CHECKLIST FOR FILING FOR SELF REPRESENTED GUARDIANSHIP

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

- ☐ **Instructions for Guardians over Adult-** be sure to save these instructions

- ☐ **Appearance by Unrepresented Persons -** complete this form and file with Court

- ☐ **Verified Motion for Fee Waiver -**If you are not financially able to pay the filing fees to apply for Guardianship you may petition the Court with this form.
  If you are able to pay the filing fee, do not complete this form.

- ☐ **Guardianship Information Sheet-** complete as much information you can

- ☐ **Notice of Filing of Petition for Appointment - YOU MUST COMPLETE**
  a separate notice for each of the following(you only need to fill in name and address for each party), the Clerk will complete the rest a separate Notice for each party, you may need to make additional copies:
  - ☐ Ward
  - ☐ Natural Mother
  - ☐ Natural Father
  - ☐ Adult Children
  - ☐ Facility caring for ward
  - ☐ Anyone having care/custody of the ward in the last 60 days

- ☐ **Waiver of Notice of Hearing and Consent to Guardianship -** You only need this form if a party consents to the Guardianship, complete one form for each party that consents (make additional copies if needed) – this needs to be notarized.

- ☐ **Order Setting Hearing Date -** A majority of Guardianships get set for hearing, complete the form, the Court will insert a date and mail the information to the necessary parties. Be sure to list the parties on the bottom section of the form so that proper notice can be given.

- ☐ **Petition for Appointment of Guardian** Complete the form and file with Court

- ☐ **Acceptance and Oath of Guardian -** This form needs to be completed, and signed in front of a notary.

- ☐ **Signed Physicians Statement** If the Dr. doesn't state that the Ward cannot attend the hearing, the Ward will need to appear for Guardianship hearing

Your responsibilities to the Court once your Guardianship is approved:

1. You MUST update your address, phone, or email address each time you move or make a change. Contact the Vigo County Probate Office at 812-462-3201 to get a form.

2. Within 90 days of your Appointment you must file an initial inventory. The **Inventory** form is available on the website.

3. Included in this packet is a **Status Reporting** form which shall be filed biennial (every other year) from your appointment as Guardian. If the ward has more than $10,000 you must file a biennial accounting(every other year). The **Biennial Accounting** form is available on the website.

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

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STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION

CAUSE NO: _____

IN THE GUARDIANSHIP OF

_____
An Adult

APPEARANCE BY SELF-REPRESENTED PERSON

1. My Name is _____ and in this case I am not represented by a lawyer.

2. My contact information for receiving legal service of documents and case information as required by Court Rules is:

   Address: _____

   _____

   _____

   Email: _____
   ☐ *I will accept service in the above email address*

   Phone: _____

   Fax: _____

3. This is a ___GU____ case type as defined in Administrative Rule 8(B)(3).

4. There are other cases related to this case (If yes, please indicate below)
   ☐ Yes ☐No

   Caption:_____ Case No. _____

   Signature: _____

STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION

CAUSE NO: _____

IN THE GUARDIANSHIP OF

_____
An Adult

VERIFIED MOTION FOR FEE WAIVER

The Petitioner now states:

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

   _____
   _____

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

   _____
   _____

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

   _____
   _____

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

Income/Expenses each month (before taxes)

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

7. We have $_____in the bank.

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

Monthly Expenses

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

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

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

Date: _____ Signature: _____

Printed Name: _____

STATE OF INDIANA IN THE _____ COURT

COUNTY OF VIGO CAUSE NO. _____

IN RE THE Guardianship OF

_____

MINOR CHILD *(if applicable)*

_____

PETITIONER

ORDER ON FEE WAIVER

The Petitioner, self-represented, has filed a Verified Motion for Fee Waiver which the court has reviewed and THEREFORE ORDERS

☐ The Petitioner's Verified Motion for Fee Waiver is **GRANTED**

☐ The Petitioner must make a prepayment of $_____ within 20 days of the issuance of this order.

☐ The Petitioner's Verified Motion for Fee Waiver is **DENIED.** The Petitioner must pay the full filing fee within 20 days of the issuance of this order.

_____ _____

Date Judicial Officer

Distribution:

_____

_____

_____

_____

_____

Approved by Vigo Circuit/Superior Court Judges
02/21/2025

Guardianship Registry Information Sheet

(☐ Individual ☐ Estate ☐ Estate and Individual)

Choose One* (☐ Minor ☐ Adult) Choose One*(☐ Temporary ☐ Permanent)

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

_____ _____ _____

Petitioner Relationship to Protected Person* _____

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 $_____

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 ☐ 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: _____

Guardian Institution

Name:* _____

Address:* _____

Phone:_____ Fax:_____ Agent Name:_____

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:_____

Guardianship Registry Information Sheet

(Additional)

Petitioner **Relationship to Protected Person** _____

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

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

Address:* _____

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

Email Address:_____

Attorney Name:_____ Bar Number:_____ App. Filed Date: _____

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

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

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

Address:* _____

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

Email Address:_____

Attorney Name:_____ Bar Number:_____ App. Filed Date: _____

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

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

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

Mailing Address:* _____

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

Email Address:_____

Interested Party

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

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

Address:* _____

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

Email Address:_____

Interested Party

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

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

Address:* _____

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

Email Address:_____

STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION

IN THE MATTER OF THE
GUARDIANSHIP OF

CAUSE NO.

_____,
An Adult

PETITION FOR APPOINTMENT OF GUARDIAN(S) OF THE PERSON and ESTATE OF ADULT

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

and respectfully petitions the Court to appoint Petitioner as Guardian of

_____*(name)*, an incapacitated adult. In

support of this request, Petitioner would show the Court as follows:

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

2. The Petitioner(s) resides at_____*(your address)* Phone number_____*(your phone number)*.
Email address: _____.*(your email)*

3. The adult has been in the physical custody and care of the Petitioner since: _____, because: _____
_____.
Petitioner is/are the Adult's _____.*(Relationship to adult)*

Petitioner is supporting the adult in the following ways: _____
_____
_____

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

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

6. The name and address of the persons most closely related to the adult that are not identified above (adult children, siblings, persons having care/custody of the adult) are:
Name:_____ Address_____
_____ Relationship: _____ Age: _____

Name:_____ Address_____
_____ Relationship: _____ Age: _____

Name:_____ Address_____
_____ Relationship: _____ Age: _____

Name:_____ Address_____
_____ Relationship: _____ Age: _____

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

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

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

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

_____
_____
_____
_____
_____

11. The filing fee for this proceeding:

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

12. A Protective Order:
☐ has not been issued for the adult
☐ has been issued for the adult

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

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

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

3. After the hearing, adjudicate that _____*(name)* is an incapacitated adult.

4. Finding that Guardian of the person/estate of _____*(name)*) need to be appointed.

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

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

_____ _____
(Signature)/Date (Signature)/Date

STATE OF INDIANA
VIGO SUPERIOR COURT

IN THE MATTER OF
THE GUARDIANSHIP OF

_____ CAUSE NO.

An Adult

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

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

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

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

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

_____
Clerk, Vigo Superior Court

STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION

IN THE MATTER OF THE
GUARDIANSHIP OF

CAUSE NO.

_____,
An Adult

WAIVER OF NOTICE OF HEARING AND CONSENT TO GUARDIANSHIP

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

Dated:_____ _____
Your Name

_____
Relationship to the Ward

STATE OF INDIANA
COUNTY OF_____

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

My Commission Expires _____
Notary Public

_____ _____
County of Residence

STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION

IN THE MATTER OF THE
GUARDIANSHIP OF _____, An
Adult

CAUSE NO. _____

ACCEPTANCE AND OATH OF GUARDIAN

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

Dated this _____

_____
(Your signature-sign in presence of Notary)

STATE OF INDIANA
COUNTY OF VIGO

Subscribed and sworn before me on this ____day of _____

Seal:

_____
Notary Public _____

STATE OF INDIANA
VIGO SUPERIOR COURT
PROBATE DIVISION

IN THE MATTER OF THE
GUARDIANSHIP OF _____An
Adult

CAUSE NO.

ORDER SETTING HEARING DATE ON
PETITION FOR APPOINTMENT OF GUARDIAN

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

This matter is scheduled for hearing on the _____ day of _____at _____AM/PM.

SO ORDERED this

_____
Judge
Vigo Superior Court Probate Division

Distribution:

_____Petitioner

_____Natural Mother

_____Natural Father

_____Sibling/Adult Children

_____ Other Interested parties

_____ Ward

STATE OF INDIANA
COUNTY OF VIGO

IN RE: THE GUARDIANSHIP OF CAUSE #:

_____
PROTECTED PERSON

PHYSICIAN'S 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 for 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? _____yes _____no If so, describe the nature of the 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 reson 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 need for personal or financial need, or both?

_____ Personal _____ Financial _____Both

I affirm under penalties of 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 other persons who performed evaluations upon which this report is based:

Name(s): _____
Address(s): _____
Telephone(s):_____