

**Guardianship**

**Forms**

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**2.17 FORMS**

**F-1 PETITION TO COMPROMISE MINOR CLAIM**

<b>STATE OF INDIANA</b>	)	<b>IN THE _____ COURT</b>
	)	
<b>COUNTY OF _____</b>	)	<b>CAUSE NO. _____</b>
	)	
<b>IN RE: THE GUARDIANSHIP OF</b>	)	
	)	
_____	)	<b>PETITION TO COMPROMISE</b>
<b>PROTECTED PERSON</b>		<b>MINORS CLAIM</b>

The Petitioner says:

1. I am the natural parent and the person having legal custody of \_\_\_\_\_, born on \_\_\_\_\_, and we both reside at \_\_\_\_\_, \_\_\_\_\_ County, Indiana.
2. On or about \_\_\_\_\_ the minor was involved in an accident as follows: (summarize facts about accident)
3. As a result of injuries sustained in the accident, the minor incurred medical expenses in the sum of \$ \_\_\_\_\_.
4. I have received a proposed offer of settlement in the amount of \$ \_\_\_\_\_ from the insurance carrier and believe this settlement to be in the best interest of the minor.
5. The attorneys representing the minor in this matter are \_\_\_\_\_.
6. I propose to distribute the settlement as follows: (set forth details)

WHEREFORE, the Petitioner prays that the Court:

1. Approve the settlement in the amount of \$ \_\_\_\_\_.
2. Authorize Petitioner to execute the necessary releases;
3. Authorize payment of the expenses set forth above, and
4. Authorize the balance of funds to be placed in a restricted account for the benefit of the minor.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Guardian

F-2 LAWYER'S UNDERTAKING AND OBLIGATION

STATE OF INDIANA )  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN RE: THE GUARDIANSHIP OF )  
 )  
 \_\_\_\_\_ )  
 PROTECTED PERSON

IN THE \_\_\_\_\_ COURT  
 CAUSE NO. \_\_\_\_\_

LAWYER'S UNDERTAKING AND OBLIGATION

I, \_\_\_\_\_, having been appointed as Guardian/Protective Person of the Estate of \_\_\_\_\_, by the \_\_\_\_\_ Court, \_\_\_\_\_, Indiana, herby authorize my Attorney, \_\_\_\_\_, to deposit all of the net Guardianship assets, in the amount of \$ \_\_\_\_\_, in a bank account:

- (1) in my name as Guardian;
- (2) in the name of the Protected Person, \_\_\_\_\_.

With the restriction that withdrawal of principal or interest may be ONLY on written order of this Court, or upon the Protected Person reaching the age of majority.

Dated: \_\_\_\_\_  
Guardian

I, as an Officer of this Court and as Attorney for the above Guardian/Protecting Person, hereby assume and undertake personal responsibility to the above name Protected Person and to the Court to make the above designated restricted deposit and to deliver copies of the SIGNATURE CARD or CERTIFICATE evidencing the restricted deposit and the amount thereof to the Court within ten (10) days from this date, or to refund all of the funds to the Court immediately upon demand.

Dated: \_\_\_\_\_  
Attorney



STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )  
 COUNTY OF \_\_\_\_\_ ) CAUSE NO. \_\_\_\_\_  
 )  
 IN RE: THE GUARDIANSHIP OF )  
 )  
 \_\_\_\_\_ ) ORDER APPROVING MINORS CLAIM  
 PROTECTED PERSON

Petition to approve settlement of minors claim is granted.

IT IS THEREFORE ORDERED THAT:

1. The offer in the sum of \$ \_\_\_\_\_ in settlement of the minor’s claim should be accepted and the Petitioner is hereby authorized to accept the same.
2. Upon payment of said settlement, the Petitioner is authorized and directed to execute and deliver full and final releases.
3. Petitioner is authorized to pay from said minor’s funds the items listed in said Petition.
4. Petitioner shall deposit the sum of \$ \_\_\_\_\_ in  
 an FDIC-insured Certificate of Deposit.,  
 a Money Market account,  
 other (explain)  
 which deposit shall be restricted so that said funds cannot be withdrawn until the minor reaches the age of eighteen (18) years, or upon order of the Court.
5. Petitioner is ordered to make proof of compliance with this Order within fourteen (14) days.

Dated as file-marked heron.

\_\_\_\_\_  
Judge

F-4 CERTIFICATION OF RESTICTION OF ACCOUNT IN COMPLIANCE WITH LAWYER'S UNDERTAKING

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT
)
COUNTY OF \_\_\_\_\_ ) CAUSE NO. \_\_\_\_\_
)
IN RE: THE GUARDIANSHIP OF )
)
\_\_\_\_\_ )
PROTECTED PERSON

CERTIFICATION OF RESTICTION OF ACCOUNT IN COMPLIANCE WITH LAWYER'S UNDERTAKING

The undersigned hereby certifies that he/she is an Officer or employee of the below named financial institution and that the following account has been opened:

Type of Account: \_\_\_\_\_
Account Number: \_\_\_\_\_
Amount Deposited: \_\_\_\_\_
Owner per Signature \_\_\_\_\_
Card or Document of \_\_\_\_\_
Title: \_\_\_\_\_

The undersigned further certifies that a copy of the Order of the \_\_\_\_\_ Court has been examined in full and is on file with us and that the terms of this account include a restriction that withdrawal of principal or interest may be made only on written order of the \_\_\_\_\_ Court, \_\_\_\_\_, Indiana, or upon the Protected Person reaching the age of majority.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Name of Financial Institution
\_\_\_\_\_  
Signature
\_\_\_\_\_  
Printed
\_\_\_\_\_  
Title

**2.29 FORMS**

F-1 NOTICE OF HEARING ON PETITION FOR GUARDIANSHIP

---

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
) SS: \_\_\_\_\_, INDIANA

IN THE MATTER OF THE GUARDIANSHIP OF )  
) CAUSE NO.: \_\_\_\_\_  
NAME OF PROTECTED PERSON )  
ALLEGED INCAPACITATED ADULT PERSON )

**NOTICE OF HEARING ON PETITION FOR GUARDIANSHIP**

To: NAME OF PROTECTED PERSON \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
ADDRESS \_\_\_\_\_

On **DATE OF SCHEDULED HEARING**, 20\_\_\_\_, at **TIME OF HEARING**, the \_\_\_\_\_ Court,  
sitting at \_\_\_\_\_  
\_\_\_\_\_ will hold a hearing to determine whether a Guardian  
should be appointed for **NAME OF PROTECTED PERSON**. A copy of the Petition requesting appointment of Guardian is  
attached to this notice.

At the hearing the Court will determine whether **NAME OF PROTECTED PERSON** is an incapacitated person under  
Indiana law. This proceeding may substantially affect the rights of **NAME OF PROTECTED PERSON**.

If the Court finds that **NAME OF PROTECTED PERSON** is an incapacitated person, the Court at the hearing shall also  
consider whether **NAME OF NOMINATED GUARDIAN** should be appointed Guardian of **NAME OF PROTECTED  
PERSON**. 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 **NAME OF NOMINATED GUARDIAN** to retain control  
over certain property and activities. The Court may also determine whether a Protective Order should be entered on behalf of  
**NAME OF PROTECTED PERSON**.

**NAME OF PROTECTED PERSON** may attend the hearing and be represented by an Attorney. The Petition may be heard  
and determined in the absence of **NAME OF PROTECTED PERSON** if the Court determines that the presence of **NAME  
OF PROTECTED PERSON** is not required. If **NAME OF PROTECTED PERSON** attends the hearing, opposes the  
Petition, and is not represented by an Attorney, the Court may appoint an Attorney to represent **NAME OF PROTECTED  
PERSON**. The Court may, where required, appoint a Guardian Ad Litem to represent **NAME OF PROTECTED PERSON**  
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.

\_\_\_\_\_  
**NAME AND ADD. OF NOM. GUARDIAN**

F-2 PETITION FOR APPOINTMENT OF TEMPORARY GUARDIAN FOR MINOR

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
COUNTY OF \_\_\_\_\_ ) CAUSE NO. \_\_\_\_\_  
IN RE: THE GUARDIANSHIP OF )  
 )  
 )  
 ) PETITION FOR APPOINTMENT OF  
 ) TEMPORARY GUARDIAN FOR  
\_\_\_\_\_ )  
A MINOR

PROTECTED PERSON

\_\_\_\_\_, Petitioner, says:

1. \_\_\_\_\_, Age: \_\_\_\_\_ (D/B: \_\_\_\_\_), who is currently residing at \_\_\_\_\_, \_\_\_\_\_, Indiana, is a minor and is subject to the jurisdiction of the Court by virtue of being a resident of \_\_\_\_\_, Indiana.
2. No Guardian for the Person or Estate of the minor has been appointed.
3. An emergency exists and immediate and irreparable injury to the person or injury, loss, or damage to the property of the minor may result before the minor can be heard in response to the petition.
4. The welfare of the minor requires immediate action.
5. No other person appears to have authority to act in the circumstances.
6. The reason for appointment of a guardian is to provide care and supervision of the person or property of the minor, and the interest of the petitioner in such appointment is:
7. The person or institution to be appointed Guardian is:

Name: \_\_\_\_\_ Street: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

8. The persons most closely related by blood or marriage to the minor are:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

9. The name and business address of the attorney who will represent the Guardian is:

WHEREFORE, Petitioner prays that a temporary guardian be appointed.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Petitioner

IC 29-3-3-4

F-3 ORDER APPOINTING TEMPORARY GUARDIAN FOR MINOR

---

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
[INCAPACITATED NAME] )  
INCAPACITATED ADULT/MINOR )

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

**ORDER APPOINTING TEMPORARY GUARDIAN FOR MINOR**

**THE COURT FINDS AS FOLLOWS:**

1. The individual for whom the Guardian is sought is a minor; and
2. The appointment of a Guardian is necessary as a means of providing care and supervision of the physical person or property of the minor.

The Court finds that immediate and irreparable injury may occur to the minor, or injury, loss or damage to the property of the minor may result before the minor can be heard in response to the petition.

**IT IS THEREFORE ORDERED:**

1. [Incapacitated Minor Name] is hereby adjudicated a minor.
2. [Guardian Name] is appointed Temporary Guardian over the [person, person and estate, or estate] of [Incapacitated Minor Name].
3. The scope of the temporary guardianship is limited in the following manner: [insert scope]
4. The bond of the temporary guardian is fixed in the sum of \$[0.00].

*or*

No bond is required except on further Order of this Court.

5. The Clerk is directed to issue letters of temporary guardianship to the temporary guardian upon qualification.
6. Temporary guardian now qualifies by taking and subscribing oath and giving bond if required. (*individual*)

*or*

The temporary guardian now qualifies by filing acceptance of appointment and oath of its corporate officer and filing bond if required. (*non-individual/institution*)

This Temporary Guardianship and the authority granted to the Temporary Guardian expires on [Expiration Date (Month, Day, Year)].

Dated:

\_\_\_\_\_  
Judge

IC 29-3-3-4

F-4 PETITION FOR APPOINTMENT OF TEMPORARY GUARDIAN

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_ )  
PROTECTED PERSON )

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

PETITION FOR APPOINTMENT OF  
TEMPORARY GUARDIAN FOR  
INCAPACITATED PERSON

\_\_\_\_\_, Petitioner, says: \_\_\_\_\_, Age: \_\_\_\_\_  
(D/B: \_\_\_\_\_), who is currently residing at \_\_\_\_\_,  
\_\_\_\_\_ County, Indiana, is an incapacitated person and is subject to the jurisdiction of the  
Court by virtue of being a resident of \_\_\_\_\_ County, Indiana.

1. No Guardian for the Person or Estate of the incapacitated person has been appointed.
2. An emergency exists and immediate and irreparable injury to the person or injury, loss, or damage to the property of the incapacitated person may result before the incapacitated person can be heard in response to the petition.
3. The welfare of the incapacitated person requires immediate action.
4. No other person appears to have authority to act in the circumstances.
5. The reason for appointment of a guardian is to provide care and supervision of the person or property of the incapacitated person, and the interest of the petitioner in such appointment is:
6. The person or institution to be appointed Guardian is:

Name:

Street:

City, State, and Zip:

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

Name:                      Age:                      Relationship:                      Address:

8. The name and business address of the attorney who will represent the Guardian is:

WHEREFORE, Petitioner prays that a temporary guardian be appointed.

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

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

Petitioner



F-5 ORDER APPOINTING TEMPORARY GUARDIAN FOR INCAPACITATED PERSON

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT
COUNTY OF \_\_\_\_\_ )
) CAUSE NO. \_\_\_\_\_
)
IN RE: THE GUARDIANSHIP OF )
)
)
)
\_\_\_\_\_ )
PROTECTED PERSON

ORDER APPOINTING
TEMPORARY GUARDIAN FOR
INCAPACITATED PERSON

The Court finds that immediate and irreparable injury may occur to the alleged incapacitated person, or injury, loss or damage to the property of the alleged incapacitated person may result before the alleged incapacitated person can be heard in response to the petition.

IT IS THEREFORE ORDERED:

- 1. [Incapacitated Adult Name] is hereby adjudicated an incapacitated person.
2. [Guardian Name] is appointed Temporary Guardian over the [person, person and estate, or estate] of [Incapacitated Adult Name].
3. The scope of the temporary guardianship is limited in the following manner: [insert scope]
4. The bond of the temporary guardian is fixed in the sum of \$[0.00].

or

No bond is required except on further Order of this Court.

- 5. The Clerk is directed to issue letters of temporary guardianship to the temporary guardian upon qualification.
6. The temporary guardian now qualifies by taking and subscribing oath and giving bond if required. (individual)

or

The temporary guardian now qualifies by filing acceptance of appointment and oath of its corporate officer and filing bond if required. (non-individual/institution)

This Temporary Guardianship and the authority granted to the Temporary Guardian expires on [Expiration Date (Month, Day, Year)].

Dated:

Judge

F-6 TEMPORARY LETTERS OF GUARDIANSHIP

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
) IN THE \_\_\_\_\_ COURT  
) CAUSE NO. \_\_\_\_\_  
) IN RE: THE GUARDIANSHIP OF )  
) )  
) )  
) )  
\_\_\_\_\_ )  
PROTECTED PERSON

TEMPORARY LETTERS OF GUARDIANSHIP

As the Clerk of this Court, I certify that [Guardian Name] has been appointed Guardian over the [Person, Estate, or Person and Estate] of [Incapacitated Adult/Minor Name] and that the Guardian is properly qualified.

This Temporary Guardianship and the authority granted to the Temporary Guardian expires on [Expiration Date (Month, Day, Year)].

The powers of the guardian are limited as follows:

WITNESS my signature and Court seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
[Clerk Name], Clerk

by: \_\_\_\_\_  
[Deputy Clerk], Deputy Clerk

F-7 CERTIFIED TEMPORARY LETTERS OF GUARDIANSHIP

---

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
**PROTECTED PERSON**

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

**TEMPORARY LETTERS OF GUARDIANSHIP (CERTIFIED)**

As the Clerk of this Court, I certify that [Guardian Name] has been appointed Guardian over the [Person, Estate, or Person and Estate] of [Incapacitated Adult/Minor Name] and that the Guardian is properly qualified.

This Temporary Guardianship and the authority granted to the Temporary Guardian expires on [Expiration Date (Month, Day, Year)].

The powers of the guardian are limited as follows:

WITNESS my signature and Court seal this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

\_\_\_\_\_  
[Clerk Name], Clerk

by: \_\_\_\_\_  
[Deputy Clerk], Deputy Clerk

**STATE OF INDIANA**        )

) **SS:**

**COUNTY OF [COUNTY]** )

As the undersigned Clerk of this Court, I certify that the foregoing is a correct copy of the Temporary Letters of Guardianship.

WITNESS my signature and Court seal this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_ .

\_\_\_\_\_  
[Clerk Name], Clerk

by: \_\_\_\_\_  
[Deputy Clerk], Deputy Clerk

F-8 NOTICE OF EXPIRING TEMPORARY GUARDIANSHIP

---

STATE OF INDIANA ) IN THE [COUNTY COURT NAME]  
 )  
COUNTY OF [COUNTY NAME] ) CAUSE NO. [xxxxxx-xxxx-GU-xxxxxx]  
 )  
IN RE: THE GUARDIANSHIP OF )  
 )  
[INCAPACITATED NAME] )  
INCAPACITATED ADULT/MINOR )

**NOTICE OF EXPIRING TEMPORARY GUARDIANSHIP**

[Guardian Name]/[Lead Attorney Name] is/are notified that the guardianship for [Incapacitated Adult/Minor Name] in case number [xxxx-xxxx-GU-xxxxxx] will expire on [insert expiration date].

Indiana Code 29-3-3-4(a) permits a single 90-day extension for a temporary guardianship beyond the initial 90 days. Such extension requires notice, a hearing, and good cause to be shown to grant the extension. If an extension is not granted by the court before the expiration date, all authority under the temporary guardianship will cease.

If you have questions, please contact the court at [local telephone number].

Dated: [Month, DD, 20XX]

\_\_\_\_\_  
Signed by: [TITLE] [Judge's Name], Judge

F-9 PETITION FOR APPOINTMENT OF GUARDIAN OF MINOR

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_ )  
PROTECTED PERSON )

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_  
PETITION FOR APPOINTMENT OF  
GUARDIAN OF MINOR

\_\_\_\_\_, Petitioner, says:

1. \_\_\_\_\_, Age: \_\_\_\_\_ (D/B: \_\_\_\_\_), who is currently residing at \_\_\_\_\_, \_\_\_\_\_ County, Indiana, is a minor and is subject to the jurisdiction of the Court by virtue of being a resident of \_\_\_\_\_ County, Indiana.

2. The property of the minor child is of the approximate value of \$ \_\_\_\_\_.

3. There is no Guardian for the Person or Estate of the minor in any state.

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

Name: \_\_\_\_\_ Street: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

5. The persons most closely related by blood or marriage to the minor are:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Relationship: \_\_\_\_\_ Address: \_\_\_\_\_

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

Name: \_\_\_\_\_ Street: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

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

8. The reason for appointment of guardian is necessary as a means of providing care and supervision of the physical person or property of the minor, and the interest of the petitioner in such appointment is:

9. The name and business address of the attorney who will represent the Guardian is:

Attorney ID No: \_\_\_\_\_

WHEREFORE, Petitioner requests that the Court set a hearing to consider this petition, that notice, if not already waived, be issued to the minor child and the Caregiver and for all other proper relief.

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

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Petitioner

IC 29-3-5-1

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
[INCAPACITATED NAME] )  
INCAPACITATED ADULT/MINOR )

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

**ORDER APPOINTING GUARDIAN FOR MINOR**

**THE COURT FINDS AS FOLLOWS:**

1. The individual for whom the Guardian is sought is a minor; and
2. The appointment of a Guardian is necessary as a means of providing care and supervision of the physical person or property of the minor.

**IT IS THEREFORE ORDERED:**

1. [Incapacitated Minor Name] is adjudicated an incapacitated minor.

*or*

[Incapacitated Minor Name] is adjudicated an incapacitated person. The court attaches no expiration date to this determination but reserves the right to modify at the court's discretion.

*or*

[Incapacitated Minor Name] is adjudicated an incapacitated minor and receives financial assistance under IC 31-9-2-17.8(1)(E). The court attaches no expiration date to this determination but reserves the right to modify at the court's discretion.

*or*

[Incapacitated Minor Name] is adjudicated an incapacitated minor and the court finds extending the guardianship to [insert 22<sup>nd</sup> birthday or termination date requested in petition whichever comes first] is in the best interest of [Incapacitated Minor Name]. This extension does not place [Incapacitated Minor Name] under legal disability.

2. [Guardian Name] is appointed guardian over the [person, person and estate, or estate].  
*and - if multiple guardians*  
[Co-Guardian Name] is appointed guardian over the [person, person and estate, or estate].
3. The scope of the guardianship is limited in the following manner: [insert scope]



4. The bond of the guardian is fixed in the sum of \$ [0.00].

*or*

No bond is required except on further Order of this Court.

5. The [Incapacitated Minor Name]'s funds shall be deposited in a restricted financial institution account. The account is to be designated in the name of [Guardian name] for the benefit of the [Incapacitated Minor Name] or as such designation may be required by the financial institution. The Guardian shall file proof of deposit in the restricted account with the Court and a certificate from the financial institution evidencing the establishment of a restricted deposit account and that no withdrawal of principal or interest or both shall occur without an order of this Court authorizing the same. Proof of the establishment of the account and deposit shall be filed no later than [insert date].

*or*

A restricted account is not required.

6. The Clerk is directed to issue letters of guardianship to the guardian upon qualification.

7. The guardian now qualifies by taking and subscribing oath and giving bond if required. (*individual*)

*or*

The guardian now qualifies by filing acceptance of appointment and oath of its corporate officer and filing bond if required. (*non-individual/institution*)

8. [#7 is for participating MyINA counties only] Your verified inventory and accountings must be prepared in My Indiana Accounting (MyINA). The court will provide you with the information to access the application. Access requires an email address. You must notify the court of any changes in your contact information. Once you complete your inventory and accountings, you will need to download or print a copy to officially file the report with the court. If you share guardianship of the estate with another, only one of you need be designated to complete the inventory and accountings and notify the court of this designation to avoid duplicate entry. However, you are both equally responsible for the information provided to the court in the filed inventory and accountings regardless of this designation.

Dated: [Month, DD, 20XX]

---

Judge

***[If county participates in MyINA and the box is checked to waive the use of MyINA use this language for number 7 instead.]***

Your petition to waive the use of My Indiana Accounting (MyINA) to complete the verified inventory and accountings has been granted. Your verified inventory and accountings must be prepared consistent with the provided template and filed with the court by the report due dates. You must notify the court of any changes in your contact information. Once you complete your inventory and accountings, you will need to file the final copy and required attachments with the court. If you share guardianship of the estate with another, only one of you need be designated to complete the inventory and accountings and notify the court of this designation to avoid duplication. However, you are both equally responsible for the information provided to the court in the filed inventory and accountings regardless of this designation

F-11 PETITION FOR APPOINTMENT OF GUARDIAN FOR INCAPACITATED PERSON

STATE OF INDIANA	)	IN THE _____ COURT
COUNTY OF _____	)	
	)	CAUSE NO. _____
IN RE: THE GUARDIANSHIP OF	)	
	)	
	)	
_____	)	PETITION FOR APPOINTMENT
PROTECTED PERSON		OF GUARDIAN FOR
		INCAPACITATED PERSON

\_\_\_\_\_, Petitioner, says:

1. \_\_\_\_\_, Age: \_\_\_\_\_ (D/B: \_\_\_\_\_), who is currently residing at \_\_\_\_\_, \_\_\_\_\_ County, Indiana, is an incapacitated person and is subject to the jurisdiction of the Court by virtue of being a resident of \_\_\_\_\_ 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 his 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:

<u>Name:</u>	<u>Street:</u>	<u>City, State, and Zip:</u>	<u>Relationship:</u>
--------------	----------------	------------------------------	----------------------

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

Name:                      Street:                      City, State, and Zip:                      Relationship:

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

Name:                                      Street:                                      City, State, and Zip:

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

10. The reason for appointment of a Guardian is to provide care and supervision of the person or property of the incapacitated person, and the interest of the petitioner in such appointment is:

11. The name and business address of the attorney who will represent the Guardian is:

Attorney ID No.:

WHEREFORE, Petitioner requests that the Court set a hearing to consider this petition, that notice, if not already waived, be issued to the minor child and the Caregiver and for all other proper relief.

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

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Petitioner

F-12 ORDER APPOINTING GUARDIAN FOR INCAPACITATED PERSON

---

<b>STATE OF INDIANA</b>	)	<b>IN THE _____ COURT</b>
<b>COUNTY OF _____</b>	)	<b>CAUSE NO. _____</b>
<b>IN RE: THE GUARDIANSHIP OF</b>	)	
	)	
	)	
_____	)	<b>ORDER APPOINTING GUARDIAN</b>
<b>PROTECTED PERSON</b>		<b>FOR INCAPACITATED PERSON</b>

**THE COURT FINDS AS FOLLOWS:**

1. The alleged incapacitated person was present at the hearing.

*or*

It is impossible or impractical for the alleged incapacitated person to be present due to the alleged incapacitated person's disappearance, absence from the state, or similar circumstances.

*or*

It is not in the alleged incapacitated person's best interest to be present because of a threat to the health or safety of the alleged incapacitated person.

*or*

The incapacitated person has knowingly and voluntarily consented to the appointment of a guardian or the issuance of a protective order and at the time of such consent the incapacitated person was not incapacitated as a result of a mental condition that would prevent that person from knowingly and voluntarily consenting.

*or*

The incapacitated person has knowingly and voluntarily waived notice of the hearing and at the time of such waiver the incapacitated person was not incapacitated as a result of a mental condition that would prevent that person from making a knowing and voluntary waiver of notice.

2. The petition for appointment of guardian should be granted.
3. The individual for whom the guardian is sought is an incapacitated person.
4. The appointment of a guardian is necessary as a means of providing care and supervision of the physical person or property of the incapacitated person.

**IT IS THEREFORE ORDERED:**

1. [Incapacitated Adult Name] is hereby adjudicated an incapacitated person.
2. [Guardian Name] is appointed guardian over the [person, person and estate, or estate] of [Incapacitated Adult Name].
3. The scope of the guardianship is limited in the following manner: [insert scope]
4. The bond of the guardian is fixed in the sum of \$[0.00].

*or*

No bond is required except on further Order of this Court.

5. The Clerk is directed to issue letters of guardianship to the guardian upon qualification.
6. The guardian now qualifies by taking and subscribing oath and giving bond if required.  
(*individual*)

*or*

The guardian now qualifies by filing acceptance of appointment and oath of its corporate officer and filing bond if required. (*non-individual/institution*)

7. [*#7 is for participating MyINA counties only*] Your verified inventory and accountings must be prepared in My Indiana Accounting (MyINA). The court will provide you with the information to access the application. Access requires an email address. You must notify the court of any changes in your contact information. Once you complete your inventory and accountings, you will need to download or print a copy to officially file the report with the court. If you share guardianship of the estate with another, only one of you need be designated to complete the inventory and accountings and notify the court of this designation to avoid duplicate entry. However, you are both equally responsible for the information provided to the court in the filed inventory and accountings regardless of this designation.

Dated:

\_\_\_\_\_  
Judge

***[If county participates in MyINA and the box is checked to waive the use of MyINA use this language for number 7 instead.]***

Your petition to waive the use of My Indiana Accounting (MyINA) to complete the verified inventory and accountings has been granted. Your verified inventory and accountings must be prepared consistent with the provided template and filed with the court by the report due dates. You must notify the court of any changes in your contact information. Once you complete your inventory and accountings, you will need to file the final copy and required attachments with the court. If you share guardianship of the estate with another, only one of you need be designated to complete the inventory and accountings and notify the court of this designation to avoid duplication. However, you are both equally responsible for the information provided to the court in the filed inventory and accountings regardless of this designation

F-13 REQUEST FOR APPOINTMENT OF GUARDIAN

STATE OF INDIANA	)	IN THE _____ COURT
COUNTY OF _____	)	
	)	CAUSE NO. _____
IN RE: THE GUARDIANSHIP OF	)	
_____	)	
	)	REQUEST FOR APPOINTMENT
	)	OF GUARDIAN

The undersigned says:

1. I request the appointment of \_\_\_\_\_ as guardian in this cause.
2. I am related to the incapacitated person or minor in that I am a
  - spouse.
  - parent.
  - adult child.
  - person designated in a power of attorney.
  - other (explain).

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

Judge

<b>STATE OF INDIANA</b>	)	<b>IN THE _____ COURT</b>
<b>COUNTY OF _____</b>	)	
	)	<b>CAUSE NO. _____</b>
<b>IN RE: THE GUARDIANSHIP OF</b>	)	
	)	
	)	
_____	)	<b>MINOR'S WAIVER AND REQUEST</b>

**PROTECTED PERSON**

I hereby state:

1. I am a minor, age fourteen (14) years or older, having been born on \_\_\_\_\_.
2. I have received and read a copy of the PETITION FOR APPOINTMENT OF GUARDIAN ("Petition") seeking the appointment of \_\_\_\_\_ as Guardian, which Petition is to be filed with the \_\_\_\_\_ Court.
3. I enter my general appearance with respect to the Petition.
4. I waive the issuance and service of notice of hearing upon the Petition.
5. I request that the Court enter an Order granting the Petition because I believe it is in my best interest.

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

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Name printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

F-15 INCAPACITATED PERSON'S WAIVER AND REQUEST

<b>STATE OF INDIANA</b>	)	<b>IN THE _____ COURT</b>
<b>COUNTY OF _____</b>	)	<b>CAUSE NO. _____</b>
 <b>IN RE: THE GUARDIANSHIP OF</b>	 )	
	)	
_____ )	)	
<b>PROTECTED PERSON</b>		<b>INCAPACITATED PERSON'S WAIVER AND REQUEST</b>

I hereby state:

1. I am the person alleged to be the incapacitated person in this case.
2. I have received and read a copy of the PETITION FOR APPOINTMENT OF GUARDIAN ("Petition") seeking the appointment of \_\_\_\_\_ as Guardian, which Petition is to be filed with the \_\_\_\_\_ Court.
3. I enter my general appearance with respect to the Petition.
4. I waive the issuance and service of notice of hearing upon the Petition.
5. I request that the Court enter an Order granting the Petition because I believe it is in my best interest.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Name printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_



F-16 WAIVER OF NOTICE OF HEARING FOR APPOINTMENT OF GUARDIAN

---

<b>STATE OF INDIANA</b>	)	<b>IN THE _____ COURT</b>
<b>COUNTY OF _____</b>	)	
	)	<b>CAUSE NO. _____</b>
<b>IN RE: THE GUARDIANSHIP OF</b>	)	
	)	
	)	
_____	)	<b>WAIVER OF NOTICE OF HEARING</b>
<b>PROTECTED PERSON</b>		<b>FOR APPOINTMENT OF GUARDIAN</b>

I hereby state:

1. I am the person for whom the Petition For Appointment of Guardian is sought or I am otherwise entitled to notice under the law.
2. I waive the issuance and service of notice of hearing upon the Petition.
3. I enter my general appearance with respect to the Petition.

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

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

Name printed: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
COUNTY OF \_\_\_\_\_ )  
 ) CAUSE NO. \_\_\_\_\_

IN RE: THE GUARDIANSHIP OF )  
 )  
 )  
\_\_\_\_\_ )

PHYSICIAN'S REPORT

PROTECTED PERSON

(Please clearly print or type the information contained in this report)

\_\_\_\_\_, a Physician holding an unlimited license to practice medicine in the State of Indiana, submits the following report on \_\_\_\_\_, ("Patient"), based upon examination of the Patient.

- 1. Set forth the dates of all examinations of the Patient within the last (1) year from the date of this report.
- 2. In your opinion, based upon your examination and observation of the Patient, is the Patient incapacitated? If so, describe the nature and type of incapacity.
- 3. In your opinion, based upon your examination and observation of the Patient, how long has the Patient been incapacitated?
- 4. Describe the Patient's mental and physical condition; and, if appropriate, describe the Patient's educational condition, adaptive behavior and social skills.
- 5. In your opinion, is the Patient totally or only partially incapable of making personal and financial decisions; and, if the latter, the kinds of decisions which the Patient can and cannot make. (Include the reason for this opinion.)
- 6. In your opinion, what is the most appropriate living arrangement for the Patient; and, if applicable, describe the most appropriate treatment or rehabilitation plan. (Include the reason for this opinion.)
- 7. Can the Patient appear in Court without injury to his/her health?

[ ] Yes

[ ] No

If the answer is no, explain the medical reasons for your answers.

8. Is the Patient capable of consenting to the appointment of a Guardian?

Yes

No

9. Is the nature of the Patient's incapacity such that it prevents the Patient from making a knowing and voluntary Waiver of Notice?

Yes

No

10. In your opinion, is a Guardian needed to care for the Patient

Yes

No

11. If a Guardian is needed, is one needed for personal or financial need, or both?

Personal

Financial

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

Signed: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

If the description of the Patient's mental, physical and educational condition, adaptive behavior or social skills is based on evaluations by other professional, please provide the names and addresses of all professionals who are able to provide additional evaluations. Evaluations on which the report is based should have been performed within three (3) months of the date of the filing of the Petition.

Name and addresses of the other persons who performed evaluations upon which this Report is based;

Name (s): \_\_\_\_\_

Address (s): \_\_\_\_\_

Telephone (s): \_\_\_\_\_

F-17 (A) PETITION FOR ORDER REQUIRING PHYSICIAN'S REPORT

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
PROTECTED PERSON )

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

PETITION FOR ORDER REQUIRING PHYSICIAN'S REPORT

\_\_\_\_\_, Petitioner, says:

1. He/She has filed a petition for appointment of guardian for incapacitated person in the above-entitled cause of action.
2. In order to adjudicate the incapacity of said person, it is necessary to obtain the report of a competent physician regarding said incapacity.
3. The attending physician of the person is \_\_\_\_\_ (Name & Address) \_\_\_\_\_.
4. The physician's report shall be sent to the following address:

Wherefore, Petitioner requests that the Court order said physician to compile and provide a physician's report on the competency and capacity of the proposed protected person.

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

Dated as \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Petitioner

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_ )  
PROTECTED PERSON )

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

**ORDER FOR REPORT OF PHYSICIAN**

Petition for Order requiring physician's report is granted.

**IT IS THEREFORE ORDERED THAT** \_\_\_\_\_ (Physician) provide the Court with a physician's report regarding the mental and physical competency and capacity of \_\_\_\_\_ (Name of Protected Person).

Dated:

\_\_\_\_\_  
Judge

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )  
 COUNTY OF \_\_\_\_\_ )  
 ) CAUSE NO. \_\_\_\_\_  
 IN RE: THE GUARDIANSHIP OF )  
 )  
 )  
 \_\_\_\_\_ )  
 PROTECTED PERSON ) BOND OF GUARDIAN

The undersigned principal and surety are bound jointly and severally to the State of Indiana in the sum of \_\_\_\_\_ DOLLARS (\$\_\_\_\_\_). If the undersigned parties faithfully discharge the duties of their trust, then this obligation is to be void, else to remain in full force and effect.

Sealed and dated on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Surety (Seal)

\_\_\_\_\_  
 (Seal)

\_\_\_\_\_  
 Surety's Attorney-in-Fact (Seal)

\_\_\_\_\_  
 Principal

Approved by the Court on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
 Judge

F-19 PERSONAL SURETY AFFIDAVIT FOR GUARDIAN

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
COUNTY OF \_\_\_\_\_ )  
) CAUSE NO. \_\_\_\_\_  
IN RE: THE GUARDIANSHIP OF )  
) )  
) )  
\_\_\_\_\_ )  
PROTECTED PERSON ) PERSONAL SURETY AFFIDAVIT  
FOR GUARDIAN

I represent to the Court as follows:

1. I own real estate within the State of Indiana ("Real Estate") which is subject to execution. It has a value over and above all liabilities, including contingent liabilities equal to the full amount of the bond of \$ \_\_\_\_\_ as Guardian which is required in this proceeding.
2. The total amount of my obligations as surety on all other official and statutory bonds is \$ \_\_\_\_\_ (enter "0" if none).
3. [Paragraph 3 to be completed only if bond over \$1,000.] The Real Estate is described as follows: Give in detail the: (a) location and legal description; (b) amount of any liens; (c) unpaid taxes; (d) other outstanding bonds; (e) any other encumbrances thereon; (f) assessed value; (g) market value; and (h) amount of owner's equity over and above all encumbrances, liens and unpaid taxes.
4. The equity in the Real Estate so offered is at least equal to the required bond.

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

Dated and signed \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Name Printed: \_\_\_\_\_ Name Printed: \_\_\_\_\_

F-20 OATH AND ACCEPTANCE OF INDIVIDUAL GUARDIAN

STATE OF INDIANA	)	IN THE _____ COURT
COUNTY OF _____	)	
	)	CAUSE NO. _____
IN RE: THE GUARDIANSHIP OF	)	
	)	
	)	
_____	)	OATH AND ACCEPTANCE OF
PROTECTED PERSON		INDIVIDUAL GUARDIAN

1. I accept the appointment as guardian of the:

- Person,
- Estate,
- Person and Estate

of \_\_\_\_\_ .

2. I will faithfully discharge the duties of my trust as such Guardian.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

Guardian



F-21 OATH AND ACCEPTANCE OF CORPORATE GUARDIAN

STATE OF INDIANA	)	IN THE _____ COURT
COUNTY OF _____	)	
	)	CAUSE NO. _____
IN RE: THE GUARDIANSHIP OF	)	
	)	
	)	
_____	)	OATH AND ACCEPTANCE OF
PROTECTED PERSON		CORPORATE GUARDIAN

\_\_\_\_\_ says:

1. I am a corporate officer having authority to execute this oath and acceptance on behalf of \_\_\_\_\_.

2. That said corporation accepts the appointment as guardian of the:

- Person,
- Estate,
- Person and Estate

of \_\_\_\_\_ .

3. That said corporation will faithfully discharge the duties of its trust according to law.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_ , 20 \_\_\_\_.

\_\_\_\_\_  
Guardian

STATE OF INDIANA	)	IN THE _____ COURT
COUNTY OF _____	)	CAUSE NO. _____
IN RE: THE GUARDIANSHIP OF	)	
	)	
	)	
_____	)	LETTERS OF GUARDIANSHIP
<b>PROTECTED PERSON</b>		

As the Clerk of this Court, I certify that \_\_\_\_\_ has been appointed Guardian of the:

- Person,
- Estate,
- Person and Estate

of the above named incapacitated person or minor and that the Guardian is properly qualified.

The powers of the guardian are limited as follows:

WITNESS my signature and Court seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Clerk

By: \_\_\_\_\_  
Deputy Clerk

F-23 LETTERS OF GUARDIANSHIP (CERTIFIED)

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
\_\_\_\_\_)  
PROTECTED PERSON )  
LETTERS OF GUARDIANSHIP )  
(CERTIFIED) )

As the Clerk of this Court, I certify that \_\_\_\_\_ has been appointed Guardian of the:

- Person,
- Estate,
- Person and Estate

of the above named incapacitated person or minor and that the Guardian is properly qualified.

The powers of the guardian are limited as follows:

WITNESS my signature and Court seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

STATE OF INDIANA )  
) SS:  
COUNTY OF \_\_\_\_\_ )

As the undersigned Clerk of this Court, I certify that: the foregoing is a correct copy of the Letters of Guardianship

\_\_\_\_\_  
Clerk  
By: \_\_\_\_\_  
Deputy Clerk

WITNESS my signature and Court seal this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
Clerk  
By: \_\_\_\_\_  
Deputy Clerk

F-24 ORDER TO APPEAR TO SHOW CAUSE

STATE OF INDIANA )
COUNTY OF \_\_\_\_\_ )
IN RE: THE GUARDIANSHIP OF )
\_\_\_\_\_ )
\_\_\_\_\_ )

IN THE \_\_\_\_\_ COURT
CAUSE NO. \_\_\_\_\_

ORDER TO APPEAR TO SHOW CAUSE

TO: \_\_\_\_\_
Personal Representative/Guardian/Trustee

Address
\_\_\_\_\_
\_\_\_\_\_

You are hereby ordered to appear before the Court on \_\_\_\_\_, 20 \_\_\_\_, at \_\_\_\_\_
\_\_\_.M. to show cause why you should not be removed and/or sanctioned for failing to timely perform
your duties as follows:

- ( ) Bond ( ) Provide Proof of Restricted Account
( ) Inventory ( ) Allow/Disallow Claims
( ) Inheritance Tax Return ( ) File Guardian's Current Report and
( ) Closing Statement Account
( ) Final Report ( ) Other:
( ) Supplemental Report

Dated: \_\_\_\_\_
Judge/Probate Commissioner

PROOF OF NOTICE UNDER TRIAL RULE 72(D)

A copy of the order was served either by mail to the address of record or distributed personally upon the
following:

- ( ) Attorney
( ) Personal Representative

Date of Notice: \_\_\_\_\_
Initials of Person Who Notified Parties: \_\_\_\_\_ Court

F-25 AFFIDAVIT CERTIFYING COMPLIANCE WITH REQUIREMENTS FOR NOTICE  
REGARDING TEMPORARY GUARDIANSHIP PETITION

---

**ATTORNEY'S AFFIDAVIT CERTIFYING COMPLIANCE**

STATE OF INDIANA            )  
  ) SS: CAUSE NO. \_\_\_\_\_  
COUNTY OF                    )

IN THE MATTER OF:            )  
  )  
THE GUARDIANSHIP OF         )  
\_\_\_\_\_  
  )

**WITH REQUIREMENTS FOR NOTICE REGARDING  
TEMPORARY GUARDIANSHIP PETITION**

Comes now \_\_\_\_\_, as attorney for the petitioner in this proceeding, and being first duly sworn, certifies the following facts under I.C. §29-3-3-4(b):

1. Before the filing of the petition for appointment of a temporary guardian in this proceeding, the undersigned attorney has made the following efforts to give notice to the alleged incapacitated person or minor named above or to his or her attorney, and to all other interested persons described in I.C. §29-3-6-1(a)(3) or (a)(4), as applicable:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. The reasons why advance notice cannot or should not be given to one or more interested persons are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I certify, under the penalties for perjury, that the foregoing statements are true and accurate to the best of my knowledge.

---

Signature of Attorney for Petitioner

---

Printed Name of Attorney for Petitioner

**NOTE:** The purpose of this form is to comply with requirements stated in *In Re Anonymous*, 729 N.E.2d 566 (Ind. 2000) and *In the Matter of Anonymous*, 786 N.E.2d 1185 (Ind. 2003), as well as Trial Rule 65(B) and the Rules and Canons prohibiting improper *ex parte* contacts with the Court. *See also* subsection (b) of I.C. §29-3-3-4 as added by P.L. 178-2011, section 3.

F-26 ORDER DISMISSING THE PETITION FOR THE APPOINTMENT OF GUARDIAN

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STATE OF INDIANA	)	IN THE [COUNTY COURT NAME]
	)	
COUNTY OF [COUNTY NAME]	)	CAUSE NO. [xxxxxx-xxxx-GU-xxxxxx]
	)	
IN RE: THE GUARDIANSHIP OF	)	
	)	
[INCAPACITATED NAME]	)	
INCAPACITATED ADULT/MINOR	)	

**ORDER DISMISSING THE PETITION FOR THE APPOINTMENT OF GUARDIAN**

The Court finds that the petitioner’s motion to dismiss has been filed and accepted by the court.

*or*

The Court finds that another court currently has a pending guardianship proceeding for the alleged incapacitated adult/minor precluding this court from having jurisdiction to proceed.

*or*

The Court finds that another court has already awarded guardianship for the alleged incapacitated adult/minor precluding this court from having jurisdiction to proceed.

THEREFORE, the Petition for Guardianship is dismissed.

Dated: [Month, DD, 20XX]

\_\_\_\_\_  
Signed by: [TITLE] [Judge’s Name], Judge

STATE OF INDIANA ) IN THE [COUNTY COURT NAME]  
 )  
COUNTY OF [COUNTY NAME] ) CAUSE NO. [xxxxxx-xxxx-GU-xxxxxx]  
 )  
IN RE: THE GUARDIANSHIP OF )  
 )  
[INCAPACITATED NAME] )  
INCAPACITATED ADULT/MINOR )

**ORDER DENYING GUARDIANSHIP**

The Court finds that the petition lacks the information required by statute preventing the court from proceeding with this case.

*or*

The Court finds that the evidence presented at the hearing does not support the allegations that [Incapacitated Adult/Minor Name] is incapacitated and in need of a guardian.

THEREFORE, the Petition for Guardianship is denied.

Dated: [Month, DD, 20XX]

\_\_\_\_\_  
Signed by: [TITLE] [Judge's Name], Judge



## **2.45 FORMS**

### F-1 APPRAISAL RECOMMENDATIONS

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#### **APPRAISAL RECOMMENDATIONS**

Regardless of the form of the report, any report shall contain, as a minimum, the following information:

- A. Identification of the Property: A clear and unequivocal statement, including both the legal description and at least a brief physical description; plus an indication of the property rights being appraised.
- B. Statement or Purpose of Objective of the Appraisal: Indication of the value to be estimated, preferably defined from an authoritative source.
- C. Indication of Date as of which value estimate is made.
- D. The Data and Reasoning: Analysis supporting the value conclusion. The omission of any of the three usual approaches to value should be explained and supported.
- E. Indication of Value Estimate: Final conclusion and recommendation, if any.
- F. Statement of Assumptions and Special or Limiting Conditions.
- G. Certification by the Appraiser: Specific elements to be included are listed in the SREA Standards of Professional Practice, Section 1-A-7, in the Appendix.
- H. Signature of the Appraiser.

Even a "letter" or "market value" appraisal must contain these elements as a minimum.

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS: \_\_\_\_\_ INDIANA  
COUNTY OF \_\_\_\_\_ )

IN THE MATTER OF THE GUARDIANSHIP OF )  
 ) CAUSE NO.: \_\_\_\_\_  
NAME OF PROTECTED PERSON )  
PROTECTED PERSON )

**NOTICE OF FILING OF INVENTORY**

**TO: NAME** \_\_\_\_\_

**ADDRESS LINE 1** \_\_\_\_\_

**ADDRESS LINE 2** \_\_\_\_\_

You are hereby notified that:

4. The Cause Number of this Guardianship is \_\_\_\_\_.
5. The inventory of the property subject to the guardian's control in this Guardianship has been filed as required by law.
6. The guardian is required by Indiana law to file with the Court a written verified account of the guardian's administration:
  - a. at least biennially, not more than 30 days after the anniversary date of the guardian's appointment; and
  - b. not more than 30 days after the termination of the guardian's appointment.
7. The inventory and the written verified accountings may be inspected at:  
(COURT ADDRESS)

Dated: \_\_\_\_\_

\_\_\_\_\_

**NAME OF GUARDIAN**

F-3 ORDER AUTHORIZING SALE OF REAL ESTATE OF GUARDIANSHIP

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
PROTECTED PERSON )

IN THE \_\_\_\_\_ COURT  
CASE NUMBER: \_\_\_\_\_

ORDER AUTHORIZING SALE OF  
REAL ESTATE OF GUARDIANSHIP

The Guardian shows to the Court that:

- Proper notice of the sale of the Real Estate has been given to all interested parties;
- All interested parties named in the Petition have filed their written Waivers of Notice of Hearing and Consents to the sale as requested in the Petition;
- No bond is required;
- The existing bond of the Guardian is adequate;
- Bond in the amount of \$ \_\_\_\_\_ is required.

The petition for authority to sell real estate is granted.

**THEREFORE IT IS ORDERED** that the Guardian is authorized to sell the following described real estate: (Give legal description, street address and key number.)

**IT IS FURTHER ORDERED** that said property shall be sold at:

- Private sale for not less than the fair market value for cash.
- Public auction at (place of auction) for not less than two-thirds (2/3) of the fair market value for cash.

The Guardian is authorized to pay all necessary costs and expenses incurred in the sale including the employment of a real estate broker, if necessary, and at the proper time to make a report of sale to this Court.

- Bond is set in the amount of \$ \_\_\_\_\_.

Dated as file-marked hereon.

\_\_\_\_\_  
Judge

F-4 ORDER APPROVING REPORT OF SALE OF REAL ESTATE OF GUARDIANSHIP

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ ) IN THE \_\_\_\_\_ COURT  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_ ) CASE NUMBER: \_\_\_\_\_  
\_\_\_\_\_ ) ORDER APPROVING REPORT OF  
\_\_\_\_\_ ) SALE OF REAL ESTATE OGUARDIANSHIP

**PROTECTED PERSON**

The Guardian submits Report of Sale of Real Estate.

The Court having heard evidence and being fully advised, **FINDS** as follows:

1. The real estate covered by the Report, is described as follows:  
(Give legal description, street address and key number.)
2. Following an order of this Court authorizing the Guardian to sell the Real Estate, it was sold by the Guardian at a price and terms most advantageous to the estate and was in all respects made in conformity with the law and ought to be confirmed.

**IT IS ORDERED** that the Report of Sale is approved. The Guardian is authorized to pay all costs, expenses and any liens or claims existing against the Real Estate. The proposed deed conveying the Real Estate to \_\_\_\_\_  
for \_\_\_\_\_ dollars (\$ \_\_\_\_\_ )  
is approved.

Dated as file-marked hereon.

\_\_\_\_\_  
Judge

IC 29-1-15-16

**Mail Deed to:**

**Mail Tax Bills to:**

**Auditor's Record:**

Same as deed

Transfer

Other:

No. \_\_\_\_\_

Taxing Unit \_\_\_\_\_

Date \_\_\_\_\_

Key No \_\_\_\_\_

**GUARDIAN'S DEED**

\_\_\_\_\_ as the Guardian of the

Estate of \_\_\_\_\_, by order of the \_\_\_\_\_ Court, dated \_\_\_\_\_, \_\_\_\_\_, for good and sufficient consideration

conveys to \_\_\_\_\_

the following described Real Estate:

Street Address:

Legal Description:

Responsibility for the performance of the Guardian's obligations hereunder is limited to an assured only by the Guardianship estate and the Guardian shall have no personal or individual liability created by the execution and delivery of this Deed.

Subject to highways, easements and restrictions of record.

Signed and dated \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Name Printed: \_\_\_\_\_

Guardian

STATE OF INDIANA )

) SS:

\_\_\_\_\_ COUNTY )

Before me, the undersigned, a notary public residing in this county and state, personally appeared \_\_\_\_\_, Guardian of the Estate of \_\_\_\_\_ and acknowledged the execution of the foregoing Deed.

In witness whereof, I subscribe my name and affix my official seal on \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_

Notary Public

Residing in \_\_\_\_\_ County

My commission expires: \_\_\_\_\_

Examined, approved and ORDERED delivered in open Court on \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_

Judge, \_\_\_\_\_ Court

Deed Prepared By:

\_\_\_\_\_

Attorney At Law

Address: \_\_\_\_\_

Attorney ID No. \_\_\_\_\_

Phone:( ) \_\_\_\_\_

**2.56 FORMS**

F-1 ORDER TO FILE STATUS REPORT

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS: \_\_\_\_\_, INDIANA  
COUNTY OF \_\_\_\_\_ )

IN THE MATTER OF THE GUARDIANSHIP OF )  
 ) CAUSE NO.:  
NAME OF PROTECTED PERSON )  
PROTECTED PERSON )

**ORDER**

The Guardian is ordered to file a report showing the Protected Person's current residence and a description of the condition and circumstances of the Protected Person within thirty (30) days.

Dated: \_\_\_\_\_  
Judge, \_\_\_\_\_ Court

**NOTICE UNDER TRIAL RULE 72(D)**

A copy of the Order shall be served by mail upon the following:

- ( ) Attorney ( ) Guardian
- ( ) Surety ( ) Other \_\_\_\_\_

Date of Notice: \_\_\_\_\_

Initials of Person who notified parties: \_\_\_\_\_

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS: \_\_\_\_\_, INDIANA  
 COUNTY OF \_\_\_\_\_ )  
 IN THE MATTER OF THE GUARDIANSHIP OF )  
 ) CAUSE NO.: \_\_\_\_\_  
 NAME OF PROTECTED PERSON )  
 PROTECTED PERSON )

**STATUS REPORT**

As Guardian, I make this Report concerning the current status of **NAME OF PROTECTED PERSON**, the Protected Person in these proceedings. I now advise the Court as follows:

A. RESIDENCE OF PROTECTED PERSON:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

B. PHYSICAL/MENTAL CONDITION OF PROTECTED PERSON:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attending Physician/Psychiatrist/Counselor, etc.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Attach current reports from anyone providing any of the above services to the Protected Person.

C. TREATMENT PROGRAM:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 (Detail the ongoing treatment program for the Protected Person.)

D. EDUCATIONAL ACTIVITIES:  
 School: \_\_\_\_\_  
 Grade in School: \_\_\_\_\_  
 Grade Average: \_\_\_\_\_  
 (Provide a transcript of the school records of the Protected Person.)



E. DISCIPLINE:

Home: \_\_\_\_\_

\_\_\_\_\_  
School: \_\_\_\_\_

\_\_\_\_\_

F. ACTIVITIES:

Home: \_\_\_\_\_

\_\_\_\_\_  
School: \_\_\_\_\_

\_\_\_\_\_  
Other: \_\_\_\_\_

\_\_\_\_\_

(Detail the activities the Protected Person participates in at home, school, church, or the community, such as hobbies, sports, etc.)

I affirm under the penalties of perjury that the above and foregoing are true and correct.

Dated: \_\_\_\_\_

\_\_\_\_\_  
**NAME OF GUARDIAN**

**ACCOUNT VERIFICATION**

TO: \_\_\_\_\_  
 FROM: \_\_\_\_\_  
 RE: Guardianship of **NAME OF PROTECTED PERSON**

In order to comply with the rules of the Probate Court, I am required to file a Certification of Account Balances. Please certify the balances and names on the accounts I have listed below, as of \_\_\_\_\_, 20\_\_.

Dated: \_\_\_\_\_

Guardian: \_\_\_\_\_  
**NAME OF GUARDIAN, GUARDIAN**

**FOR BANK USE ONLY:**

I certify that on \_\_\_\_\_, 20\_\_, the last day of the period covered by this accounting, there was on deposit in this institution to the credit of the Guardian, the following balance:

NAME ON ACCOUNT	ACCOUNT NUMBER	BALANCE	DATE

Name and Address of Institution:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Signature of Certifying Officer:  
 \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

**CERTIFICATE OF INVESTMENT**

KIND OF INVESTMENT	INTEREST RATE	DATE OF ACQUISITION	FACE VALUE	GUARDIANSHIP VALUE

I CERTIFY that the securities listed herein were exhibited to me by the Guardian, \_\_\_\_\_, as being the property of the Protected Person and in the custody of the Guardian.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE AND TITLE OF CERTIFYING OFFICER

Name and Address of Institution: \_

F-5 NOTICE OF HEARING ON GUARDIAN'S STATUS REPORT

---

**STATE OF INDIANA**      )  
                                  ) **SS:**                      **IN THE** \_\_\_\_\_ **COURT**  
**COUNTY OF** \_\_\_\_\_  )                                   \_\_\_\_\_ **INDIANA**

**IN THE MATTER OF THE GUARDIANSHIP OF**   )  
  ) **CAUSE NO.:**\_\_\_\_\_

**NAME OF PROTECTED PERSON**   )  
**PROTECTED PERSON**   )

**NOTICE OF HEARING ON GUARDIAN'S CURRENT REPORT**

**TO: NAME**  
**ADDRESS**  
**ADDRESS**

A hearing to determine whether the Co-Guardians' Current Report should be approved will be held in the \_\_\_\_\_ Court on \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ a.m./p.m.

\_\_\_\_\_  
**NAME OF GUARDIAN**  
Guardian of the Person of  
**NAME OF PROTECTED PERSON**

**IN THE MATTER OF THE GUARDIANSHIP OF**

**PROTECTED PERSON**

**CAUSE NO.** \_\_\_\_\_

The activity of the Court should be summarized as follows on the Chronological Case Summary (CCS):  
The Attorneys are ordered to meet prior to the hearing to comply with Trial Rule 16, particularly 16(c).  
A report, instead of the normal pre-trial conference, must be filed on or before \_\_\_\_\_, and shall include all matters normally covered in a pre-trial conference.  
Failure to file the report shall result in an automatic continuance. OPF.

\_\_\_\_\_  
Name and I.D. Number of Submitting Attorney

\_\_\_\_\_  
Address and Telephone Number

\_\_\_\_\_  
Party Represented

\_\_\_\_\_  
Name, Address and Telephone Number of Opposing Counsel  
(Or, when appropriate: "Mailing list attached")

\*\*\*\*\*

(TO BE DESIGNATED BY THE COURT)

This CCS Entry Form shall be:

- Placed in case file
- Discarded after entry on the CCS
- Mailed to all counsel by: \_\_\_\_ Counsel \_\_\_\_ Clerk \_\_\_\_ Court
- There is no attached order; or

The attached order shall be placed in the RJO: Yes  No

DATE \_\_\_\_\_ APPROVED \_\_\_\_\_

JUDGE, \_\_\_\_\_ COURT

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS: \_\_\_\_\_ INDIANA  
COUNTY OF \_\_\_\_\_ )

IN THE MATTER OF THE GUARDIANSHIP OF )  
 ) CAUSE NO.:  
NAME OF PROTECTED PERSON )  
PROTECTED PERSON )

**ORDER ON CONTESTED HEARING**

The opposing Attorneys for the contested Hearing to be held on \_\_\_\_\_, 20\_\_, at \_\_\_\_\_ a.m./p.m., are ordered to confer prior thereto and to comply with the requirements of Trial Rule 16(c)-(e), and to file a written report thereof, signed by each Attorney, on or before \_\_\_\_\_, 20\_\_. At the conference, each party shall appear by the Attorney who is to conduct the Hearing, and who shall:

- a. be familiar with the purposes and provisions of Indiana Rules of Procedure, including Trial Rule 16, with particular emphasis on Trial Rule 16(c);
- b. have all necessary materials, with full authority to make disclosures of fact, to admit and stipulate any undisputed facts and to waive technical requirements for the admission of evidence;
- c. have full authority to settle or, if not, the ability to communicate immediately with the Client for that purpose during the course of the conference.

At the conference, Counsel shall be prepared to:

- a. Submit to opposing Counsel for inspection all exhibits anticipated being offered in evidence, and a list of all anticipated witnesses (with reasonable identifying data);
- b. Mark all anticipated exhibits for identification;
- c. Indicate in writing those opponent's exhibits to which they have objection and the basis therefore. In the absence of objection, an exhibit will be deemed admissible for all purposes;
- d. Exchange contentions of facts and law;
- e. Stipulate in writing as to all matters of material fact and pertinent law about which there is no issue;
- f. Discuss any motions intended to be filed;
- g. Candidly and conscientiously explore settlement prospects;
- h. Discuss any other matters which may simplify the issues and facilitate the disposition of the action.

The report to be filed shall take the place of the pre-trial Order, and shall include all matters

provided for therein, including but not limited to all settlement efforts.

Failure to comply with this Order may, in the absence of good cause, lead to the imposition of sanctions upon Counsel and/or the Client(s), and shall result in an automatic continuance of the Hearing.

All of which is ordered this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Judge, \_\_\_\_\_ Court

F-8 CCS ENTRY FOR FAILURE TO FILE PRETRIAL REPORT

IN THE MATTER OF THE GUARDIANSHIP OF

PROTECTED PERSON

CAUSE NO. \_\_\_\_\_

The activity of the Court should be summarized as follows on the Chronological Case Summary (CCS):

The Court finds the pre-trial written report due on \_\_\_\_\_, was not timely filed. The hearing scheduled for \_\_\_\_\_, is continued generally. The Attorneys are ordered to appear on \_\_\_\_\_, at \_\_\_\_ a.m./p.m., to show cause why sanctions should not be imposed.

\_\_\_\_\_  
Name and I.D. Number of Submitting Attorney

\_\_\_\_\_  
Address and Telephone Number

\_\_\_\_\_  
Party Represented

\_\_\_\_\_  
Name, Address and Telephone Number of Opposing Counsel  
(Or, when appropriate: "Mailing list attached")

\*\*\*\*\*

(TO BE DESIGNATED BY THE COURT)

This CCS Entry Form shall be:

Placed in case file

Discarded after entry on the CCS

Mailed to all counsel by: \_\_\_\_ Counsel \_\_\_\_ Clerk \_\_\_\_ Court

There is no attached order; or

The attached order shall be placed in the RJO: Yes  No

DATE \_\_\_\_\_

APPROVED

\_\_\_\_\_

JUDGE, \_\_\_\_\_ COURT



F-9 ORDER TO APPEAR TO SHOW CAUSE

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT
) SS: \_\_\_\_\_ INDIANA
COUNTY OF \_\_\_\_\_ )

IN THE MATTER OF THE GUARDIANSHIP OF )
) CAUSE NO.: \_\_\_\_\_
NAME OF PROTECTED PERSON )
PROTECTED PERSON )

ORDER TO APPEAR TO SHOW CAUSE

You are hereby ordered to appear before the Court on \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m. to show cause why you should not be held in contempt/removed/sanctioned for failing to perform your duties as indicated:

- ( ) Inventory past due
( ) Inheritance Tax Petition/Order past due
( ) Closing Statement past due/failure to appear at hearing
( ) Final Report past due/failure to appear at hearing
( ) Supplemental Report past due
( ) Current Account past due
( ) Instructions to Personal Representative/Guardian past due
( ) Failure to obey Court Order of \_\_\_\_\_
( ) Other: \_\_\_\_\_

Dated: \_\_\_\_\_ Judge, \_\_\_\_\_ Court

NOTICE UNDER TRIAL RULE 72(D)

A copy of the Order shall be served by mail upon the following:

- ( ) Attorney ( ) Guardian
( ) Surety ( ) Other \_\_\_\_\_

Date of Notice: \_\_\_\_\_

Initials of Person who notified parties: \_\_\_\_

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 ) SS: \_\_\_\_\_ INDIANA  
COUNTY OF \_\_\_\_\_ )

IN THE MATTER OF THE GUARDIANSHIP OF )  
 ) CAUSE NO.: \_\_\_\_\_  
NAME OF PROTECTED PERSON )  
PROTECTED PERSON )

**ORDER FOR BENCH WARRANT**

The Court orders a Bench Warrant to be issued for the arrest of the Guardian. Court further orders bond forfeited and orders \_\_\_\_\_ to pay the amount of its bond into the Clerk of this Court, instanter. Guardianship ordered closed. Guardian not released. Costs vs Guardian.

Dated: \_\_\_\_\_  
Judge, \_\_\_\_\_ Court

**NOTICE UNDER TRIAL RULE 72(D)**

A copy of the Order shall be served by mail upon the following:

- ( ) Attorney ( ) Guardian
- ( ) Surety ( ) Other \_\_\_\_\_

Date of Notice: \_\_\_\_\_

Initials of Person who notified parties: \_\_\_\_\_

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
) )  
) )  
NAME OF CLAIMANT )  
) )  
v. THE GUARDIANSHIP OF )  
) )  
\_\_\_\_\_ )

IN THE \_\_\_\_\_ COURT

CAUSE NO. \_\_\_\_\_

GUARDIANSHIP CLAIM

The claimant, in person, or by the undersigned, attorney or agent, states that the above entitled guardianship is indebted to claimant as follows: (Please include the date, description, and amount of services rendered or goods furnished. If the claim is based upon a written instrument, alleged to have been executed by the incapacitated person, the original, or complete copy, shall be filed with the claim; state if lost or destroyed. If the claim is secured by a lien on any real or personal property, refer to where the lien, if of record, will be found; if the claim is contingent, state the nature of the contingency.)

Claimant states that the account against the above guardianship is correct; that no payments have been made except those credits given; that there are no set-offs against the same; that the balance shown in said account is: \_\_\_\_\_ DOLLARS and that same is due and owing to:

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_.

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

\_\_\_\_\_  
Date of Signature

\_\_\_\_\_  
Signature of Claimant

Please include an **ORIGINAL** and **TWO COPY** of this claim form and all invoices or exhibits.

\_\_\_\_\_  
Attorney or Agent for Claimant

**CERTIFICATE**

I certify that a copy of the above claim has been served upon the Guardian pursuant to law.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Clerk, \_\_\_\_\_ Court

F-12 NOTICE TO CREDITOR OF STATUS OF CLAIM AGAINST GUARDIANSHIP

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF ) CAUSE NO. \_\_\_\_\_  
\_\_\_\_\_) )  
\_\_\_\_\_) )  
\_\_\_\_\_) )

**NOTICE TO CREDITOR OF STATUS  
OF CLAIM AGAINST GUARDIANSHIP**

TO: (Claimant)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As to the attached claim:

- ( ) Attorney for Guardian)/(Guardian) allows claim.
- ( ) Claimant or Attorney for Claimant releases claim as fully paid and satisfied.
- ( ) Attorney for (Guardian)/(Guardian) disallows claim.
- ( ) Claim is automatically disallowed, because claim was not allowed, released or disallowed within the time permitted by law.

Date: \_\_\_\_\_  
\_\_\_\_\_  
Attorney for (Guardian)/(Guardian)

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_ )  
) **RELEASE OF CLAIM**

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

The undersigned states as follows:

1. I release and discharge my claim in the amount of \$ \_\_\_\_\_ filed against this guardianship on \_\_\_\_\_, 20 \_\_\_\_\_ .
2. The claim has been satisfied in full.

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

Dated and signed \_\_\_\_\_, 20 \_\_\_\_\_ .

\_\_\_\_\_  
Name printed: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_ )  
) **ORDER ALLOWING CLAIM**

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

This matter being before the Court on the claim of \_\_\_\_\_ duly filed herein and said claim having been disallowed by the Guardian and hearing having been held;

IT IS THEREFORE ORDERED the claim of \_\_\_\_\_ is allowed in the sum of \$ \_\_\_\_\_ dollars and the Guardian is Ordered to pay such sum in full settlement of such claim.

Dated as file-marked hereon.

\_\_\_\_\_  
Judge

F-15 ORDER DISALLOWING CLAIM AGAINST GUARDIANSHIP

---

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_ )  
PROTECTED PERSON )

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_  
ORDER DISALLOWING CLAIM  
AGAINST GUARDIANSHIP

This matter being before the Court on the claim of \_\_\_\_\_ duly filed herein and said claim having been disallowed by the Guardian and hearing having been held;

IT IS THEREFORE ORDERED that said claim is disallowed.

Dated as file-marked hereon.

\_\_\_\_\_  
Judge

IC 29-3-10-1

F-16 GUARDIAN'S CURRENT ACCOUNTING

STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_ )  
) **IN THE \_\_\_\_\_ COURT**  
) **CAUSE NO. \_\_\_\_\_**  
) **GUARDIAN'S CURRENT ACCOUNTING**

The Guardian says:

1. This guardianship was established on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. The undersigned was duly appointed guardian of the [ ] person [ ] estate [ ] person and estate and letters of administration were duly issued.
2. The current residence of the [ ] minor [ ] incapacitated person is:
3. The condition and circumstances of the [ ] incapacitated person [ ] minor are:
4. The current account for this guardianship is attached hereto, made a part hereof and marked Exhibit A.
5. I request;  
[ ] approval of attorney fees in the sum of \$ \_\_\_\_\_  
[ ] approval of Guardian fees in the sum of \$ \_\_\_\_\_
6. I request approval of this current account.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Guardian



F-16 (A) GUARDIANSHIP ACCOUNTING INVENTORY – EXHIBIT A

---

GUARDIANSHIP ACCOUNTING INVENTORY – EXHIBIT A  
 (NUMBER ALL ITEMS OR ARTICLES IN THIS INVENTORY CONSECUTIVELY.)

NO.	TYPE OF ASSET	FAIR MARKET VALUE	
<b>REAL PROPERTY</b> (GIVE PLAT OR SURVEY DESCRIPTION AND DESIGNATE IF HOMESTEAD.)			
	<b>TOTAL</b>	\$	
<b>FURNITURE AND HOUSEHOLD GOODS</b>			
	<b>TOTAL</b>	\$	

NO.	TYPE OF ASSET	FAIR MARKET VALUE	
<b>EMBLEMENTS AND ANNUAL CROPS RAISED BY LABOR</b>			
	<b>TOTAL</b>	\$	
<b>CORPORATE STOCKS (GIVE CLASS; WHETHER STOCK HAS PAR VALUE; DIVIDEND RATE, IF PREFERRED STOCK)</b>			
	<b>TOTAL</b>	\$	
<b>MORTGAGE, BONDS, NOTES OR OTHER WRITTEN EVIDENCE OF DEBT OR OF OWNERSHIP (NAME OF THE DEBTOR, RECORDING DATA, AND OTHER IDENTIFICATION)</b>			
	<b>TOTAL</b>	\$	

NO.	TYPE OF ASSET	FAIR MARKET VALUE	
	<b>BANK ACCOUNTS, MONEY, AND INSURANCE IF PAYABLE TO GUARDIANSHIP OR TO GUARDIAN</b>		
	<b>TOTAL</b>	\$	
	<b>ALL OTHER PERSONAL PROPERTY (INCLUDES PROPORTIONATE SHARE IN ANY PARTNERSHIP)</b>		
	<b>TOTAL</b>	\$	

**RECAPITULATION**

REAL PROPERTY	\$
FURNITURE AND HOUSEHOLD GOODS	\$
EMBLEMENTS AND ANNUAL CROPS	\$
CORPORATE STOCK	\$
MORTGAGES, BONDS, NOTES, ETC.	\$
BANK ACCOUNTS, MONEY, AND INSURANCE	\$
ALL OTHER PERSONAL PROPERTY	\$
<b>TOTAL FAIR MARKET VALUE OF ABOVE PROPERTY</b>	\$

[ ] The undersigned Guardian employed the following disinterested Appraiser(s) to assist in ascertaining

the Fair Market Value as of the date of the decedent's death of the asset(s) indicated.

NAMES OF APPRAISERS	ADDRESSES OF APPRAISERS	ASSET NUMBER APPRAISED
---------------------	-------------------------	------------------------

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

Dated: \_\_\_\_\_

Guardian

IC 29-1-7.5-3.2

IC 29-1-12

IC 29-3-9-5

F-17 PETITION FOR APPROVAL OF GUARDIAN'S CURRENT ACCOUNTING

---

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
COUNTY OF \_\_\_\_\_ )  
 ) CAUSE NO. \_\_\_\_\_  
IN RE: THE GUARDIANSHIP OF )  
 )  
 )  
 )  
\_\_\_\_\_ )

**PETITION FOR APPROVAL OF  
GUARDIAN'S CURRENT ACCOUNTING**

The Guardian says:

1. I was appointed Guardian on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .
2. The [ ] incapacitated person's [ ] minor's current residence is \_\_\_\_\_  
\_\_\_\_\_.
3. The condition and circumstances of [ ] incapacitated person [ ] minor is as follows:
4. The financial particulars of this accounting are contained in Exhibit A which is attached hereto and made a part hereof.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Petitioner

**EXHIBIT A**

Accounting Period

From \_\_\_\_\_, 20 \_\_\_\_ to \_\_\_\_\_, 20 \_\_\_\_

1. Property on Hand at Beginning of Accounting Period: \$\_\_\_\_\_
- a. Real Estate: \_\_\_\_\_
- b. Personal Property (Cash, Stocks, Cd Etc.): \_\_\_\_\_
2. Income: \$\_\_\_\_\_
3. Expenses: \$\_\_\_\_\_
4. Property on hand at end of accounting period: \$\_\_\_\_\_

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

Dated: \_\_\_\_\_  
Guardian

F-18 ORDER APPROVING GUARDIAN'S CURRENT ACCOUNTING

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STATE OF INDIANA )  
COUNTY OF \_\_\_\_\_ )  
IN RE: THE GUARDIANSHIP OF )  
\_\_\_\_\_ )

IN THE \_\_\_\_\_ COURT  
CAUSE NO. \_\_\_\_\_

**ORDER APPROVING GUARDIAN'S  
CURRENT ACCOUNTING**

The Court has reviewed the Guardian's current account and finds it to be in order.

It is ordered that the Guardian's current accounting is approved.

Dated as file-marked hereon.

\_\_\_\_\_  
Judge

**2.65 FORMS**

**F-1 PETITION FOR REMOVAL OF GUARDIAN**

<b>STATE OF INDIANA</b>	)	<b>IN THE _____ COURT</b>
	)	
<b>COUNTY OF _____</b>	)	
	)	
<b>IN RE: THE GUARDIANSHIP OF</b>	)	<b>CAUSE NO. _____</b>
	)	
_____	)	

**PETITION FOR REMOVAL OF GUARDIAN**

The undersigned shows the Court that on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, \_\_\_\_\_ was duly appointed and qualified as guardian of the

- person
- estate
- person and estate

and is still acting as such under the grant of letters issued out of this court; that the undersigned is interested in the estate by reason of being \_\_\_\_\_ (heir, spouse, creditor) and avers and charges that said \_\_\_\_\_ should be removed as guardian and the said letters revoked, for the following reasons:

- 8.  The Guardian has failed and refused to perform the following duty imposed by law or the lawful order of this Court: (here outline nature of the failure).
- 9.  The Guardian has become mentally incompetent, disqualified, unsuitable or incapable of performing his duties by reason of the fact: (here set forth reasons).
- 10.  The Guardian has mismanaged the estate in the following respect: (elaborate on the facts here).
- 11.  The Guardian has ceased to be domiciled in the State of Indiana.

WHEREFORE the undersigned prays the Court for the removal of the Guardian, the revocation of his letters and the appointment of some suitable person in his stead to be Guardian.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_



STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN RE: THE GUARDIANSHIP OF ) CAUSE NO. \_\_\_\_\_  
 )  
 )  
 )  
 \_\_\_\_\_ )  
 PROTECTED PERSON

**ORDER REMOVING GUARDIAN**

The Petition for removal of Guardian is granted.

It is THEREFORE ORDERED as follows:

- 12. That the Guardian be and is hereby removed as Guardian of this estate.
- 13. The Letters of Guardianship heretofore issued are now revoked.
- 14. Within \_\_\_\_\_ days, \_\_\_\_\_ shall file a complete account of his doings as such Guardian and transfer and pay over to his successor in said trust or into court for his benefit all money or assets of the estate with which, upon examination of such account, he may be found and held to be chargeable.

Dated as file-marked hereon.

\_\_\_\_\_  
 Judge

F-3 ORDER DENYING PETITION TO REMOVE GUARDIAN

---

STATE OF INDIANA )  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
IN RE: THE GUARDIANSHIP OF ) CAUSE NO. \_\_\_\_\_  
 )  
 )  
 )  
\_\_\_\_\_)  
PROTECTED PERSON

**ORDER DENYING PETITION TO REMOVE GUARDIAN**

It is ORDERED by the Court that the Petition To Remove Guardian filed herein be denied and said Guardian shall continue in the administration of this cause.

Dated as file marked hereon.

\_\_\_\_\_  
Judge

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN RE: THE GUARDIANSHIP OF ) CAUSE NO. \_\_\_\_\_  
 )  
 )  
 \_\_\_\_\_ )  
 PROTECTED PERSON

**RESIGNATION OF GUARDIAN**

The undersigned was appointed by this court as Guardian of the [ ] person, [ ] estate,  
 [ ] person and estate on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

I hereby submit my resignation as Guardian for said guardianship and request that the court appoint someone else to serve in my place.

[ ] I have filed with this Court a written verified account of the guardian's administration.

[ ] I was appointed guardian of the person only so no accounting is necessary.

[ ] The [ ] minor [ ] incapacitated person had no assets so no accounting is necessary.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_

IC 29-3-12-4  
 IC 29-3-9-6  
 IC 29-1-10-7

F-5 ORDER APPOINTING SUCCESSOR GUARDIAN

---

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )  
COUNTY OF \_\_\_\_\_ )  
 )  
IN RE: THE GUARDIANSHIP OF ) CAUSE NO. \_\_\_\_\_  
 )  
 )  
 )  
\_\_\_\_\_)  
PROTECTED PERSON

**ORDER APPOINTING SUCCESSOR GUARDIAN**

The Court being duly advised that the Office of Guardian is vacant.

IT IS ORDERED THAT:

\_\_\_\_\_ is appointed as Successor Guardian.

Dated as file-marked hereon.

\_\_\_\_\_  
Judge

IC 29-3-2-6(a)  
IC 29-1-10-7  
IC 29-3-12-4

F-6 PETITION FOR TERMINATION OF GUARDIANSHIP

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN RE: THE GUARDIANSHIP OF ) CAUSE NO. \_\_\_\_\_  
 )  
 )  
 )  
 \_\_\_\_\_ )  
 PROTECTED PERSON

PETITION FOR TERMINATION OF GUARDIANSHIP

The undersigned request that the Court terminate this guardianship for the reason that:

- 1. The minor has attained eighteen (18) years of age.
- 2. The minor has
  - died.
  - married.
  - been adopted.
- 3. The protected person is no longer an incapacitated person.
- 4. The protected person has died.
- 5. The guardianship property does not exceed the value of three thousand five hundred dollars (\$3,500.00) or said property has been reduced to three thousand five hundred dollars (\$3,500.00).
- 6. The domicile or physical presence of the protected person has been changed to another state and a guardian has been appointed for the protected person and the protected persons property in that state.
- 7. The guardianship is no longer necessary because (set forth reason):

WHEREFORE the undersigned prays the Court to terminate this Guardianship.

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

Dated this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Judge



F-7 ORDER TERMINATING GUARDIANSHIP

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN RE: THE GUARDIANSHIP OF ) CAUSE NO. \_\_\_\_\_  
 )  
 \_\_\_\_\_ )  
 PROTECTED PERSON

ORDER TERMINATING GUARDIANSHIP

The Court being duly advised now finds that:

- 1. The minor has attained eighteen (18) years of age.
- 2. The minor has
  - died
  - married
  - adopted
- 3. The protected person is no longer an incapacitated person.
- 4. The protected person has died.
- 5. The guardianship property does not exceed the value of three thousand five hundred dollars (\$3,500.00) or said property has been reduced to three thousand five hundred dollars (\$3,500.00).
- 6. The domicile or physical presence of the protected person has been changed to another state and a guardian has been appointed for the protected person and the protected persons property in that state.
- 7. The guardianship is no longer necessary for any other reason as set forth in the Petition for Termination.

IT IS THEREFORE ORDERED that

- 1. The Guardianship herein is terminated.
- 2. The final account submitted by the Guardian is approved.
- 3. The Guardian shall turn over the remaining property of the Guardianship to:
  - to the minor who has attained eighteen (18) years of age.

to the protected person who is no longer an incapacitated person.

a person having care and custody of the minor with whom the minor resides.

to \_\_\_\_\_, who is responsible for the minor.

to the protected person's personal representative.

a person who presents the Guardian with an affidavit under  
IC 29-1-8-1 or IC 29-2-1-2.

4. The Guardian is hereby released from the duties of his office and \_\_\_\_\_ discharged from his trust, and all liability of the Guardian and any sureties on his bond are terminated.

5. It is further Ordered that the Guardian may pay directly the following:

reasonable funeral and burial expenses of the protected person.

reasonable expenses of the protected person's last illness.

the protected person's federal and state taxes.

any statutory allowances payable to the protected person's surviving spouse or surviving children.

any other obligations of the protected person.

Dated as file-marked hereon.

---

Judge

IC 29-3-12-1



F-8 GUARDIAN'S PETITION ON FINAL ACCOUNT

STATE OF INDIANA	)	IN THE _____ COURT
	)	
COUNTY OF _____	)	
	)	CAUSE NO. _____
IN RE: THE GUARDIANSHIP OF	)	
	)	
_____	)	GUARDIAN'S PETITION ON
PROTECTED PERSON	)	FINAL ACCOUNT

The Guardian says:

- 15. This guardianship was established on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_. The undersigned was duly appointed guardian of the [ ] person [ ] estate [ ] person and estate and letters of administration were duly issued.
- 16. All claims filed against said guardianship, and all known debts and liabilities of the guardianship, except expenses incidental to transfer and distribution, have been paid or discharged. Neither the incapacitated person nor his Guardian was an employer of labor as that term is defined in the Indiana Employment Security Act.
- 17. All of the assets of said guardianship have been administered upon, and no reason exists why this guardianship should not be closed at this time, and the assets distributed as follows:
- 18. The Final Account for this guardianship is attached hereto, made a part hereof and marked Exhibit A.
- 19. I request;
  - [ ] approval of attorney fees in the sum of \$ \_\_\_\_\_
  - [ ] approval of Guardian fees in the sum of \$ \_\_\_\_\_

WHEREFORE, the Guardian petitions the Court that:

- 20. This account be settled and allowed by the Court;
- 21. This Court enters an order authorizing the guardian to distribute the balance of the assets remaining in his hands for distribution;
- 22. Such additional relief be granted as may be proper.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

IC 29-3-9-6  
IC 29-1-17

\_\_\_\_\_  
Guardian

F-9 ORDER ON GUARDIAN'S FINAL ACCOUNT

STATE OF INDIANA	)	IN THE _____ COURT
	)	
COUNTY OF _____	)	
	)	
IN RE: THE GUARDIANSHIP OF	)	CAUSE NO. _____
	)	
_____	)	
PROTECTED PERSON		

ORDER ON GUARDIAN'S FINAL ACCOUNT

The Court, being fully advised and no objections being filed, now finds:

1. Due notice of the filing of the account and petition, and of the hearing on the same was given to all persons interested in the guardianship, and the same are now properly before the Court for final action.
2. The matters stated in the account and petitions are true and the guardian has accounted for all of the assets in this estate.
3. (Any other finding of facts required by the particular circumstances.)

It is therefore ORDERED AND DECREED by the Court as follows:

23. The report and account of the guardian are in all things approved.
24. [ ] Guardian fees are allowed in the sum of \$ \_\_\_\_\_ .
25. [ ] Attorney fees are allowed in the sum of \$ \_\_\_\_\_ .
26. The guardian is directed to distribute and pay over the balance of the decedent's personal property to the persons and in the amount or in kind as proposed in the final report.

Dated as file-marked hereon.

\_\_\_\_\_  
 Judge

IC 29-1-17  
 IC 29-3-9-6

F-10 PETITION FOR DISCHARGE OF GUARDIAN

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN RE: THE GUARDIANSHIP OF ) CAUSE NO. \_\_\_\_\_  
 )  
 \_\_\_\_\_ )  
 PROTECTED PERSON )

PETITION FOR DISCHARGE OF GUARDIAN

The Guardian says:

- 27. I have filed a final account.
- 28. I have paid all claims due and owing, if any.
- 29. I have delivered the property of the guardianship to the appropriate persons.

WHEREFORE I request that the Court grant this Petition and Order my discharge as Guardian.

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

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_ .

\_\_\_\_\_  
 Guardian

---

STATE OF INDIANA ) IN THE \_\_\_\_\_ COURT  
 )  
 COUNTY OF \_\_\_\_\_ )  
 )  
 IN RE: THE GUARDIANSHIP OF ) CAUSE NO. \_\_\_\_\_  
 )  
 \_\_\_\_\_ )  
 PROTECTED PERSON

**ORDER DISCHARGING GUARDIAN**

Comes now the guardian and files the report of distribution showing distribution of all of assets of the guardian remaining in the estate; and the Court having duly examined the same now finds that all of the assets of the guardian have been duly distributed;

IT IS THEREFORE ORDERED that the guardian, \_\_\_\_\_, be and is hereby released from the duties of this office as the guardian of \_\_\_\_\_ and discharged from this trust, and all liability of said guardian and any sureties on the bond, be in the same are hereby terminated.

Dated as file-marked hereon.

\_\_\_\_\_  
Judge

