

PHILLIP E. HOUK
MAGISTRATE
ALLEN SUPERIOR COURT
ALLEN COUNTY COURTHOUSE ROOM 108
FORT WAYNE, INDIANA 46802
(260) 449-7543

November 5, 2015

Dear Members of the Bar:

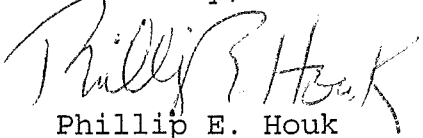
Greetings Northeast Indiana Probate Practitioners!

I am writing to advise you of a new procedure being implemented in Allen County for all new Guardianship cases. At the urging of the Indiana Guardianship Task Force, Indiana has developed a statewide Guardianship Registry. The registry consists of two main components. The first component is for Court's and Clerk's staff use only and the second component is a public access site. The public access site will contain basic information about Guardianship cases in Indiana. More information regarding the Task Force recommendation and this project can be found at: <http://indianacourts.us/times/2012/07/whos-overseeing-the-overseers/> and <http://indianacourts.us/times/2012/07/how-a-guardianship-registry-benefits-the-citizens-of-indiana/>.

Allen County is one of several participating in the statewide deployment of this registry. Eventually, it is hoped that there will be a statewide database which will be accessible to the public for all Guardianships opened in the state. Actual implementation of the registry from the practitioner's point of view will involve very little change in your current practices. In order to make this process efficient for the Clerk and Court staff using this registry, beginning January 4, 2016 all new Guardianship filings will be required to include the attached Guardian Registry Information Sheet. This form will be used to facilitate the data entry for the registry by the County Clerk's office, and is not considered a pleading.

On behalf of the Probate Division of the Allen Superior Court,
I thank you for your cooperation with this new process. As always,
do not hesitate to direct any questions to my office.

Cordially,

A handwritten signature in cursive script that reads "Phillip E. Houk". The signature is written in dark ink and is positioned above the typed name.

Phillip E. Houk
Magistrate
Allen Superior Court

Encl.

Guardianship Registry Information Sheet

Minor Adult Temporary Permanent

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

Petitioner	Relationship to Protected Person
------------	----------------------------------

Last: _____ Suffix: _____ First: _____ Middle: _____
DOB: _____ Gender: _____ Race: _____ Hispanic?: Yes No
Home Address: _____
Mailing Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Attorney Name: _____ Bar Number: _____

Protected Person	Estimated Value \$
------------------	--------------------

Last: _____ Suffix: _____ First: _____ Middle: _____
DOB: _____ Gender: _____ Race: _____ Hispanic?: Yes No
Eye Color: _____ Hair Color: _____ Height: _____' _____" Weight: _____ lbs
Scars, Marks, and Tattoos: _____
Home Address: _____
Mailing Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Attorney Name: _____ Bar Number: _____
Guardian Ad Litem Full Name: _____
Interpreter required?: Yes/No Language: _____

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

Last: _____ Suffix: _____ First: _____ Middle: _____
DOB: _____ Gender: _____ Race: _____ Hispanic?: Yes No
Mailing Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____
Attorney Name: _____ Bar Number: _____

Guardian Institution

Name: _____
Mailing Address: _____
Phone: _____ Fax: _____ Agent Name: _____

Close Relative (Entitled to Notice)	Relationship to Protected Person
-------------------------------------	----------------------------------

Last: _____ Suffix: _____ First: _____ Middle: _____
Gender: _____ Race: _____ Hispanic?: Yes No
Mailing Address: _____
Home Phone: _____ Work Phone: _____ Cell Phone: _____
Email Address: _____

Guardianship Registry Information Sheet

(Additional)

Petitioner Relationship to Protected Person _____

Last: _____ Suffix: _____ First: _____ Middle: _____

DOB: _____ Gender: _____ Race: _____ Hispanic?: Yes No

Home Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Attorney Name: _____ Bar Number: _____

Protected Person Estimated Value \$ _____

Last: _____ Suffix: _____ First: _____ Middle: _____

DOB: _____ Gender: _____ Race: _____ Hispanic?: Yes No

Eye Color: _____ Hair Color: _____ Height: _____' _____" Weight: _____ lbs

Scars, Marks, and Tattoos: _____

Home Address: _____

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Attorney Name: _____ Bar Number: _____

Guardian Ad Litem Full Name: _____

Interpreter required?: Yes/No Language: _____

Guardian Check if same as petitioner Certified (Only check if Federal or State Certified)

Last: _____ Suffix: _____ First: _____ Middle: _____

DOB: _____ Gender: _____ Race: _____ Hispanic?: Yes No

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Attorney Name: _____ Bar Number: _____

Close Relative (Entitled to Notice) Relationship to Protected Person _____

Last: _____ Suffix: _____ First: _____ Middle: _____

Gender: _____ Race: _____ Hispanic?: Yes No

Mailing Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____