

**PROBATE COURT OF PIKE COUNTY, OHIO
PAUL PRICE, JUDGE**

GUARDIANSHIP OF _____, INCOMPETENT

CASE NO. _____

**APPLICATION FOR APPOINTMENT OF
EMERGENCY GUARDIAN
[R.C. 2111.02(B)(3)]**

Applicant moves this Court for Appointment of an Emergency Guardian for _____
_____, an alleged incompetent, whose
date of birth is: _____ and whose current address is:

Applicant states:

that an emergency exists because the alleged incompetent suffers from the following
medical problem(s). (Specify) _____

that immediate action is required to prevent significant injury or harm to the alleged
incompetent by reason of _____

that the alleged incompetent is unable to make informed decisions regarding medical
care or treatment.

Therefore applicant prays for an order of the Court appointing _____
_____ as emergency guardian of the person (and estate) of
the alleged incompetent.

Attorney for applicant

Applicant

Address

Address

City State Zip

City State Zip

Phone number (include area code)

Phone number (include area code)

Supreme Court Registration Number

**PROBATE COURT OF PIKE COUNTY, OHIO
PAUL PRICE, JUDGE**

GUARDIANSHIP OF _____, INCOMPETENT

CASE NO. _____

AFFIDAVIT IN SUPPORT OF EMERGENCY APPLICATION

The undersigned Applicant, after being duly sworn, states the following:

1. The imminent risk of significant injury to the person or property of _____ is as follows:

2. The nature or type of significant injuries that might result without court order are:

3. The property and location of such that might suffer significant injury is described as follows: _____

4. The date that imminent risk was discovered by applicant: _____

5. Reasonable efforts that applicant has taken to otherwise prevent significant injury without court order _____

APPLICANT

GU 06 – AFFIDAVIT IN SUPPORT OF EMERGENCY APPLICATION

Sworn to and subscribed before this _____ day of _____,
20____.

Notary Public/Deputy Clerk

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

[Sup. R. 66 & R.C. 2111.49]

Definition of Incompetent (R.C. 2111.01(D)): "Incompetent" means any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a correctional institution within this State."

The Statement of Evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation WILL NOT be paid by the Probate Court. Each evaluator should secure payment from the Applicant/Guardian.

- 1. This Statement of Expert Evaluation is to be filed with or attached to:
A. Guardianship Application: Completed by [] Licensed Physician or [] Licensed Clinical Psychologist prior to the filing and attached to the application.
B. Guardian's Report: Completed by [] Licensed Physician [] Licensed Clinical Psychologist [] Licensed Independent Social Worker [] Licensed Professional Clinical Counselor or [] Mental Retardation Team.
The evaluation or examination shall be completed within three months prior to the date of the Report. R.C. 2111.49
C. Application for Emergency Guardian: [] of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.

2. Statement completed by: _____
Name & Title/Profession: _____
Business Address: _____
Business Telephone Number: _____

3. Date(s) of evaluation: _____
Place(s) of evaluation: _____
Amount of time spent on evaluation: _____
Length of time the individual has been your patient: _____

4. Is the individual presently under medication? Yes No If yes, what is the medication, dosage, and purpose? _____

Are there any signs of physical and/or mental impairments caused by the medications themselves? _____

5. Is the individual mentally impaired? Yes No If yes, indicate the diagnosis below:

Mental Retardation/Developmental Disabilities:

Profound Severe Moderate Mild

Mental Illness: Type and Severity _____

Substance Abuse: Description _____

Dementia: Description _____

Other: Description _____

Please provide additional comments and test scores if available. (Continue comments on page 4): _____

6. During the examination did you notice an impairment of the individual's:

- | | | | |
|------------------------------------|------------------------------|-----------------------------|----------------------------------|
| a) Orientation | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| b) Speech | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| c) Motor Behavior | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| d) Thought Process | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| e) Affect | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| f) Memory | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| g) Concentration and comprehension | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| h) Judgment | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

7. Please describe any impairments identified in question six. (Continue comments on page 4).

8. Is the individual physically impaired? Yes No If yes: Description

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: Yes No If yes: Explain

10. Are there any indication of abuse, neglect or exploitation of the individual? Yes No
If yes: Explain _____

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? Yes No
If no: Explain _____

12. Do you believe this individual is capable of managing the individual's finances and property?
 Yes No If no: Explain

13. Prognosis:
A. Is the condition stabilized? Yes No
B. Is the condition reversible: Yes No

14. In my opinion a guardianship should be:
 Established/Continued
 Denied/Terminated

I certify that I have evaluated the individual on _____, 20 _____.

Date: _____
Signature of Evaluator _____

GUARDIAN'S REPORT ADDENDUM
(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty that the mental capacity of this ward will not improve.

Date _____
Signature – Licensed Physician/Clinical Psychologist _____

CASE NO. _____

ADDITIONAL COMMENTS

Date _____

Signature – Licensed Physician/Clinical Psychologist

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATER OF THE GUARDIANSHIP OF _____

CASE NO. _____

SUPPLEMENT FOR EMERGENCY GUARDIAN OF PERSON

[R.C. 2111.49]

This Supplement must be completed when there is a request for Emergency Guardianship. The following questions must be answered with specificity and item 1.C, page 1 of the Statement of Expert Evaluation, Form 17.1 must be checked.

A. Does the individual have a durable health care power of attorney? _____ If yes, why is it not being honored?

B. Exact nature of emergency: _____

C. Length of time emergency has existed, and why? _____

D. Specific action required to prevent significant injury to the person: _____

E. Ability of the alleged Incompetent to receive notice and give consent: _____

F. Medical prognosis in detail if immediate action, within 24 hours, is not taken: _____

G. Additional statements regarding condition, family, support services, etc: _____

Note: Any above answers may be supplemented by attachments.

Date and Time of Evaluation

Licensed Physician

Date of Report

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

FIDUCIARY'S ACCEPTANCE

GUARDIAN

[R.C. 2111.14]

I, the undersigned, hereby accept the duties which are required of me by law, and such additional duties as are ordered by the Court having jurisdiction.

AS GUARDIAN OF THE ESTATE, I WILL:

1. Make and file an inventory of the real and personal estate of the ward within 3 months after my appointment.
2. Deposit funds which come into my hands in a lawful depository located within this state.
3. Invest surplus funds in a lawful manner.
4. Make and file an account biennially, or as directed by the Court.
5. File a final account within 30 days after the guardianship is terminated.
6. Inventory any safe deposit box of the ward.
7. Preserve any and all Wills of the ward as directed by the Court.
8. Expend funds only upon written approval of the Court.
9. Make and file a guardian's report biennially, or as directed by the Court.

AS GUARDIAN OF THE PERSON, I WILL:

1. Protect and control the person of my ward, and make all decisions for the ward based upon the best interest of the ward.
2. Provide suitable maintenance for my ward when necessary.
3. Provide such maintenance and education for my ward as the amount of his estate justifies if the ward is a minor and has no father or mother, or has a father or mother who fails to maintain or educate him/her.
4. Make and file a guardian's report biennially, or as directed by the Court.
5. Obey all orders and judgments of the Court pertaining to the guardianship.
6. Obtain the written approval of the Court before executing a caretaker power of attorney authorized by R.C. 3109.52.

If I change my address or the ward's address, I shall immediately notify Probate Court in writing. I acknowledge that I am subject to removal as such fiduciary if I fail to perform such duties. I also acknowledge that I am subject to possible penalties for improper conversion of the property which I hold as such fiduciary.

Date

Fiduciary

**PROBATE COURT OF PIKE COUNTY, OHIO
PAUL PRICE, JUDGE**

GUARDIANSHIP OF _____, INCOMPETENT

CASE NO. _____

ENTRY SETTING HEARING

The Application for Appointment of Emergency Guardianship filed by _____
_____ by and through counsel, _____
_____, is hereby set for hearing on the
_____ day of _____, 20____, at _____M.
before the Honorable _____, Pike County Probate Court,
230 Waverly Plaza, Suite 600, Waverly, Ohio 45690. The Court orders that notice of the hearing
be given, as provided by law and the rules of civil procedure, to those persons entitled to notice
who have not waived notice.

PAUL PRICE, JUDGE

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

NEXT OF KIN OF PROPOSED WARD

[R.C. 2111.04]

(NOTE: Specify age and birthdate of each minor under 16 on the line containing the minor's name. List the name and address of the minor's parent, guardian or custodian on the name and address lines following the minor's address.)

Service Waived		Relationship	Birthdate Of Minor
1. []	Name _____	_____	_____
	Address _____		Zip _____
2. []	Name _____	_____	_____
	Address _____		Zip _____
3. []	Name _____	_____	_____
	Address _____		Zip _____
4. []	Name _____	_____	_____
	Address _____		Zip _____
5. []	Name _____	_____	_____
	Address _____		Zip _____
6. []	Name _____	_____	_____
	Address _____		Zip _____
7. []	Name _____	_____	_____
	Address _____		Zip _____
8. []	Name _____	_____	_____
	Address _____		Zip _____
9. []	Name _____	_____	_____
	Address _____		Zip _____
10. []	Name _____	_____	_____
	Address _____		Zip _____

Date

Applicant

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S BOND

[R.C. 2109.04(A)(1)]

Amount of this bond \$ _____

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above amount, for payment of which we bind ourselves and our successors, heirs, executors, and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in ward's estate, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates estate assets or improperly converts them to his own use or the use of another.

[Check if personal sureties are involved.] [] The sureties certify that each of them owns real estate in this county, with a reasonable net value as stated below.

Date

Principal

Surety

Surety

by _____
Attorney in Fact

by _____
Attorney in Fact

Typed or Printed Name

Typed or Printed Name

Address

Address

Net value of real estate owned in this county
county

Net value of real estate owned in this

\$ _____

\$ _____

PROBATE COURT OF _____ COUNTY, OHIO
_____, Judge

GUARDIANSHIP OF _____

CASE NO. _____

OATH OF GUARDIAN
[R.C. 2111.02(C)]
[To be taken on Appointment of Guardian]

I, _____, Guardian of
_____, will faithfully and completely fulfill my duties as Guardian,
including the duty:

- To file, and continue to make diligent efforts to file, a true inventory in accordance with the Ohio Revised Code, and report all assets belonging to the estate of my ward.
- To file timely and accurate reports.
- To file timely and accurate accounts.
- To, at all times, protect my ward's interests and to make all decisions based on the best interest of my ward.
- To apply to the Court for authority to expend funds prior to so doing.
- To obey all orders and rules of this Court pertaining to guardianships.

Guardian

The above oath was taken and signed in my presence on this _____ day of
_____, _____.

Judge/Referee

STATE OF OHIO)
)
COUNTY OF _____) SS:

AFFIDAVIT OF GUARDIAN APPLICANT

I, _____ affirm the following:
(Name)

I have no pending misdemeanor or felony cases and have not been convicted of or pleaded guilty to any misdemeanor or felony offense; **OR**

I have pending misdemeanor or felony cases or have been convicted of or pleaded guilty to a misdemeanor or felony offense. *(List below any pending cases or convictions that have not been sealed pursuant to R.C. 2953.31-2953.62.)*

DATE	TYPE OF CHARGE	COURT NAME	PENDING / CONVICTED / PLEADED GUILTY
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty

I understand that I have a duty to notify _____ within seventy-two
(Court Name)
hours if the information contained in this affidavit should change.

Signature of Applicant

SWORN TO, BEFORE ME, and subscribed in my presence, on this _____ day of _____, 20_____.

Notary Public / Deputy Clerk

Printed Name of Notary Public

Commission Expiration Date: _____
(Affix seal here)