

## Designation of Standby Guardianship for Minor Child(ren)

### Parental Information

I, \_\_\_\_\_, am the custodial parent of the child(ren), and the child(ren) live(s) with me. The other parent of the child(ren) is \_\_\_\_\_

---

A. The other parent has never established his paternity in a court of law or by paternity affidavit, and has no legal obligations or rights to the child.

B. The other parent had his or her parental rights terminated by a court on or about \_\_\_\_\_

C. The other parent is deceased, on or about \_\_\_\_\_

D. Other: \_\_\_\_\_

---

---

---

### Child(ren) Information

1. Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN, if any: \_\_\_\_\_

2. Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN, if any: \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Declarant (Parent)'s Signature: \_\_\_\_\_

## Designation of Standby Guardianship for Minor Child(ren)

SSN, if any: \_\_\_\_\_

4. Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN, if any: \_\_\_\_\_

5. Full Legal Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

SSN, if any: \_\_\_\_\_

**Designation of Standby Guardian.** I hereby designate the following individual as Standby Guardian of my child(ren):

Standby Guardian's Information:

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN, if any: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

**Designation of Alternate Standby Guardian.** In the event the person I have designated as the Standby Guardian is unable to serve, refuses to serve, is under custody of a law enforcement agency, resides in a foreign country at the time service is required, renounces the appointment, dies, or becomes incapacitated, I hereby designate the following individual as the alternate Standby Guardian:

Full Legal Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

SSN, if any: \_\_\_\_\_

Home Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_

Declarant (Parent)'s Signature: \_\_\_\_\_

## Designation of Standby Guardianship for Minor Child(ren)

**Powers of Standby Guardian under IC 29-3-3-7.** The Standby Guardian shall have all of the powers granted to a guardian under Indiana Code 29-3-3-7 [Standby guardians]. In addition, the Standby Guardian shall have the power to obtain a passport for the child(ren) or person(s) listed above from the United States government or the government of any foreign country. The Standby Guardian shall also have the power to make travel arrangements for the listed child(ren), accompany the child(ren) during travel to reunite with a parent or other family member, or arrange for another trustworthy individual to accompany the child(ren) during travel to reunite with a parent or other family member.

**Effective Date.** The Standby Guardian's authority shall take effect if I am found in any of the following situations:

- I am hospitalized due to severe illness; or
- I am severely ill and am unable to provide necessary care and supervision for my children, and I request the Standby Guardian to take my children; or
- I am deceased; or
- I am otherwise incapacitated.

**Proof that Standby Guardianship has taken effect.** Any one of the following types of documents shall be considered sufficient proof that this Standby Guardianship has sprung into effect:

- Any document indicating I am hospitalized;
- Any document indicating I am severely ill and unable to care for my children;
- Any document indicating I am deceased or otherwise incapacitated; or
- A statement made by me, indicating that I wish the Standby Guardian to assume their duties.

Declarant (Parent)'s Signature: \_\_\_\_\_

## Designation of Standby Guardianship for Minor Child(ren)

**Termination of Standby Guardianship as provided by IC 29-3-3-7.** The powers granted to the Standby Guardian shall terminate ninety (90) days after becoming effective, unless the Standby Guardian files a petition for guardianship of the child(ren), or upon my child(ren)'s reunification with me.

**Statement of Intent for Best Interest of Child.** In the case that my children become wards of the State of Indiana and I am hospitalized, severely ill, deceased, or otherwise unavailable, it is my wish that my children be reunited with me as soon as possible when I am able to resume my parental duties. In the meantime, we wish our children to be with the designed Standby Guardians.

**Verification of Standby Guardian's identity.** Any entity or person to which this Designation of Standby Guardianship is presented shall accept any of the following documents as proof of the identity of the Standby Guardian:

- A driver's license or identification card issued by any state or territory of the United States, or the District of Columbia;
- A passport issued by the United States;
- A passport issued by any foreign government;
- A consular identification card issued by any foreign government;
- A Certificate of Naturalization or Certificate of Citizenship issued by the United States; or
- Any other form of photo identification that is legally accepted by the State of Indiana or the United States government as proof of identity.

**Revocation of Standby Guardianship.** This Designation of Standby Guardianship shall continue indefinitely until I revoke it in writing. I understand that I retain full parental rights even after the beginning of the Standby Guardian's authority, and that I may revoke the standby guardianship at any time.

**Understanding of Standby Guardianship under IC 29-3-3-7.** I understand that a Standby Guardian will have all the powers granted to a guardian. I understand that signing this document does not terminate my parental rights. I understand that this document must be considered by, but is not binding on, the Department

Declarant (Parent)'s Signature: \_\_\_\_\_

## Designation of Standby Guardianship for Minor Child(ren)

of Child Services, a probation department, or a juvenile court for purposes of determining the placement of a child who is the subject of the subject of an allegation of child abuse or neglect, an open child in need of services cases, or an open delinquency case.

**Severability.** If any portion of this Designation of Standby Guardianship is held to be invalid or unenforceable for any reason, the remaining provisions will continue to be valid and enforceable. If a court finds that any provision of this Standby Guardianship is invalid or unenforceable, but that by limiting or revising such provision it would become valid and enforceable or preserve our underlying intent for the care of our child(ren), then such provision will be deemed to be written, construed, and enforced as so limited.

---

### CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE OF INDIANA, COUNTY OF \_\_\_\_\_

This Designation of Standby Guardianship was acknowledged before me on \_\_\_\_\_ (date)

by \_\_\_\_\_ (name of Declarant)

[seal]

\_\_\_\_\_  
Signature of Notary  
Notary Public for the State of Indiana

Notary Number: \_\_\_\_\_

My commission expires: \_\_\_\_\_

Declarant (Parent)'s Printed Name:

\_\_\_\_\_

Declarant (Parent)'s Signature:

\_\_\_\_\_ Date: \_\_\_\_\_

Declarant (Parent)'s Signature: \_\_\_\_\_