

PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIANSHIP TRANSFER - INFORMATION UPDATE

[R.C.2111.47.1]

Updated information for the guardian and the ward is necessary in order for this Court to have an accurate guardianship record.

1. TYPE OF GUARDIANSHIP

- A. ☐ Non-Limited ☐ Limited ☐ Person Only
 B. ☐ Person and Estate ☐ Estate Only

2. IF LIMITED GUARDIANSHIP:

The limited powers of the guardian are:

As the Guardian, I am currently bonded.

☐ Yes ☐ No

Amount \$ _____

Surety _____

Agency _____

I have informed the bonding company of the guardianship transfer.

☐ Yes

☐ No

4. A LIST OF THE NEXT OF KIN, FORM 15.0, OF THE WARD IS ATTACHED.

5. UPDATED GUARDIAN INFORMATION:

Name and AKA _____

Home Address _____

Telephone No. _____ City _____ State _____ Zip _____

E-mail Address _____

D.O.B. _____ Relationship to Ward _____

Occupation _____

Work Address _____

Work Telephone _____ City _____ State _____ Zip _____

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I (have/have not) been charged with, or convicted of, a crime involving theft; physical violence; or sexual, alcohol, or substance abuse. If you have 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

_____	_____	_____
_____	_____	_____
_____	_____	_____

6. UPDATED INFORMATION REGARDING WARD:

A. Full Name and AKA _____

Age _____ Date of Birth _____ Male _____ Female _____

Residence _____

City, State, Zip Code _____

in _____ County, Ohio Telephone Number _____

Length of time at that residence _____

B. Name of person, other than ward, who may be contacted at the address where the ward is living. _____

Telephone Number _____ Best time to call _____

C. In the event of the death or incapacity of the 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 _____

7. FURTHER INFORMATION CONCERNING THE WARD:

A. Rights

1. What rights has the Ward retained, if any:

- ☐ None ☐ Vote ☐ Marry ☐ Contract ☐ Execute a will
☐ Obtain driver's license / drive a vehicle ☐ Hold or convey property

☐ Other: (please specify) _____

B. Documents/Payeeship

1. Does the Ward have a Last Will & Testament. If yes, where is it located?

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2. Does the ward have a safe deposit box? If so, where is it located?

3. Does the ward have a power of attorney? If so, who is the designated POA?

4. Does the ward have a living will? Where is the document?

5. Is there a DNR for the Ward? ☐ Yes ☐ No

6. Is there a Social Security payee for the ward? If yes, who.

7. Does the ward receive Veterans' Administration funds? If yes, who is the payee of VA funds?

C. Medical

1. The ward suffers from the following disabilities:

☐ Infirmities of aging

☐ Chronic mental illness

☐ Developmentally disabled

☐ Substance Abuse

☐ Other

2. The most recent Guardian's Report and accompanying Statement of Expert Evaluation were filed on: _____

I hereby certify that all the foregoing information and accompanying Forms 17.SSN, 17.0G, & 15.2A are correct to the best of my knowledge and belief.

Signature

Attorney for Guardian and registration number

Address

City, State, Zip Code

Telephone

Signature

Guardian

Address

City, State, Zip Code

Telephone