

STATE OF INDIANA ) IN THE CIRCUIT COURT  
COUNTY OF MADISON ) CAUSE NUMBER \_\_\_\_\_

IN RE THE GUARDIANSHIP OF: )

\_\_\_\_\_  
PROTECTED PERSON/ADULT

**CONSENT TO THE APPOINTMENT OF A GUARDIAN BY A RELATIVE OR INDIVIDUAL**

\_\_\_\_\_ (your name), being duly sworn upon his or her oath, says that he/she is an adult and is familiar with the Petition of \_\_\_\_\_ (petitioner name) for the appointment of a guardian over the incapacitated person \_\_\_\_\_ (name) and consents to the appointment of \_\_\_\_\_ (petitioners name) and hereby expressly waives service of summons and notice of hearing on said guardianship petition.

\_\_\_\_\_  
Signed name

\_\_\_\_\_  
Written name

Sworn to me and subscribed in my presence, a Notary Public in and for the  
State of \_\_\_\_\_, County of \_\_\_\_\_, this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public Name                      Expiration date of Notary