

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF: _____

CASE NO. _____

ADDENDUM TO APPLICATION FOR APPOINTMENT OF GUARDIAN

(Attach to Application for Appointment of Guardian for Incompetent, Form 17.)

1. Why is Guardianship necessary?

2. Information concerning Guardian/Applicant:

Name _____
Occupation _____
Work Address _____
Work Phone (____) _____

3. Information concerning Ward:

a. Full Name and AKA _____
b. Nickname _____
c. Date of Birth _____ Age _____
d. Male _____ Female _____
e. Ward's Present Address (Location) _____
City _____ State _____
County _____ Zip _____
Telephone (____) _____
f. Ward's Legal Settlement or Residence, if different than ward's present address (above):
Address _____
City _____ State _____
County _____ Zip _____
Telephone (____) _____
g. Ward's living arrangements at present address are best described as:
 (1) His/her own apartment or home (includes assisted living facilities).
 (2) Private home or apartment of:
 (a) the ward's guardian.
 (b) a relative of the ward, whose name is _____
and whose relationship is _____
 (c) a non-relative whose name is _____
 (3) A foster, group, or boarding home.
 (4) A nursing home.
 (5) A medical facility or state institution.

3. g. (Continued)

(6) Other (describe): _____

(7) If either (3), (4), (5), or (6) is checked, complete the following:

(a) The name of the home, facility or institution: _____

(b) The name of an individual at the home, facility, or institution who has knowledge, and is authorized to give information to the Court about the ward.

Name _____

Telephone Number (_____) _____

h. The ward will be at the address given in Item 3-f:

(1) Indefinitely.

(2) Temporarily. The new address and telephone number is:

(a) Unknown. I will provide this information when known.

(b) _____

City _____ State _____

Zip _____

ix. List any problems the alleged incompetent may have in communicating:

j. Name of a contact person to arrange for service of notice of guardianship on the ward by court investigator:

Name _____

Home Phone _____ Work Phone _____

k. Name any agencies already involved with the proposed ward.

<u>AGENCY</u>	<u>CONTACT PERSON</u>	<u>TELEPHONE NO.</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

l. Does the proposed ward have:

(1) Power of Attorney? Yes _____ No _____ (If yes, attach copy.)

(2) Health Care Power of Attorney Yes _____ No _____ (If yes, attach copy.)

(3) Advance Directive or Living Will? Yes _____ No _____ (If yes, attach copy.)

(4) Last Will and Testament? Yes _____ No _____

(If yes, where is it located?) _____

4. Information concerning finances of Ward:

- a. Specifically, is the ward eligible for, or receiving, any of the following benefits, and, if so, what corporation or organization is the source of the funds? AMOUNT
PER MONTH
- | <u>TYPE</u> | | <u>AMOUNT
PER MONTH</u> |
|------------------------------------|--------------|-----------------------------|
| Social Security | | _____ |
| Public Employees Retirement System | | _____ |
| Veterans Administration | | _____ |
| Railroad Retirement | (Name) _____ | _____ |
| Employee's Pension | (Name) _____ | _____ |
| Insurance Benefits | (Name) _____ | _____ |
| Other | (Name) _____ | _____ |

- b. Does the prospective ward have an interest in an estate or trust? Yes ___ No ___
 If so, give the decedent's name, Court case number, name and location of Court, or the trustee, etc. _____

- c. Cash? Yes ___ No ___ Amount _____

- d. Bank Accounts? Yes ___ No ___

<u>INSTITUTION</u>	<u>ADDRESS</u>	<u>ACCOUNT</u>	<u>AMOUNT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- e. Securities? Yes ___ No ___

<u>ISSUER</u>	<u>MARKET VALUE</u>
_____	_____
_____	_____
_____	_____

- f. Land Installment Contracts? Yes ___ No ___

<u>VENDEE and ADDRESS</u>	<u>PROPERTY LOCATION</u>	<u>AMT. PER MONTH AND BALANCE</u>
_____	_____	- _____
_____	_____	- _____
_____	_____	- _____

- g. Real Estate? Yes ___ No ___

<u>PROPERTY LOCATION</u>	<u>MARKET VALUE</u>
_____	_____
_____	_____
_____	_____
_____	_____

CASE NO. _____

h. Rental from Real Estate? Yes ____ No ____

ADDRESS OF REAL ESTATE

AMT. PER MONTH

<u>ADDRESS OF REAL ESTATE</u>	<u>AMT. PER MONTH</u>
_____	_____
_____	_____
_____	_____

i. Income from any other source? Yes ____ No ____

j. Titled Motor Vehicles? Yes ____ No ____

VEHICLE MAKE

MODEL

YEAR

VALUE

<u>VEHICLE MAKE</u>	<u>MODEL</u>	<u>YEAR</u>	<u>VALUE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

k. Pre-need Funeral/Burial? Yes ____ No ____

Describe: _____

Date

Applicant