

PROBATE COURT OF WARREN 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. <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

IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT  
PROBATE DIVISION

Guardianship of \_\_\_\_\_

Case No. \_\_\_\_\_

**ACKNOWLEDGMENT OF APPLICANT**

No guardian of the person, the estate or both shall be appointed until at least seven (7) days after the Probate Court has caused written notice to be served in accordance with Revised Code section 2111.04.

The Probate Court investigator will investigate the circumstances of the proposed Ward and to the extent feasible, communicate to the proposed Ward her/his rights in the guardianship proceedings. Subsequent thereto, the investigator will file a report with the Court that indicates the physical and mental condition of the proposed Ward and a recommendation regarding the necessity for a guardianship or a less restrictive alternative.

To arrange the visit, the Probate Court investigator shall contact: \_\_\_\_\_

\_\_\_\_\_

PROVIDE ALL OF THE FOLLOWING:

\_\_\_\_\_ Home telephone number

\_\_\_\_\_ Cellular number     I will accept text messages

\_\_\_\_\_ Work telephone number

Ward's marital status:  single     married to \_\_\_\_\_

If married, spouse's and telephone number \_\_\_\_\_ and

address \_\_\_\_\_

The ward is physically located at \_\_\_\_\_

\_\_\_\_\_

The telephone number where the ward is physically located is: \_\_\_\_\_

Does the Ward leave the above location on a regular basis (Daycare, work, etc.?) Please explain

\_\_\_\_\_

The Ward's language to communicate is: \_\_\_\_\_

Is an interpreter required? \_\_\_\_\_

Safety; please list any concerns regarding behaviors, danger, location: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Any other information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I/we hereby acknowledge that the hearing will not be held unless the visit is completed at least seven (7) days prior to the hearing date. I/we will notify the Court of any change in the location of the proposed Ward from the time the application is filed to the hearing date.

\_\_\_\_\_  
Applicant

IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT  
PROBATE DIVISION

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 \_\_\_\_\_

or some suitable person as guardian of:

---

---

---

---

---

---

---

---

IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT  
PROBATE DIVISION

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
10. To successfully complete a six hour guardian fundamentals course.
11. To successfully complete a three hour guardian continuing education course each year.

**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 the estate justifies if the ward is a minor and has no parents, or has a parent who fails to maintain or educate the ward.
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.
7. To successfully complete a six hour guardian fundamentals course.
8. To successfully complete a three hour guardian continuing education course each year.

**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

IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT  
PROBATE DIVISION

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 the principal's 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

Net Value of real estate owned in this county

\$ \_\_\_\_\_

\$ \_\_\_\_\_

PROBATE COURT OF WARREN 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

PROBATE COURT OF WARREN 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 Magistrate

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

PROBATE COURT OF WARREN COUNTY, OHIO

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

Case No. \_\_\_\_\_

GUARDIAN'S INVENTORY

(R.C. 2111.14(A))

of the real and personal estate of the ward \_\_\_\_\_ with its value and the value of the yearly rent of the real estate

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

List any safety deposit box and date and location of any will. \$ \_\_\_\_\_

RECAPITULATION

Total value of Personal Estate ..... \$ \_\_\_\_\_

Total value of Real Estate ..... \$ \_\_\_\_\_

Yearly rent of Real Estate ..... \$ \_\_\_\_\_

Other annual income ..... \$ \_\_\_\_\_

Total ..... \$ \_\_\_\_\_

\_\_\_\_\_  
Guardian

IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT  
PROBATE DIVISION

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 duties:

- \_\_\_\_\_ 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.
- \_\_\_\_\_ To successfully complete a six hour guardian fundamentals course provided by The Ohio Supreme Court.
- \_\_\_\_\_ To successfully complete a three hour guardian continuing education course each year.

\_\_\_\_\_  
Guardian

The above oath was taken and signed in my presence on this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judge/Magistrate

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 WARREN COUNTY, OHIO

IN THE MATTER OF 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 mental or physical illness or disability, or intellectual disability, 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 that 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 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  
\_\_\_\_\_ Intellectual Disability 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 a 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: \_\_\_\_\_

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

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:

Intellectual Disability/Developmental Disabilities:

Profound

Severe

Moderate

Mild

Mental Illness: Type and Severity \_\_\_\_\_

Substance Abuse: Description \_\_\_\_\_

Dementia: 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 impairment identified in question six. (Continue comments on page 4).





IN THE WARREN COUNTY, OHIO COMMON PLEAS COURT  
PROBATE DIVISION

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.

Witness my signature and the seal of the Court, this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Probate Judge

By \_\_\_\_\_

Deputy Clerk

(Seal)

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

**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, 1<sup>st</sup> 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 \_\_\_\_\_, the within notice was served by delivering a true copy thereof personally to \_\_\_\_\_

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

Sworn to before me and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

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

**PROBATE COURT OF WARREN 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 WARREN COUNTY, OHIO**

\_\_\_\_\_, **JUDGE**

**GUARDIANSHIP OF** \_\_\_\_\_

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

**DECISION OF MAGISTRATE**

**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

\_\_\_\_\_  
MAGISTRATE

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)