

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**ROBERT G. MONTGOMERY, JUDGE**

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**ADULT GUARDIANSHIP INFORMATION**

At the time of the filing of the application for guardianship of the person, or estate of an adult, you need the following:

1. A completed packet of forms, all forms must be signed in ink.
2. The original expert evaluation (from licensed professional).
3. Application Fee of \$179.00 **CASH ONLY** (includes Investigator Fee)
4. Fingerprint fee of \$22.00 per applicant. (If obtained through Court)

At the time of the guardianship hearing you must bring the following.

1. Any paperwork not completed from the application packet.
2. A hearing fee of (at least) \$50.00 **CASH ONLY**.

Ohio law requires that the person (prospective ward) be visited and personally served notice of that application by the probate court investigator. The hearing will not be held unless this visit is completed at least 7 court days prior to the hearing date.

**[www.franklincountyohio.gov/probate](http://www.franklincountyohio.gov/probate)**  
**Guardianship Department 614-525-3841**  
**373 South High Street, Floor 22, Columbus, Ohio 43215**

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**ROBERT G. MONTGOMERY, JUDGE**

IN THE MATTER OF  
THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**APPLICATION FOR APPOINTMENT OF GUARDIAN  
OF ALLEGED INCOMPETENT**

[R.C.2111.03]

Initial Appointment     Successor Appointment

Applicant represents to the court that \_\_\_\_\_ resides or has a legal  
settlement at \_\_\_\_\_

in **FRANKLIN** County, Ohio and that the prospective ward is incompetent by reason of (R.C. 2111.01 (D))

\_\_\_\_\_ and is in need of a guardian.

The proposed ward's date of birth is \_\_\_\_\_.

- 1. A Statement of Expert Evaluation is attached. (Form 17.1A)
- 2. A list of Next of Kin of Proposed Ward is also attached. (Form 15.0)
- 3. The whole estate of the prospective ward is estimated as follows:

Personal Property..... \$ \_\_\_\_\_

Real Estate ..... \$ \_\_\_\_\_

Annual Rents..... \$ \_\_\_\_\_

Other anual income ..... \$ \_\_\_\_\_

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

5. Applicant offers bond in the amount of \$ \_\_\_\_\_     is attached.     will be filed.

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

7. TYPE OF GUARDIANSHIP APPLIED FOR IS: (Check the applicable boxes)

Non-Limited                       Limited                       Interim                       Emergency

Person and Estate                       Estate Only                       Person Only

CASE NO. \_\_\_\_\_

8. If limited guardianship is applied for, the limited powers requested are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The time period requested is  indefinite  definite to \_\_\_\_\_

The applicant's relationship to the alleged incompetent is \_\_\_\_\_

9. INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN / APPLICANT:

A. Name and AKA \_\_\_\_\_

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

City, State, Zip Code \_\_\_\_\_

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

D.O.B. \_\_\_\_\_ Relationship to Alleged Incompetent \_\_\_\_\_

Do you currently act as any of the following for the proposed ward?

Physician  Attorney  Landlord  Caregiver  Custodian

Creditor  Power of Attorney  Durable Power of Attorney for Health Care

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

B. Applicant  is  is not an administrator, executor, or other fiduciary of an estate wherein the prospective ward has an interest, O.R.C. 2111.09.

C. Applicant  has  has not been charged with, or convicted of, a crime involving theft; physical violence; or sexual, alcohol, or substance abuse. If the Applicant has been so charged or convicted, list dates and places of the charge(s) or conviction(s), O.R.C. 2111.03(A).

Charge/Conviction Date	Place
_____	_____
_____	_____
_____	_____

CASE NO. \_\_\_\_\_

10. INFORMATION CONCERNING THE ALLEGED INCOMPETENT:

A. Full Name and AKA \_\_\_\_\_

Male  Female

Legal settlement or residence \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

in \_\_\_\_\_ County, Ohio Telephone Number \_\_\_\_\_

Length of time at that residence \_\_\_\_\_

B. If the alleged incompetent is living at an address different from the residence shown in Section 6-A above,  
list that address. \_\_\_\_\_  
\_\_\_\_\_

C. Name of person, other than alleged incompetent, who may be contacted at the address where the alleged  
incompetent is living. \_\_\_\_\_

Telephone Number \_\_\_\_\_ Best time to call \_\_\_\_\_

D. In the event of the death or incapacity of the applicant/guardian, the Court should contact the nearest friends  
or relatives whose names and addresses are:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

11. FURTHER INFORMATION CONCERNING THE ALLEGED INCOMPETENT:

A. The present guardian is: (if "none" so state)

Name \_\_\_\_\_

Address \_\_\_\_\_

Are any of the following less intrusive measures in place?

- Living will
- Durable power of attorney
- Power of attorney
- Limited guardianship
- Conservatorship
- Representative payee
- Health care durable power of attorney

B. Describe the prospective ward's alleged mental and/or physical incompetency.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

C. The applicant believes the proposed ward should retain the following rights, if any:

- None
- Vote
- Marry
- Contract
- Execute a will
- Hold or convey property
- Obtain driver's license / drive a vehicle
- Other: (please specify) \_\_\_\_\_

D. Indicate names of any/all physicians and other related professionals who have treated or counseled the prospective ward within the last 2 years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CASE NO. \_\_\_\_\_

E. To the best of your ability, list prescriptions and/or over the counter medication taken by the prospective ward. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. List any problems the alleged incompetent may have in communicating. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. List all agencies, public or private, who have knowledge of the alleged incompetent which may be of assistance in determining the need for the guardianship. Indicate the contact person at the agencies. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. If applicant is considering protective placement, complete the following:

a. The proposed ward suffers from the following disabilities:

- Infirmities of aging     Chronic mental illness     Developmentally disabled     Substance Abuse

b. The proposed ward has a primary need for residential care and custody because:

\_\_\_\_\_  
\_\_\_\_\_

c. The proposed ward is totally incapable of providing for her/his own care or custody so as to create a substantial risk of serious harm to herself/himself for others.

1. The anticipated least restrictive placement for the proposed ward is: \_\_\_\_\_  
\_\_\_\_\_

2.  An unlocked unit     A locked unit is most appropriate

CASE NO. \_\_\_\_\_

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.

I hereby apply to the court to be appointed guardian of the above alleged incompetent person and certify that all the information and statements with this application and attached documents are correct to the best of my knowledge and belief.

\_\_\_\_\_  
Attorney or Applicant (Signature)

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
Attorney's Registration No.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number (include area code)

# PROBATE COURT OF FRANKLIN COUNTY, OHIO

ESTATE OF \_\_\_\_\_ INCOMPETENT  
GUARDIANSHIP OF \_\_\_\_\_ , DECEASED  
TRUST OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## ENTRY SETTING HEARING

The Court orders that a hearing be set on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ m. to consider: \_\_\_\_\_

\_\_\_\_\_ as filed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_. The hearing will be held in Probate Court, Franklin County Courthouse, 373 South High Street, 22nd Floor, Columbus, Ohio 43215-6311.

The Court orders the person requesting this hearing to serve notice as required and file the proof of service.

\_\_\_\_\_

Hearing requested by:

\_\_\_\_\_  
Attorney

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code  
( )

\_\_\_\_\_  
Telephone

# PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## SPOUSE, CHILDREN AND NEXT OF KIN OF PROPOSED WARD

[R.C. 2111.04]

The following are proposed ward's spouse, children, and the lineal descendants of deceased children. If none, the following are proposed ward's next of kin who would be entitled to inherit under the statutes of descent and distribution.

**(NOTE: List the name and address of the minor next of kin's parent, guardian or custodian on the name and address lines following the minor next of kin's address.)**

Service Waived	Name _____	Date of Birth _____	Relationship _____
1. <input type="checkbox"/>	Name _____ Address _____	_____	Zip _____
2. <input type="checkbox"/>	Name _____ Address _____	_____	Zip _____
3. <input type="checkbox"/>	Name _____ Address _____	_____	Zip _____
4. <input type="checkbox"/>	Name _____ Address _____	_____	Zip _____
5. <input type="checkbox"/>	Name _____ Address _____	_____	Zip _____
6. <input type="checkbox"/>	Name _____ Address _____	_____	Zip _____
7. <input type="checkbox"/>	Name _____ Address _____	_____	Zip _____
8. <input type="checkbox"/>	Name _____ Address _____	_____	Zip _____
9. <input type="checkbox"/>	Name _____ Address _____	_____	Zip _____
10. <input type="checkbox"/>	Name _____ Address _____	_____	Zip _____

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant

# PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## WAIVER OF NOTICE

We, the undersigned, do each of us hereby waive the issuing and service of notice, voluntarily enter our appearance herein and consent to the appointment of \_\_\_\_\_ as guardian of the above named person.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### FOR GUARDIANSHIP OF MINOR SIGN WAIVER OF NOTICE BEFORE A NOTARY PUBLIC/DEPUTY CLERK

Sworn to/acknowledged before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Expiration Date

# PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## GUARDIAN — FIDUCIARY'S ACCEPTANCE

[R.C. 2111.13, 2111.14, & 2111.15]

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

**AS GUARDIAN OF THE PERSON AND/OR ESTATE, I WILL:**

1. Preserve any and all Wills of the ward and deposit them with the Court for safekeeping.
2. Prepare and file a guardian's report annually, or as directed by the Court when the ward is an adult.
3. Allow my name, address, and telephone number to appear in the Court's docket and be accessible through the Court's website.
4. **Immediately notify Probate Court in writing if I change my address or the ward's address.**

**AS GUARDIAN OF THE PERSON, I WILL:**

1. Protect and control the person of my ward, and make all decisions on behalf of the ward based upon the ward's best interest.
2. Provide suitable maintenance for my ward when necessary.
3. Provide such maintenance and education for my ward as the amount of the estate justifies if the ward is a minor and has no father or mother, or has a father or mother who fails to provide maintenance or education.
4. Obey all orders and judgments of the Court touching the guardianship.
5. Authorize or approve medical, health, or other professional care, counsel, treatment, or service.
6. Obtain the written approval of the Court before executing a caretaker power of attorney authorized by R.C.3109.52.

**AS GUARDIAN OF THE ESTATE, I WILL:**

1. Prepare and file an inventory of the real and personal estate of the ward within 3 months after my appointment. Deposit funds which come into my hands in a lawful depository located within this state. **Guardianship checking accounts must provide canceled checks, as these canceled checks must be displayed when filing accounts.**
3. Invest surplus funds in a lawful manner.
4. Prepare and file an account annually.
5. File a final account within 30 days after the guardianship is terminated.
6. Inventory any safe deposit box of the ward.
7. Expend funds only upon written approval of the Court.

The duties of a fiduciary shall be those required by law, and such additional duties as the Court orders. Letters of appointment shall not issue until a fiduciary has executed a written acceptance of his/her duties, acknowledging that he/she is subject to removal for failure to perform his/her duties, and that he/she is subject to possible penalties for conversion of property he/she holds as a fiduciary. The written acceptance may be filed with the application for appointment.

\_\_\_\_\_ Date

\_\_\_\_\_ Fiduciary

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**ROBERT G. MONTGOMERY, JUDGE**

IN THE MATTER OF  
THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**ADULT JURISDICTION AFFIDAVIT**

[ORC 2112.01-2112.04]

Affiant being first duly sworn, deposes and states:

1. That the present address, the places where the alleged incompetent has lived within the last two years, and the names and present addresses of the person with whom the alleged incompetent has lived during that period are:

From: \_\_\_\_\_ to \_\_\_\_\_ With \_\_\_\_\_

At \_\_\_\_\_

Current address \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ With \_\_\_\_\_

At \_\_\_\_\_

Current address \_\_\_\_\_

From: \_\_\_\_\_ to \_\_\_\_\_ With \_\_\_\_\_

At \_\_\_\_\_

Current address \_\_\_\_\_

- 2. Said affiant (check one)  DOES  DOES NOT HAVE information of any guardianship/conservatorship/curatorship/tutorship proceeding concerning the alleged incompetent pending in a court of this or another state.
- 3. Said affiant has a continuing duty to inform the court of any proceeding concerning the alleged incompetent in this or any other state of which the affiant obtained information during this proceeding.

Said affiant has the following knowledge regarding information set forth in paragraph two (2) above:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Said affiant states that all of the foregoing statements are true.

\_\_\_\_\_  
Affiant/Applicant

Sworn to and subscribed before me a Notary Public or Deputy Clerk of the Probate Court on this \_\_\_\_\_ day of

\_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

# PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## STATEMENT OF ADDITIONAL INFORMATION

Now comes the applicant for the appointment of guardian of the person and/or estate of the above captioned person, and answers the following questions with respect to the prospective ward.

1. Is the ward eligible for or receiving any of the following benefits, and if so, where are they or their source located?

<b>TYPE NAME</b>	<b>AMOUNT PER MONTH</b>
Social Security .....	\$ _____
P.E.R.S. ....	_____
Veterans Admin. ....	_____
R.R. Retirement .....	_____
Employee's Pension _____	_____
Insurance Benefits _____	_____
A.D.C. ....	_____
Other _____	_____

2. Does the prospective ward have an interest in an estate or trust? If so, give the decedent's name, Court case number, name and location of Court, or trustee, etc. \_\_\_\_\_

\_\_\_\_\_

3. Does the prospective ward have an expectancy from any minor's settlement? If so, give the defendant's name or his insurer's name, and the amount expected.

\_\_\_\_\_

4. Cash?  Yes  No Amount: \_\_\_\_\_

5. Bank, Savings and Loan, Brokerage and other financial accounts describe below:

INSTITUTION	ADDRESS	ACCOUNT	CURRENT BALANCE
_____	_____	_____	\$ _____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CASE NO. \_\_\_\_\_

6. Securities?  Yes  No [if yes, describe below.]

**ISSUER:**

**CURRENT VALUE**

\$

_____	_____
_____	_____
_____	_____

7. Land installment contracts?  Yes  No [if yes, describe below.]

**AMT. PER MO.**

**VENDEE & ADDRESS**

**PROPERTY LOCATION**

**AND BALANCE**

_____	_____	_____/____
_____	_____	_____/____

8. Rental from real estate?  Yes  No [if yes, describe below.]

**ADDRESS OF REAL ESTATE**

**AMT. PER MO.**

_____	_____
_____	_____

9. Interest in real estate?  Yes  No [if yes, describe below.]

**ADDRESS OF REAL ESTATE**

\_\_\_\_\_  
\_\_\_\_\_

10. Income from any other source?  Yes  No [if yes, describe below.]

\_\_\_\_\_  
\_\_\_\_\_

11. Other assets?  Yes  No [if yes, describe below.]

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Applicant

# PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## GUARDIAN'S CREDIBILITY APPLICATION

Name of Alleged Incompetent \_\_\_\_\_

Name of Applicant to be Appointed Guardian \_\_\_\_\_ Date of Birth \_\_\_\_\_

Applicant's Current Address \_\_\_\_\_  
\_\_\_\_\_ From \_\_\_\_\_

5 YRS.  
ONLY

Previous Address \_\_\_\_\_  
\_\_\_\_\_ From/To \_\_\_\_\_

Previous Address \_\_\_\_\_  
\_\_\_\_\_ From/To \_\_\_\_\_

Spouse's Name \_\_\_\_\_ Years Married \_\_\_\_\_  
Address \_\_\_\_\_

Applicant's Employer \_\_\_\_\_ From \_\_\_\_\_

5 YRS.  
ONLY

Previous Employer \_\_\_\_\_ From/To \_\_\_\_\_

Previous Employer \_\_\_\_\_ From/To \_\_\_\_\_

\_\_\_\_\_  
Name of Applicant's Bank

- Checking
- Savings
- Safe Deposit Box

\_\_\_\_\_  
Name of Applicant's Bank

- Checking
- Savings
- Safe Deposit Box

Has Applicant Ever Filed Bankruptcy?.....  Yes  No

Has Applicant Ever Been Garnisheed?.....  Yes  No

Has Applicant Ever Been in Receivership?.....  Yes  No

Has Applicant Ever Been Convicted of a Felony?.....  Yes  No

Has Applicant Had Experience in Handling Investments in Marketable Securities?.....  Yes  No

Describe that Experience \_\_\_\_\_  
\_\_\_\_\_

This statement is made in support of my application to be appointed Guardian in the above styled matter and the undersigned says that the facts stated in the foregoing applications are true.

\_\_\_\_\_  
Signature of Applicant

## PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

### CHANGE OF ADDRESS INFORMATION FOR GUARDIANSHIPS

**LOCAL COURT RULE REQUIRES:**

You must keep this Court informed as to any **change of address** for yourself or for your **ward**. Failure to do so could result in you being **removed** as guardian.

**IT IS YOUR RESPONSIBILITY AND DUTY AS GUARDIAN** to inform this Court if your ward moves from the address shown on your Application.

You may use **Form G-17.0H - Change of Address** to report to the Court any change of address. You **must** notify this Court as to any change of address for either yourself or your ward within ten (10) days of the address change.

READ AND AGREED TO:

\_\_\_\_\_

Date

\_\_\_\_\_

Guardian

# PROBATE COURT OF FRANKLIN 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 [O.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  Licensed Clinical Psychologist prior to the filing and attached to the application.

B. Guardian's Report: To be 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 of the date of the Report. O.R.C.2111.49.

C. Application for Emergency Guardian:  of the person; a Licensed Physician shall complete the Supplement For Emergency Guardian, Form 17.1B, 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 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 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 subject 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 .....  Yes .....  No .....  Unknown
- b) Speech .....  Yes .....  No .....  Unknown
- c) Motor Behavior .....  Yes .....  No .....  Unknown
- d) Thought Process .....  Yes .....  No .....  Unknown
- e) Affect .....  Yes .....  No .....  Unknown
- f) Memory .....  Yes .....  No .....  Unknown
- g) Concentration and comprehension .....  Yes .....  No .....  Unknown
- h) Judgment .....  Yes .....  No .....  Unknown

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. Is the subject 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 indications of abuse, neglect or exploitation of the individual?  Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

11. Do you believe this individual is capable of managing 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 FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## ADULT GUARDIANSHIP SERVICE INFORMATION

Ohio law requires that the person for whom appointment is sought be visited and personally served notice of the guardianship application by the probate court investigator at least seven days prior to the scheduled hearing date. The information is needed to ensure the safety of our court investigators and ensure the court's ability to timely notify the proposed ward as required by Ohio law

**Please fill out this form completely.**

At the time of the filing of the application for guardianship, the alleged incompetent is physically at the following address: \_\_\_\_\_

\_\_\_\_\_ Telephone No. \_\_\_\_\_

Does the alleged incompetent leave the above location on a regular basis (school, day care, vacation, etc.) during the day? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Is there a situation or special circumstance of which the investigator should be aware such as weapons in the home, dangerous situation, contagious disease, etc.? If yes, explain: \_\_\_\_\_

\_\_\_\_\_

The applicant is responsible for providing the name and phone number of someone who can be contacted by the court investigator during regular business hours (8:00 a.m. to 5:00 p.m.)

Contact Person's Name: \_\_\_\_\_

Phone Numbers:(home/office/cell) \_\_\_\_\_

**CAUTION: The hearing will not be held unless this visit is completed at least seven days prior to the scheduled hearing date unless otherwise approved by the court. If there is a change in the location of the alleged incompetent between the time the application is filed and the hearing date, it is the applicant's responsibility to notify the court investigator at (614) 525-6109 or (614) 525-6296.**

\_\_\_\_\_  
Attorney / Applicant

# PROBATE COURT OF FRANKLIN COUNTY, OHIO

ESTATE OF \_\_\_\_\_ INCOMPETENT  
 GUARDIANSHIP OF \_\_\_\_\_ , DECEASED  
 TRUST OF \_\_\_\_\_  
 CASE NO. \_\_\_\_\_

## FIDUCIARY'S BOND

Amount of:

- Bond \$ \_\_\_\_\_
- Additional 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 the above matter, 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 the assets or improperly converts them to the fiduciary's use or the use of another.

Date	Principal
Surety	Surety
by Attorney in Fact	by Attorney in Fact
Typed or Printed Name	Typed or Printed Name
Address	Address
City State Zip	City State Zip

# PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## NON-PUBLIC RECORD SOCIAL SECURITY INFORMATION

INFORMATION CONCERNING THE ALLEGED INCOMPETENT OR MINOR:

Social Security Number \_\_\_\_\_

INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN/APPLICANT:

Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Submitted by:

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Applicant's Printed or Typed Name

**THIS FORM WILL NOT BE KEPT IN THE COURT'S PUBLIC RECORDS**

# PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## INFORMATION ON CUSTODIAL ACCOUNT FUNDS

**When a Guardianship of an Estate or of a Person and Estate is being filed and the funds are to be placed into a Custodial Account the following information MUST be available at the time of the hearing:**

- |  |   |
|--|---|
| If funds are from:                                 | Bring or supply copy:                               |
| 1. An Insurance Company: .....                     | Name of Company, Policy Number,<br>Name of Insured  |
| 2. An Estate: .....                                | Decedent's Name, Court Case Number<br>County, State |
| 3. The Ohio Court of Claims, Victims of Crime:.... | Victim's Name                                       |
| 4. Existing accounts to be placed into Custodial:. | Original certificate and/or passbooks.              |

**NOTE: CUSTODIAL PAPERS OR SURETY BOND MUST BE FILED BEFORE LETTERS OF GUARDIANSHIP WILL BE ISSUED.**

**NOTE: If possible the Guardian's Inventory should be filed at this time.**