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| STATE OF INDIANA |) | IN THE SUPERIOR COURT NO. ____ |
| |) | |
| COUNTY OF HAMILTON |) | CAUSE NO. 29D _____ |
| |) | |
| IN THE MATTER OF THE |) | |
| GUARDIANSHIP OF |) | |
| |) | |
| _____ |) | |
| ADULT |) | |

**PETITION FOR APPOINTMENT OF GUARDIAN
OVER PERSON AND ESTATE OF
INCAPACITATED PERSON**

Comes now _____ [*name of petitioner*] who being duly sworn petitions the Court as follows:

1. That the alleged incapacitated person is a _____ [*male/female*], _____ [*age*] years of age, presently residing at _____ [*street address*] in the City of _____, State of Indiana, County of _____.

2. That _____ [*name of incapacitated person*] is unable to maintain and care for _____ [*his/her*] financial affairs and person because _____ [*he/she*] suffers the following incapacities:

_____ [*describe nature of incapacity*]. Dr. _____ [*name of doctor*] has examined the alleged incapacitated person and has advised the petitioner that it _____ [*would/would not*] be detrimental to _____ [*name of incapacitated person*]'s health to appear in Court. That the physician's report is attached hereto as "Exhibit A" of this petition.

3. That the alleged incapacitated person owns personal property in the approximate amount of _____ [*estimated value of personal assets*] Dollars (\$ _____), said property includes _____ [*description of property*].

4. That the alleged incapacitated person owns real property located at _____ [*street address*] in the City of _____, State of _____, valued at approximately _____ [*estimated value of real property*] Dollars (\$ _____).

5. That the alleged incapacitated person has monthly income of approximately _____ [*amount of monthly income*] Dollars (\$ _____). This income includes _____ [*list sources of income (such as: Social Security, retirement benefits, or the like)*].

6. That the petitioner does not seek any limitations on _____ [*his/her*] guardianship appointment.

7. That there is no guardian of the _____ [person and/or estate] appointed for _____ [name of incapacitated person] in this state or in any other state, and no proceedings pending to the petitioner's knowledge.

8. That the petitioner is an adult person who resides at _____ [street address] in the City of _____, State of _____, County of _____ who is the _____ [relationship] of the alleged incapacitated person.

9. That the names and addresses of the persons most closely related by blood or marriage to the alleged incapacitated person are

[list names, addresses, and relationship].

10. That the _____ [person or institution] having the care and custody of said _____ [name of incapacitated person] is _____ [name of custodian] located at _____ [street address] in the City of _____, State of Indiana, County of _____.

11. That the petitioner herein, _____ [name of petitioner], is not the legally court appointed guardian over any other person in this or any other state.

12. That the need exists for the appointment of a guardian of the person and estate of _____ [name of incapacitated person] in that _____ [he/she] cannot handle _____ [his/her] financial affairs, and the assets of said _____ [name of incapacitated person] need to be preserved for _____ [his/her] support, maintenance, care, and proper medical treatment for _____ [name of incapacitated person]. That the petitioner is interested in this appointment because [he/she] is one of the alleged incapacitated person's closest relatives.

13. That the petitioner believes that a hearing on this matter would be advisable as soon as adequate notice can be given pursuant to IC "29-3-6-1 and 29-3-6-2 to all parties and persons directed by the Court to receive notice, and the petitioner requests the Court to set a hearing on this matter as soon as possible, consistent with providing the alleged incapacitated person and other interested persons with adequate notice.

14. That the name and address of the attorney representing said guardian is _____ [name of attorney], in the City of _____, State of Indiana, County of _____, telephone number _____.

WHEREFORE, your petitioner prays the Court to 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 person.

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

3. After hearing, adjudicate that _____ [*name of incapacitated person*] is an incapacitated person.

4. Finding that a guardian of the person and estate of _____ [*name of incapacitated person*] needs to be appointed.

5. Finding that the petitioner, _____ [*name of petitioner*], is a suitable person to be appointed guardian of the person and estate of _____ [*name of incapacitated person*].

6. Appointing _____ [*name of petitioner*] as the guardian of the person and estate of _____ [*name of incapacitated person*] setting out the duties and powers of the guardian.

7. And for all other relief which is proper in the premises.

[*Name of petitioner*]

[*Verification*]