

PROBATE COURT OF _____ COUNTY, OHIO
_____, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

**APPLICATION FOR APPOINTMENT OF GUARDIAN
OF ALLEGED INCOMPETENT**
[R.C. 2111.03]

Applicant represents to the Court that _____ resides or has a legal settlement at _____ in _____ County, Ohio and that the prospective ward is incompetent by reason of (R.C. 2111.01(D)) _____

The proposed ward's date of birth is _____.

A Statement of Expert Evaluation is attached. (Form 17.1)

A list of Next of Kin of Proposed Ward is also attached. (Form 15.0)

The whole estate of the prospective ward is estimated as follows:

Personal Property.....\$ _____
Real Estate.....\$ _____
Annual Rents.....\$ _____
Other annual income.....\$ _____

Applicant represents that the applicant is not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

Applicant offers the attached bond in the amount of \$ _____.

Applicant further represents that a guardian of the alleged incompetent is necessary in order that
 the ward ward's property may be taken proper care of and asks that a guardian be appointed.

TYPE OF GUARDIANSHIP APPLIED FOR IS [check the applicable boxes]

non-limited limited person and estate estate only person only

If limited guardianship is applied for, the limited powers requested are

CASE NO. _____

The time period requested is indefinite definite to _____

Applicant's relationship to alleged incompetent is _____

The Applicant has (not) been charged with or convicted of a crime involving theft, physical violence, or sexual, alcohol or substance abuse except as follows (if applicable, state date and place of each charge or each conviction.)

The Applicant represents that a guardian has been nominated in a writing pursuant to R.C. 1337.09(D) or R.C. 2111.121. The nominated person is _____.

The nominated person's contact information is listed on Form 15.0 (Next of Kin).

A copy of the document which nominates the guardian is attached.

The Applicant represents that the proposed ward had military service.

Military I.D.: _____

Branch of service: _____

Dates of service: _____

Applicant represents that the address provided is the applicant's permanent address and acknowledges the requirement that the court be notified of any change of address. Removal may result from a failure to comply with this requirement.

Attorney for Applicant

Applicant

Typed or Printed Name

Typed or Printed Name

Address

Age

City State Zip

Permanent Address

Telephone Number (include area code)

City State Zip

Attorney Registration No.

Telephone Number (include area code)

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 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. _____

**JUDGMENT ENTRY
SETTING HEARING ON APPLICATION FOR APPOINTMENT
OF GUARDIAN**

This day _____ appeared in open Court, and filed an application for the appointment of (limited) guardian of the (person and estate) of _____. It is ordered that the _____ day of _____, 20____ at _____ o'clock __.M., be and is hereby fixed as the time of hearing said application before this Court. It is further ordered that written notice be served personally upon minors over fourteen years of age and in the manner as is provided by law upon all others entitled to receive the same.

Date

Probate Judge

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

WAIVER OF NOTICE AND CONSENT

We, the undersigned, do each of us hereby waive the issuing and service of notice, and voluntarily enter our appearance herein.

We do hereby consent to the appointment of _____.

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 _____ 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

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

NOTICE TO PROSPECTIVE WARD OF APPLICATION AND HEARING

To _____

Address _____

An application for appointment of _____ as (limited) guardian for your (person and estate) has been filed with the Probate Court.

A hearing on that application will be held on _____ at _____ o'clock _____ M. at the Probate Court, _____. At that hearing, Applicant must prove by clear and convincing evidence that, because of mental impairment, you are unable to handle your own affairs.

- 1. You have the right to be present at the hearing to contest the application, and to be represented by an attorney of your choice;**
- 2. The right to have a friend or family member of your choice present at the hearing;**
- 3. The right to have evidence of an independent expert evaluation introduced at the hearing;**
- 4. If you are indigent, upon your request, an attorney and an independent expert evaluator will be appointed at court expense;**
- 5. If you are indigent, and you appeal the guardianship decision, you have the right to have an attorney appointed and necessary transcripts prepared at court expense.**

Witness my signature and the seal of the Court,
this _____ day of _____, 20____

(Seal)

Probate Judge

By: _____
Deputy Clerk

RETURN

_____ County, Ohio

_____, 20____

Received this notice on the _____ day of _____, 20____, and on the _____ day of _____, 20____, I served the same by delivering a true copy thereof personally to _____.

I communicated with him/her in a language or method of communication understandable to the alleged incompetent.

Investigator

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

**NOTICE OF HEARING FOR APPOINTMENT
OF GUARDIAN OF ALLEGED INCOMPETENT PERSON**

To Spouse and Known Next of Kin
[R.C. 2111.04]

To _____

Address _____

To _____

Address _____

To _____

Address _____

next of kin of _____ known to reside in this state.

You are hereby notified that on the _____ day of _____, 20____,
_____ filed in the Court an application for the appointment
of a (limited) guardian of the (person and estate) of _____, an
alleged incompetent.

The application will be for hearing before the Probate Court in _____
_____, on the _____ day of _____, 20____,
at _____ o'clock _____.M.

(Seal)

Witness my signature and the seal of the Court,
this _____ day of _____, 20____

Probate Judge

By: _____
Deputy Clerk

RETURN

_____ County, Ohio

_____, 20____

Received this writ on the _____ day of _____, 20____, at _____ o'clock ____M. and on the _____ day of _____, 20____, I served the same by (insert, "delivering", "leaving", or "sending") _____ a true copy thereof (insert, "personally to", "at the usual place of residence", or "by certified mail to the last known address of") _____

FEES

Service and return, 1st name, \$ _____
_____ Additional names at _____
_____ Miles traveled at _____

Total \$ _____

Sheriff

Deputy

AFFIDAVIT OF SERVICE

The State of Ohio, _____, County.

_____, being first duly sworn, says that on the _____ day of _____, 20____, he served the within notice by delivering a true copy thereof personally to _____

Sworn to before me and signed in my presence, this _____ day of _____, 20____

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

PROBATE COURT OF _____ COUNTY, OHIO

_____, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

JUDGMENT ENTRY

APPOINTMENT OF GUARDIAN FOR INCOMPETENT PERSON
[R.C 2111.02 and Sup.R. 66.04 and 66.06]

Upon hearing the application for appointment of guardian herein, the Court finds that _____, the above-named Ward, is incompetent by reason of _____ and therefore is incapable of taking proper care of _____ self and _____ property, and that a guardianship is necessary.

The Court further finds that all persons who were entitled to notice of the hearing thereon were given or waived notice thereof; that the incompetent is a resident of this county or has legal settlement herein; and that this Court has jurisdiction.

It is therefore ordered that a (limited) guardian of the (person and estate) be appointed.

The Court therefore appoints _____, a suitable and competent person, (limited) guardian of the (person and estate) of _____, the above-named Ward, incompetent, with the powers conferred as described, and limited to those powers contained in the Letters of Guardianship issued by this Court. This appointment is in compliance with R.C. 2111.09.

- The Court approves/dispenses with the bond.
- The Court finds a record of the hearing was waived.

The Guardian shall comply with the requirements of Sup.R. 66.06.

The Court orders Letters of Guardianship issue to _____ as provided by law.

The Court further ORDERS: _____

IT IS SO ORDERED

Date

PROBATE JUDGE

PROBATE COURT OF _____ COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

LETTERS OF GUARDIANSHIP

[R.C. 2111.02]

_____ is appointed Guardian of _____, an _____ Incompetent _____ Minor.

Guardian's powers are:

All powers conferred by the laws of Ohio and rules of this Court over the ward's:

_____ Person and Estate _____ Person Only _____ Estate Only

Limited to _____

Those guardianship powers, until revoked, are for an:

_____ Indefinite time period
_____ Definite time period to _____

The above named Guardian has the power conferred by law to do and perform all the duties of Guardian as described. **No expenditures shall be made without prior Court authorization.**

Date

PROBATE JUDGE

NOTICE TO FINANCIAL INSTITUTIONS
Funds being held in the name of the within-named Ward shall not be released to Guardian without a Court order directing release of a specific fund and amounts thereof.

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of this Court. It constitutes the appointment and letters of authority of the named guardian, who is qualified and acting in such capacity.

(Seal)

Probate Judge
by _____
Deputy Clerk

Date

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)