

STATE OF INDIANA ) IN \_\_\_\_\_ CIRCUIT/SUPERIOR COURT NO.  
 ) SS:  
COUNTY OF \_\_\_\_\_) CAUSE NO.

IN THE MATTER OF THE )  
GUARDIANSHIP OF XXX, Adult/Minor. )  
\_\_\_\_\_) )  
 )  
XXX, Petitioner. )

## COURT'S INSTRUCTIONS TO GUARDIAN OF THE PERSON

**Please read carefully before you date and sign. One copy of this form must be filed with the Court before your appointment as guardian is confirmed by the Court. Keep a copy for your records.**

You have been appointed as the guardian of an individual who is unable to care for his or her own personal affairs. It is important that you fully realize your duties and responsibilities. Listed below are some of your duties.

You should be represented at all times by an attorney of record. Your attorney is required to notify the Court if you are not properly performing your duties to the protected person. By signing these Instructions you agree that the filing of that notice does not violate the attorney-client privilege. If the Court receives such notice it will set the matter for hearing and require you to personally appear and account to the Court for all actions taken or not taken by you as guardian.

The Instructions which follow are to be considered by you as Orders of the Court which require you to perform as directed. The Court appreciates your efforts on behalf of the protected person.

### **As Guardian of the person, you have the following duties and authority:**

1. You must be or become sufficiently acquainted with the protected person and maintain sufficient contact with the protected person to know his or her capabilities, disabilities, limitations, needs, opportunities, and physical and mental health.
2. You are responsible to make sure the protected person has an adequate place to live that is appropriate for the protected person's needs. You can decide where the protected person will live. You must obtain approval of the Court before you move the protected person to another residence or health facility that is more than fifty miles away.

3. You are responsible to make sure that the protected person receives needed and appropriate medical care. You can consent to medical or other professional care and treatment for the protected person's health and welfare. You can consent to the protected person's admission to a health care facility.
4. You shall, to the extent possible, encourage and promote the self-reliance and independence of the protected person.
5. You can, to the extent that the protected person is able, delegate to the protected person certain responsibilities for decisions affecting the protected person's well-being.
6. You or your attorney must notify the Court if your address changes.
7. You must file a report with the Court at least **every two (2) years**. The report must state the present residence of the protected person and a statement of the protected person's current condition and general welfare. Failure to file the report may result in your removal as guardian.

**I authorize my attorney to notify the Court in the event that he or she has reason to believe that I am not timely performing or am improperly performing my duties to the protected person even if such information would be otherwise confidential.**

**I acknowledge that I have carefully and completely read the above instructions and received a copy for my records. I agree to properly carry out my duties.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Petitioner

Address

Address

Phone

Email

Last four (4) of SSN: