

Designation of Standby Guardianship for Minor Child(ren)

Parental Information

We, _____ (Parent 1), and
_____ (Parent 2), are either married,
or otherwise share legal custody of our child(ren).

Child(ren) Information

1. Full Legal Name: _____

Birth Date: _____

SSN, if any: _____

2. Full Legal Name: _____

Birth Date: _____

SSN, if any: _____

3. Full Legal Name: _____

Birth Date: _____

SSN, if any: _____

4. Full Legal Name: _____

Birth Date: _____

SSN, if any: _____

5. Full Legal Name: _____

Birth Date: _____

SSN, if any: _____

Declarant (Parent 1)'s Signature: _____

Declarant (Parent 2)'s Signature: _____

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Designation of Standby Guardian. We hereby designate the following individual as Standby Guardian of our child(ren):

Standby Guardian's Information:

Full Legal Name: _____

Date of Birth: _____

SSN, if any: _____

Home Address: _____

Cell Phone: _____ Other Phone: _____

Designation of Alternate Standby Guardian. In the event the person we have designated as the Standby Guardian is unable to serve, refuses to serve, is under custody of a law enforcement agency, resides in a foreign country at the time service is required, renounces the appointment, dies, or becomes incapacitated, we hereby designate the following individual as the alternate Standby Guardian:

Full Legal Name: _____

Date of Birth: _____

SSN, if any: _____

Home Address: _____

Cell Phone: _____ Other Phone: _____

Powers of Standby Guardian under IC 29-3-3-7. The Standby Guardian shall have all of the powers granted to a guardian under Indiana Code 29-3-3-7, Standby Guardians. In addition, the Standby Guardian shall have the power to obtain a passport for the child(ren) or person(s) listed above from the United States government or the government of any foreign country. The Standby Guardian shall also have the power to make travel arrangements for the listed child(ren), accompany the child(ren) during international travel to reunite with a parent or other family member abroad, or arrange for another trustworthy individual to

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accompany the child(ren) during international travel to reunite with a parent or other family member abroad.

Effective Date. The Standby Guardian's authority shall take effect if we are found in any of the following situations:

- We are hospitalized due to severe illness; or
- We are severely ill and am unable to provide necessary care and supervision for my children, and I request the Standby Guardian to take my children; or
- We are deceased; or
- We are otherwise incapacitated.

If ONLY ONE of us is in any of these situations, the Standby Guardianship will not take effect. The remaining parent will continue their parental duties.

Proof that Standby Guardianship has taken effect. Any one of the following types of documents shall be considered sufficient proof that this Standby Guardianship has sprung into effect:

- Any documents indicating we are both hospitalized;
- Any documents indicating we are both severely ill and unable to care for our children;
- Any documents indicating we are both deceased or otherwise incapacitated; or
- Any statements made by us, indicating that we both wish the Standby Guardian to assume their duties.

Termination of Standby Guardianship as provided by IC 29-3-3-7. The powers granted to the Standby Guardian shall terminate ninety (90) days after becoming effective, unless the Standby Guardian files a petition for guardianship of the child(ren), or upon our child(ren)'s reunification with one or both of us, whichever occurs first.

Declarant (Parent 1)'s Signature: _____

Declarant (Parent 2)'s Signature: _____

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Statement of Intent for Best Interest of Child. In the case that our children become wards of the State of Indiana and we are both hospitalized, severely ill, deceased, or otherwise unavailable, it is our wish that our children be reunited with us as soon as possible when one or both of us are able to resume our parental duties. In the meantime, we wish our children to be with the designed Standby Guardians.

Verification of Standby Guardian's identity. Any entity or person to which this Designation of Standby Guardianship is presented shall accept any of the following documents as proof of the identity of the Standby Guardian:

- A driver's license or identification card issued by any state or territory of the United States, or the District of Columbia;
- A passport issued by the United States;
- A passport issued by any foreign government;
- A consular identification card issued by any foreign government;
- A Certificate of Naturalization or Certificate of Citizenship issued by the United States; or
- Any other form of photo identification that is legally accepted by the State of Indiana or the United States government as proof of identity.

Revocation of Standby Guardianship. This Designation of Standby Guardianship shall continue indefinitely until we revoke it in writing. We understand that we retain full parental rights even after the beginning of the Standby Guardian's authority, and that we may revoke the standby guardianship at any time.

Understanding of Standby Guardianship under IC 29-3-3-7. I understand that a Standby Guardian will have all the powers granted to a guardian. I understand that signing this document does not terminate my parental rights. I understand that this document must be considered by, but is not binding on, the Department of Child Services, a probation department, or a juvenile court for purposes of determining the placement of a child who is the subject of the subject of an

Declarant (Parent 1)'s Signature: _____
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allegation of child abuse or neglect, an open child in need of services cases, or an open delinquency case.

Severability. If any portion of this Designation of Standby Guardianship is held to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable. If a court finds that any provision of this Standby Guardianship is invalid or unenforceable, but that by limiting or revising such provision it would become valid and enforceable or preserve our underlying intent for the care of our child(ren), then such provision will be deemed to be written, construed, and enforced as so limited.

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF INDIANA, COUNTY OF _____

This Designation of Standby Guardianship was acknowledged before me on _____ (date)

by _____ (name of Declarant)

[seal]

Signature of Notary
Notary Public for the State of Indiana

Notary Number: _____

My commission expires: _____

Declarant (Parent 1)'s Printed Name:

Declarant (Parent 1)'s Signature:

Date: _____

Declarant (Parent 1)'s Signature: _____

Declarant (Parent 2)'s Signature: _____

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CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF INDIANA, COUNTY OF _____

This Designation of Standby Guardianship was acknowledged before me on
_____ (date)

by _____ (name of Declarant)

[seal]

Signature of Notary
Notary Public for the State of Indiana

Notary Number: _____

My commission expires: _____

Declarant (Parent 2)'s Printed Name:

Declarant (Parent 2)'s Signature:

_____ Date: _____

Declarant (Parent 1)'s Signature: _____

Declarant (Parent 2)'s Signature: _____