

**PROBATE COURT OF PIKE COUNTY, OHIO  
ROBERT N. ROSENBERGER, 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  
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**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

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 \_\_\_\_\_



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  
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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.

\_\_\_\_\_  
ROBERT N. ROSENBERGER, 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	Name	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