

# Guardianship of a Minor Child

1. Has this child been made a ward of the state through a juvenile proceeding (JC or JT case)?

Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, the case must be filed in Circuit Court 2.

2. Are there other cases related to this child (DC, DR, or JP case)?

If so, write the cause numbers here:

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3. These forms are only used to appoint a guardian over the person of the Minor Child. If the Minor Child has assets you need to seek legal counsel.

Please see the Clerk's Filing Office if you have any questions regarding the above information.

# WITHOUT CONSENT

You must fill out a separate

- **NOTICE TO INTERESTED PERSON OF  
PETITION FOR APPOINTMENT OF GUARDIAN  
AND HEARING THEREON**

**and**

- **NOTICE OF HEARING**

**for mother, father, and any other interested person of  
the Minor Child**

STATE OF INDIANA ) IN THE DELAWARE CIRCUIT COURT NO. \_\_\_\_  
 ) SS:  
 COUNTY OF DELAWARE )

IN RE THE GUARDIANSHIP OF: CAUSE NO: 18C0\_\_\_\_\_

**VERIFIED MOTION FOR FEE WAIVER**

The petitioner now states:

1. I wish to file this action and I believe that I have a case with merit.
2. I cannot pay any of the filing fees or other costs of this action because I do not have sufficient income or resources.
3. I live with \_\_\_\_\_.
4. Our family's income is \_\_\_\_\_ per month. **(Total from below)**

**(Income received each month, before taxes)**

Wages (_____ per hour x _____ hours per month)	_____
Unemployment Compensation	_____
AFDC / TANF Benefits	_____
SSI / SSD Benefits	_____
Child Support	_____
Other _____	_____
<i>(please describe)</i>	<b>Total =</b> _____

5. We have \_\_\_\_\_ in the bank.
6. Our expenses total \_\_\_\_\_ per month. **(Total from below)**

**(Expenses spent each month)**

Housing (Rent, Contract, or Mortgage)	_____
Food	_____
Utilities (Gas, Electric, Water, Phone, etc.)	_____
Child Care	_____
Medical Bills	_____
Transportation	_____
Insurance (car, medical and/or property)	_____
Child Support	_____
Other _____	_____
<i>(please describe)</i>	<b>Total =</b> _____

I request that this Court waive all costs of this action and allow me to proceed without the payment of any filing fees or other costs.

I affirm under the penalties of perjury that the foregoing representations are true.

\_\_\_\_\_  
 Signature

STATE OF INDIANA            )                    **IN THE DELAWARE CIRCUIT COURT NO. \_\_\_\_**  
  ) **SS:**  
COUNTY OF DELAWARE    )

**IN RE THE GUARDIANSHIP OF:**            **CAUSE NO: 18C0\_\_\_\_\_**

\_\_\_\_\_

**ORDER ON FEE WAIVER**

The Petitioner, has filed a Verified Motion for Fee Waiver, which the Court has read and finds should be granted

**IT IS THEREFORE ORDERED** that Petitioner may file this case:

\_\_\_\_\_ without the pre-payment of any filing fees, costs, security, bond, or other expenses; or  
\_\_\_\_\_ upon the pre-payment of \$ \_\_\_\_\_ which is a portion of the filing fee set by statute. Such sum must be paid by the Petitioner to the Clerk within the next 20 days.

The Court will determine whether any or additional costs are to be paid at a preliminary or final hearing in this case.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge, Delaware Circuit Court No. \_\_\_\_

Distribution:

\_\_\_\_\_  
Petitioner Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

STATE OF INDIANA )  
 ) SS:  
COUNTY OF DELAWARE )

IN THE DELAWARE CIRCUIT COURT NO. \_\_\_\_

IN RE THE GUARDIANSHIP OF:

CAUSE NO: 18C0\_\_\_\_\_

\_\_\_\_\_

### APPEARANCE

1. \_\_\_\_\_ Party: \_\_\_\_\_
2. Attorney Information Self-Represented
3. Case Type: GU
4. Will NOT accept FAX service.
5. Are there related cases? Yes \_\_\_\_\_ No \_\_\_\_\_

Case Number(s): \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print your name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Telephone number, with area code

STATE OF INDIANA )  
 ) SS:  
COUNTY OF DELAWARE )

IN THE DELAWARE CIRCUIT COURT NO. \_\_\_\_

IN RE THE GUARDIANSHIP OF: CAUSE NO: 18C0\_\_\_\_\_

**PETITION FOR PERMANENT APPOINTMENT OF A  
GUARDIAN OVER THE PERSON OF MINOR CHILD/CHILDREN**

Comes now the Petitioner(s), \_\_\_\_\_, and respectfully petitions the Court to appoint Petitioner(s) as guardian(s) of \_\_\_\_\_, a minor child. In support of this request, Petitioner(s) would show the Court as follows:

1. \_\_\_\_\_ was born on \_\_\_\_\_ and is \_\_\_\_\_ years old and is incapacitated due to minority and resides at the following address: \_\_\_\_\_  
\_\_\_\_\_ in \_\_\_\_\_ County.
2. Petitioner(s) reside at \_\_\_\_\_, in \_\_\_\_\_ County, and Petitioner(s) relationship to the minor child is/are: \_\_\_\_\_.
3. The nature of the incapacity is:  
    \_\_\_ he or she is a Minor Child under the age of 14.  
    \_\_\_ he or she is a Minor Child of 14 or over but younger than 18, and I have attached a copy of his or her consent.
4. The child has been in the physical custody and care of Petitioner(s) since \_\_\_\_\_, because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.
5. Petitioner(s) has/have been supporting and caring for the child in the following ways:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

6. A Child in Need of Services (CHINS) petition

\_\_\_ has been filed regarding this child and is open \_\_\_ closed \_\_\_  
\_\_\_ has not been filed regarding this child.

7. A program of informal adjustment

\_\_\_ has been filed regarding this child and is open \_\_\_ closed \_\_\_  
\_\_\_ has not been filed regarding this child

8. Petitioner(s):

\_\_\_ are aware of another guardian appointed for or acting as the custodian of the minor child  
and their name is \_\_\_\_\_ and their address is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_ are not aware of another guardian appointed for or acting as the custodian of the minor  
child.

9. A protective order:

\_\_\_ has been issued for the minor.  
\_\_\_ has not been issued for the minor.

10. The person or institution ("Caregiver") having the care and custody of the Minor Child at this time is:

\_\_\_\_\_  
Name Street Address City, State, Zip

11. The names and address of relatives most closely related by blood or marriage to the Minor Child are  
the following (if whereabouts are unknown, so indicate):

Mother: \_\_\_\_\_  
Name Age Address

Father: \_\_\_\_\_  
Name Age Address

Other Relationship:

\_\_\_\_\_  
Name Age Address

12. The appointment of a guardian is sought for the following reasons:

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13. If appointed as guardian(s), of the child, Petitioner(s) can provide the following for the child:

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14. Petitioner(s) request that no bond be required of Petitioner(s) since the minor child has no asset(s).

15. \_\_\_ Petitioner(s) has/have been appointed guardian(s) of another person in this state.

\_\_\_ Petitioner(s) has/have not been appointed guardian(s) of another person in this state.

16. Less restrictive alternative are not sufficient to meet the needs of the child because

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17. The appointment of a guardian(s) is/are necessary to provide care and supervision of the Minor Child's person.

18. Petitioner(s) believe it is necessary for the Court to appoint them as guardian over the Minor Child for the previously mentioned reasons.



19. Petitioner(s) has/have no attorney who represent(s) them.

WHEREFORE, Petitioner(s) respectfully requests to be appointed guardian(s) of \_\_\_\_\_

after notice and a hearing.

**The undersigned affirms under penalties for perjury that the foregoing representations and statements are true.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

**CERTIFICATE OF SERVICE**

I hereby certify that I sent a copy of this document on \_\_\_\_\_ by

e-service using the e-filing system

first class U.S. mail, postage prepaid

hand delivery

to \_\_\_\_\_ at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I hereby certify that I sent a copy of this document on \_\_\_\_\_ by

e-service using the e-filing system

first class U.S. mail, postage prepaid

hand delivery

to \_\_\_\_\_ at the following address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

STATE OF INDIANA            )                    **IN THE DELAWARE CIRCUIT COURT NO. \_\_\_\_\_**  
  ) **SS:**  
COUNTY OF DELAWARE    )

**IN RE THE GUARDIANSHIP OF:**            **CAUSE NO: 18C0\_\_\_\_\_**

\_\_\_\_\_

**MINOR CHILD’S WAIVER AND REQUEST  
(Minor Child Over Age Fourteen)**

I hereby state:

1. I am a Minor Child, age Fourteen (14) Years or older, birth date: \_\_\_\_\_.
2. I have received and read a copy of the PETITION FOR APPOINTMENT OF A GUARDIAN (“Petition”) seeking the appointment of \_\_\_\_\_ as Guardian.
3. I enter my general appearance with respect to the Petition.
4. I waive the issuance and service of notice of hearing upon the Petition.
5. I request the Court enter an Order granting the Petition because I believe it is in my best interest.

I affirm under the penalties for perjury that the foregoing representations are true.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
Signature of Minor Child

\_\_\_\_\_  
Printed Name of Minor Child

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

STATE OF INDIANA            )                    **IN THE DELAWARE CIRCUIT COURT NO. \_\_\_\_\_**  
  ) **SS:**  
COUNTY OF DELAWARE    )

**IN RE THE GUARDIANSHIP OF:**            **CAUSE NO: 18C0\_\_\_\_\_**

\_\_\_\_\_

**NOTICE TO INTERESTED PERSON OF PETITION FOR APPOINTMENT  
OF GUARDIAN AND HEARING THEREON**

**TO: Name:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**City, State, Zip:** \_\_\_\_\_

A hearing will be held on \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ m in the court referenced in the above caption, to determine whether the Court should appoint a guardian for \_\_\_\_\_ . The purpose of this proceeding is to protect the Minor Child. You are entitled to attend this hearing, file motions, and if the court allows, provide testimony. A copy of the petition requesting appointment of a guardian is attached to this notice. At the hearing the court will determine whether said person is a Minor Child under Indiana Law. If the Court finds that said person is a Minor Child, the Court at the hearing shall also consider whether Petitioner, \_\_\_\_\_, should be appointed as guardian of Minor Child. The Court may, in its discretion, appoint some other qualified person as guardian. The Court may also, in its discretion, limit the powers and duties of the guardian. The Court may also determine whether a protective order should be entered on behalf of Minor Child. The Court may, where necessary, appoint an attorney or guardian ad litem to represent the Minor Child at the hearing. The Court may, on its own motion or on request of any interested person, postpone the hearing to another date and time.

\_\_\_\_\_  
Clerk of the \_\_\_\_\_ Court of  
\_\_\_\_\_ County

**NOTICE OF HEARING**

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THE STATE OF INDIANA, DELAWARE COUNTY, SS:

**To the Sheriff of Delaware County, Greetings:**

You are hereby commanded to notify \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(City, State, Zip)

That In Re the Matter of the Guardianship of \_\_\_\_\_  
(Name of Minor Child)

Cause No. 18C0 \_\_\_\_\_ in the Delaware County Circuit Court No. \_\_\_\_ is set for

hearing at \_\_\_\_\_ o'clock \_\_\_\_ . m. On the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_,

at the Justice Center, 3100 S. Tillotson Ave., Muncie, Indiana, before the Honorable

\_\_\_\_\_, Judge of said Court.

WITNESS, the Clerk of said Court, and the seal thereof, hereunto affixed, at the City of

Muncie, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Bailiff's Return of Service:

\_\_\_\_\_ Clerk

STATE OF INDIANA            )                    **IN THE DELAWARE CIRCUIT COURT NO. \_\_\_\_**  
  ) **SS:**  
COUNTY OF DELAWARE    )

**IN RE THE GUARDIANSHIP OF:**            **CAUSE NO: 18C0\_\_\_\_\_**

**Notice of Exclusion of Confidential Information from Public Access**  
**(FILED WITH TRIAL COURT CLERK for documents filed with the clerk)**  
**(TENDERED IN OPEN COURT for documents tendered in open court)**

Contemporaneous with filing \_\_\_\_ tender \_\_\_\_ of this notice, \_\_\_\_\_ has  
Your Name  
filed \_\_\_\_ tendered \_\_\_\_ confidential information under the Indiana Rules on Access to Court Records.

\_\_\_\_\_, provides this notice that the confidential information is to remain  
Your Name

excluded from public access in accordance with the authority listed below:

Name or description of document:

ACR grounds for exclusion:

Guardianship Information Sheet

TR 3.1 (A)(10)

*[NOTE: If Rule 5(A)(1 or 3), 5(B)(1 or 2),  
or 5 (D)(2) provides the basis for exclusion,  
you must also list the specific law, statute, or  
rule declaring the information confidential.]*

Respectfully submitted,

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Petitioner Signature

**CERTIFICATE OF SERVICE**

I certify that on this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, I served a copy of the foregoing Notice on \_\_\_\_\_ [insert Name of Person Served] at the following address: \_\_\_\_\_, by the following method of service: \_\_\_\_\_ [please specify U.S. Mail, personal service, fax, email, etc.]

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Signature

# Guardianship Information Sheet

**Choose One\*** ( Individual  Estate  Estate and Individual)

**Choose One\*** ( Minor  Adult)

**Choose One\*** ( Temporary  Permanent)

**Related Cases (List any cases in which the Protected Person is a party, e.g., CHINS)**

\_\_\_\_\_

<b>Petitioner</b>	<b>Relationship to Protected Person*</b> _____
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**Last:\*** \_\_\_\_\_ **Suffix:** \_\_\_\_\_ **First:\*** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:\*** \_\_\_\_\_ **Race:\*** \_\_\_\_\_ **Hispanic?: Yes/No**

**Address:\*** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:\*** \_\_\_\_\_

**Attorney Name:** \_\_\_\_\_ **Bar Number:** \_\_\_\_\_ **App. Filed Date:** \_\_\_\_\_

<b>Protected Person</b>	<b>Estimated Value \$</b> _____
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**Last:\*** \_\_\_\_\_ **Suffix:** \_\_\_\_\_ **First:\*** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**DOB:\*** \_\_\_\_\_ **Gender:\*** \_\_\_\_\_ **Race:\*** \_\_\_\_\_ **Hispanic?: Yes/No**

**Eye Color:** \_\_\_\_\_ **Hair Color:** \_\_\_\_\_ **Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **lbs**

**Scars, Marks, and Tattoos:** \_\_\_\_\_

**Address:\*** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:\*** \_\_\_\_\_

**Attorney Name:** \_\_\_\_\_ **Bar Number:** \_\_\_\_\_ **App. Filed Date:** \_\_\_\_\_

**Guardian Ad Litem Full Name:** \_\_\_\_\_

**Interpreter required? Yes/No** **Language:** \_\_\_\_\_

<b>Guardian</b> <input type="checkbox"/> <b>Check if same as petitioner</b> <input type="checkbox"/> <b>Certified (Only check if Federal or State Certified)</b>
--

**Last:\*** \_\_\_\_\_ **Suffix:** \_\_\_\_\_ **First:\*** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**DOB:** \_\_\_\_\_ **Gender:\*** \_\_\_\_\_ **Race:\*** \_\_\_\_\_ **Hispanic?: Yes/No**

**Address:\*** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:\*** \_\_\_\_\_

**Attorney Name:** \_\_\_\_\_ **Bar Number:** \_\_\_\_\_ **App. Filed Date:** \_\_\_\_\_

<b>Guardian Institution</b>
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**Name:\*** \_\_\_\_\_

**Address:\*** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Agent Name:** \_\_\_\_\_

<b>Close Relative (Entitled to Notice)</b>	<b>Relationship to Protected Person</b> _____
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**Last:\*** \_\_\_\_\_ **Suffix:** \_\_\_\_\_ **First:\*** \_\_\_\_\_ **Middle:** \_\_\_\_\_

**Gender:\*** \_\_\_\_\_ **Race:\*** \_\_\_\_\_ **Hispanic?: Yes/No**

**Mailing Address:\*** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Work Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Email Address:\*** \_\_\_\_\_

# Guardianship Information Sheet

(Additional)

<b>Petitioner</b>	<b>Relationship to Protected Person</b> _____
<b>Last:*</b> _____ <b>Suffix:</b> _____ <b>First:*</b> _____ <b>Middle:</b> _____	
<b>DOB:</b> _____ <b>Gender:*</b> _____ <b>Race:*</b> _____ <b>Hispanic?:</b> Yes/No	
<b>Address:*</b> _____	
<b>Home Phone:</b> _____ <b>Work Phone:</b> _____ <b>Cell Phone:</b> _____	
<b>Email Address:</b> _____	
<b>Attorney Name:</b> _____ <b>Bar Number:</b> _____ <b>App. Filed Date:</b> _____	

<b>Guardian</b> <input type="checkbox"/> <b>Check if same as petitioner</b> <input type="checkbox"/> <b>Certified (Only check if Federal or State Certified)</b>	
<b>Last:*</b> _____ <b>Suffix:</b> _____ <b>First:*</b> _____ <b>Middle:</b> _____	
<b>DOB:</b> _____ <b>Gender:*</b> _____ <b>Race:*</b> _____ <b>Hispanic?:</b> Yes/No	
<b>Address:*</b> _____	
<b>Home Phone:</b> _____ <b>Work Phone:</b> _____ <b>Cell Phone:</b> _____	
<b>Email Address:</b> _____	
<b>Attorney Name:</b> _____ <b>Bar Number:</b> _____ <b>App. Filed Date:</b> _____	

<b>Close Relative (Entitled to Notice)</b>	<b>Relationship to Protected Person</b> _____
<b>Last:*</b> _____ <b>Suffix:</b> _____ <b>First:*</b> _____ <b>Middle:</b> _____	
<b>Gender:*</b> _____ <b>Race:*</b> _____ <b>Hispanic?:</b> Yes/No	
<b>Mailing Address:*</b> _____	
<b>Home Phone:</b> _____ <b>Work Phone:</b> _____ <b>Cell Phone:</b> _____	
<b>Email Address:</b> _____	

<b>Interested Party</b>
<b>Last:*</b> _____ <b>Suffix:</b> _____ <b>First:*</b> _____ <b>Middle:</b> _____
<b>Gender:*</b> _____ <b>Race:*</b> _____ <b>Hispanic?:</b> Yes/No
<b>Address:*</b> _____
<b>Home Phone:</b> _____ <b>Work Phone:</b> _____ <b>Cell Phone:</b> _____
<b>Email Address:</b> _____

<b>Interested Party</b>
<b>Last:*</b> _____ <b>Suffix:</b> _____ <b>First:*</b> _____ <b>Middle:</b> _____
<b>Gender:*</b> _____ <b>Race:*</b> _____ <b>Hispanic?:</b> Yes/No
<b>Address:*</b> _____
<b>Home Phone:</b> _____ <b>Work Phone:</b> _____ <b>Cell Phone:</b> _____
<b>Email Address:</b> _____



STATE OF INDIANA            )                    **IN THE DELAWARE CIRCUIT COURT NO. \_\_\_\_\_**  
  ) **SS:**  
COUNTY OF DELAWARE    )

**IN RE THE GUARDIANSHIP OF:**            **CAUSE NO: 18C0\_\_\_\_\_**

\_\_\_\_\_

**ORDER SETTING HEARING DATE ON PETITION FOR APPOINTMENT OF  
GUARDIAN AND DIRECTING NOTICE TO MINOR CHILD AND  
OTHER INTERESTED PERSONS**

Petitioner, \_\_\_\_\_, has filed a Petition for the Appointment of a Guardian of the  
Minor Child, \_\_\_\_\_, and for good cause shown, the Court now sets this  
Petition for hearing on \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_ . m. at which time the petitioner's application for  
the appointment of a guardian will be heard.

The Court **HEREBY ORDERS THAT THE PETITIONER MUST:**

1. Give notice of the filing of the petition for guardianship over \_\_\_\_\_ in the  
form required by law, and attach to that notice a copy of the petition, and serve that notice and petition  
on Minor Child with the Certificate of Service returned to the Court.
2. Give notice of the filing and a copy of the petition in the form required by law to all interested persons  
and institutions as defined by law who have not waived notice of Petition.

All of which is ordered on: \_\_\_\_\_

\_\_\_\_\_  
Judge, Delaware Circuit Court No. \_\_\_\_\_

STATE OF INDIANA            )                    **IN THE DELAWARE CIRCUIT COURT NO. \_\_\_\_\_**  
  ) **SS:**  
COUNTY OF DELAWARE    )

**IN RE THE GUARDIANSHIP OF:**            **CAUSE NO: 18C0\_\_\_\_\_**

\_\_\_\_\_

**OATH AND ACCEPTANCE OF GUARDIAN**

1. I ACCEPT THE APPOINTMENT AS GUARDIAN OF THE PERSON OF:  
\_\_\_\_\_.
  
2. I WILL FAITHFULLY DISCHARGE THE DUTIES OF MY TRUST AS GUARDIAN.

I affirm under the penalties for perjury that the foregoing representations are true.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Guardian

STATE OF INDIANA            )                    **IN THE DELAWARE CIRCUIT COURT NO. \_\_\_\_\_**  
  ) **SS:**  
COUNTY OF DELAWARE    )

**IN RE THE GUARDIANSHIP OF:**            **CAUSE NO: 18C0\_\_\_\_\_**

\_\_\_\_\_

**ORDER APPOINTING GUARDIAN FOR MINOR CHILD**

The Court now finds as follows:

1. The individual for whom the Guardian is sought is a Minor Child; and
2. The appointment of a Guardian is necessary to provide care and supervision of the Minor Child's physical person.

IT IS THEREFORE ORDERED as follows:

1. \_\_\_\_\_ is adjudicated a Minor Child.
2. \_\_\_\_\_ is appointed guardian.
3. No bond is required except on further Order.
4. The Clerk shall issue Letters of Guardianship to the Guardian upon qualification.

SO ORDERED ON: \_\_\_\_\_

\_\_\_\_\_  
Judge, Delaware Circuit Court No. \_\_\_\_\_