

Marion County Probate Form 401.1-B Application for Appointment of Guardian

STATE OF INDIANA)
SS:
COUNTY OF MARION)

IN THE MARION SUPERIOR COURT)
PROBATE DIVISION
CAUSE NO: 49D08 _____

IN THE MATTER OF THE GUARDIANSHIP)
OF THE _____ OF _____)

APPLICATION FOR APPOINTMENT OF GUARDIAN

[If there are Co-Guardians, then complete one form for each Co-Guardian]

CONTACT INFORMATION:

Name of Petitioner: _____
Address of Petitioner: _____
[Including street number, _____
city, zip] _____
Home Phone Number: _____
Cell Phone Number: _____
E-Mail: _____

EDUCATIONAL BACKGROUND:

Do you have a High School Education? Yes ____ No ____

If you do not have a High School Education,
do you have a GDI? Yes ____ No ____

Do you have a college education? Yes ____ No ____

If so, please list college, number of years attended, and the year you obtained a degree, and the type of degree you obtained.

Do you have a post graduate or professional degree Yes ____ No ____

If so, please identify educational institution, the year you obtained that degree, and the degree you obtained.

EMPLOYMENT:

Name of Employer: _____

Address of Employer: _____

Length of Employment: _____

If you are not currently employed, please state whether you are retired, or a homemaker, or a surviving spouse or surviving partner of the deceased person, and please describe your most occupation or work experience before your retirement or before you stopped working outside your home.

FINANCIAL EXPERTISE:

Please list all prior experience in financial management, including investments and checkbook management:

FELONY CONVICTIONS:

Do you have any prior felony convictions Yes ____ No ____

If so, list date of conviction and type of felony.

AFFIRMATIONS OF PETITIONER:

As Petitioner requesting my appointment as Guardian of the Estate of _____, I hereby state as follows:

1. That I have attained 18 years of age and I am not incapacitated in any manner that would interfere with my administration of the estate (property) of the minor or incapacitated adult.

2. That my attorney is _____, with offices located at _____

That my attorney's Phone Number is: _____

That my attorney's Fax Number is: _____

That my attorney's E-Mail address is: _____

3. That I have provided my attorney with my Social Security Number and the date of my birth.

4. That I accept my appointment as fiduciary.

5. That I agree to submit personally to the Jurisdiction of this Court in any proceeding that relates to the estate of the minor or incapacitated adult.

AFFIRMATION AND VERIFICATION:

I affirm under the Penalties of perjury that the foregoing information is true and correct. That as a condition of my appointment as fiduciary in this matter, I hereby waive the privilege associated with this information and authorize my attorney to disclose this information to the Court, upon Court order, in the event of my failure to render an account as required by law or other determination of a breach of my fiduciary duty.

Dated: This ____ day of _____, 20____.

Signature of Petitioner