

**PIKE COUNTY PROBATE COURT
230 WAVERLY PLAZA, SUITE 600
WAVERLY, OHIO 45690
(740) 947-2560
(740) 941-3086 (FAX)**

INFORMATION AND INSTRUCTIONS FOR FILING THE ANNUAL GUARDIANSHIP PLAN:

Superintendence Rule 66 established the requirement for all guardians to file an annual plan with the Court. There are separate plans for the guardianship of a person and the guardianship of an estate. A guardian of both the person and estate of a ward must file both forms. The Supreme Court has prepared the following standard forms:

Form 27.7 – Annual Guardianship Plan - Person

Form 27.8 – Annual Guardianship Plan - Estate

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

ANNUAL GUARDIANSHIP PLAN - PERSON

[Sup.R. 66.08 (G)]

[Attach as addendum to Form 17.7-Guardian's Report.]

I am the guardian of the for the above-named Ward. I have identified the following goal(s) for the next year and how I intend the goal(s) to be met.

Attached is the Individual Service Plan (ISP) through the county board of development disabilities.

For the Person

Goal - (for example: address medication issues; obtain assistance devices; secure medical and rehab services; meet mental health service needs; secure personal care services; enhance nutrition; improve social skills, etc.)

Means to Meet the Goal – (for example: educate on benefits of medications and compliance; obtain walker, wheelchair, hearing aid; schedule semi-annual checkups/exams; secure outpatient examinations and mental health counseling; arrange for shopping and/or meals on wheels; enroll in sheltered workshop/socialization programs, etc.)

[Attach additional pages if necessary]

CASE NO. _____

Guardian's Printed Name

Guardian's Signature

Street

Telephone Number (include area code)

City State Zip Code

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

ANNUAL GUARDIANSHIP PLAN - ESTATE

[Sup.R. 66.08 (G)]

[Attach as addendum to Form 17.7-Guardian's Report.]

I am the guardian of the estate for the above-named Ward. I have identified the following goal(s) for the next year and how I intend the goal(s) to be met.

For the Estate

Goal - (for example: obtain representative payee; enroll in Medicaid; establish Special Needs Trust; improve money handling skills)

Means to Meet the Goal – (for example: contact Social Security; contact Job and Family Services/Attorney re exempt assets/eligibility; secure supporting documentation; schedule skill training, etc.)

Attach additional pages if necessary]

Guardian's Printed Name

Guardian's Signature

Street

Telephone Number (include area code)

City State Zip Code