark County Indiana.
2. Does the child own any property other than clothes or toys? No ____ Yes ____
(If YES please describe and provide approximate value. Include any
compensation, pension, insurance or allowance received)

3. Has a guardianship or protective order been issued by any other State?
No ____ Yes ____
(If YES, provide details) _____

4. The person or institution to be appointed Guardian is:

NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

5. What is your relationship to the child? _____

6. The person(s) most closely related by blood or marriage to the child is/are
(List **parents**, siblings and any person(s) who have custody of the child.)

Parent 1: _____

Address: _____

Phone No. _____

Parent 2: _____

Address: _____

Phone No. _____

Other: _____

Address: _____

Other: _____

Address: _____

7. Do you serve as a guardian over any other person? No ____ Yes ____

If YES, provide name and address _____

8. Reason(s) a guardianship is necessary:

9. What efforts have you made to let the natural parents know you are seeking a guardianship order?

If you have not advised the parents that you are seeking a guardianship order why haven't you done so?

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE.

DATE: _____

Signature of Petitioner

IN THE CIRCUIT COURT NO. 4 FOR CLARK COUNTY
STATE OF INDIANA

IN RE THE GUARDIANSHIP OF:

MINOR CHILD

CASE NO. _____

APPEARANCE BY UNREPRESENTED PERSON
IN GUARDIANSHIP PROCEEDINGS

1. My name is _____.

In this case I am not represented by a lawyer.

2. Contact information for receiving documents and case information is required by
Court Rules:

Address:

Email Address: _____

Phone number: _____

3. This is a GU case - Guardianship

4. There are related cases:

____ YES

____ NO

Caption and case numbers of related case:

Caption: _____ Case No. _____

Date: _____

Petitioner

CERTIFICATE OF SERVICE

I hereby certify I am serving this document by:

_____ Certified mail

_____ Service by Sheriff (County _____)

_____ Publication

_____ Acknowledgment

_____ Process Server

Signature

IN THE CLARK COUNTY CIRCUIT COURT NO. 4

STATE OF INDIANA

IN RE THE MATTER OF THE GUARDIANSHIP OF:

_____, Minor Child

CASE NO: 10C04-

_____, Petitioner

NOTICE OF HEARING

TO: Petitioner and Respondent/Parents

On _____, a hearing will be held to determine whether a guardian should be appointed for the above minor child.

At the hearing, the Court will determine whether the individual is an incapacitated person or minor under Indiana law. If the Court finds that the individual is an incapacitated person or minor, the Court shall also consider whether the Petitioner should be appointed as the guardian of the individual. The Court may, in its discretion, appoint some other qualified person as guardian. The Court may also, in its discretion, limit the powers and duties of the guardian to allow the individual to retain control over certain property and activities. The Court may also determine whether a protective order should be entered on behalf of the individual.

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

The Hearing will be held in **Magistrate "C", Room 109**, first floor City-County Building, 501 E. Court Avenue, Jeffersonville, Indiana.

DATE: _____

MAGISTRATE JONI GRAYSON

IN THE CIRCUIT COURT NO. 4 FOR CLARK COUNTY

STATE OF INDIANA

IN RE THE GUARDIANSHIP OF:

MINOR CHILD

PETITIONER

CASE NO. 10C04-

SUMMONS

TO: RESPONDENT/PARENTS

1. You are hereby notified that an action has been filed against you in the Court above.
2. The nature of the action is stated in the Petition which is attached to this Summons.
3. It is suggested that you consult with an attorney of your choice regarding this matter.
4. You must answer the Petition in writing to be filed with the Court within twenty (20) days (or twenty-three (23) days if this Summons was received by mail), or judgment will be entered against you.

The following manner of service is designated:

_____ certified mail

_____ Acknowledgment

_____ Publication

_____ Sheriff (_____) County

Date: _____

CLERK, Clark County Circuit Courts