STATE	OF INDIANA	)	IN THE CIRCUIT COURT	
COUN	TY OF LAWRENCE	)	CAUSE NO: 47C01	
IN THI	E MATTER OF THE GUA	RDIANHIP OF	?:	
	ECTED PERSON/ADULT			
<u>PETIT</u>	ION FOR APPOINTMEN	NT OF PERM	ANENT GUARDIAN FOR INCAPACITATED PERSON	
		(your	name), Petitioner, says:	
1.	(ward), date of birth, who is currently residing at Lawrence County, IN, is an incapacitated person and is subject to the jurisdiction of the Court by virtue of being a resident of Lawrence County, IN.			
2.	The alleged incapacitated	-	ace at any hearing on this Petition is not required because:	
3.		property e, ental illness, m , incarceration,	who is unable to:  nental deficiency, physical illness, infirmity, habitual drunkenness, confinement, dentition, duress, fraud, undue influence of others on the	
4.	The property of the incapa	citate person is	of the approximate value of \$	
5.	There is no Guardian of the	e Person or Est	ate of the incapacitated person in any state.	
6.	The person or institution to	be appointed (	Guardian is:	
	Name:			
	Address:	(City, State,	Zip)	
			(include area code)	

7. The p	The person(s) most closely related by blood or marriage to the incapacitated person is/are:			
	Name:			
	Address:			
	(City, State, Zip) Phone Number:			
	Relationship:			
The p	person of Institution (Caregiver) having the care and cus	stody of the incapacitated person is:		
	Name:			
	Address:(City, State, Zip)			
	(City, State, Zip)			
	Phone Number:	(include area code)		
	Relationship:			
The p	person to be appointed Guardian, if not a corporation, is n(s):			
	eason for appointment of a Guardian is to provide care acitated person, and the interest of the petitioner is such	and supervision of the person or property of the		
		Signature		