

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF: _____

CASE NO. _____

APPLICATION FOR APPOINTMENT OF GUARDIAN OF AN ALLEGED INCOMPETENT

(R.C. 2111.03)

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

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:

Table with 2 columns: Category (Personal Property, Real Estate, Annual Rents, Other Annual Income) and Amount (\$ _____)

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

Applicant further represents that a guardian of the alleged incompetent is necessary in order that

- _____ the ward (guardianship of the person)
_____ the ward's property (guardianship of the estate)

may be taken proper care of, and asks that a guardian be appointed.

TYPE OF GUARDIANSHIP APPLIED FOR IS:

___ non-limited ___ limited ___ person only ___ estate only ___ person and estate

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

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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>
_____	_____
_____	_____
_____	_____

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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

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STATEMENT OF EXPERT EVALUATION

Definition of Incompetent (R.C. 2111.01 (D)): "Incompetent means any person who is so mentally impaired as a result of a physical or mental illness or disability, or retardation, or as a result of chronic substance abuse, that he is incapable of taking proper care of himself or his property or fails to provide for his family or other persons for whom he is charged by law to provide, or any person confined to a penal institution within this State."

The Statement of Evaluation does not declare the prospective ward competent or incompetent, but is evidence to be considered by the Court.

The fee for completing this evaluation WILL NOT be paid by the Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This Statement of Evaluation is for:

Guardianship Application. (To be completed by a Licensed Physician or Licensed Clinical Psychologist, and attached to the Application).

Guardian's Report. (Evaluation and Statement by a Licensed Physician, Licensed Clinical Psychologist, Licensed Social Worker, or Mental Retardation Team to be completed within three months of date of the report. R.C. 2111.49(A)(1)(i).)

2. Statement completed by: **(Please type or print full name and address).**

Name: _____
Address: _____
Phone: _____

Who is a: Licensed Physician Licensed Clinical Psychologist
 Licensed Social Worker Mental Retardation Team

3. Following is my diagnosis/assessment of the mental and physical capacity, and the functioning level of the prospective ward.

4. Is the prospective ward mentally impaired? Yes No

5. A. Is there observed or reported evidence of mental impairment? Yes No

Describe: _____

B. If reported, name source: _____

6. If the prospective ward is mentally impaired, what is the cause? _____

7. A. Is there observed or reported evidence of physical impairment?

Yes No Describe: _____

B. If reported, name source: _____

8. Can the prospective ward conduct business affairs without the aid of a guardian?

Yes No Comments: _____

9. Can the prospective ward properly care for him/herself without the aid of a guardian?

Yes No Comments: _____

10. (TO BE COMPLETED IF SUBMITTED WITH A GUARDIAN'S REPORT)

In my opinion, the guardianship should be:

Continued _____

Terminated _____

11. (TO BE COMPLETED IF SUBMITTED WITH AN APPLICATION FOR GUARDIANSHIP)

In my opinion, the application for guardianship:

Should be granted _____

Should not be granted _____

ADDITIONAL COMMENTS

I certify that I have evaluated _____ for the purpose of guardianship.

Date of Evaluation

Evaluator's signature

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

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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

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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 _____

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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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

Guardian

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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

Surety
By _____
Attorney in Fact

Typed or Printed Name

Address

NET VALUE OF REAL ESTATE OWNED:
\$ _____

X _____
Principal/Guardian

Surety
By _____
Attorney in Fact

Typed or Printed Name

Address

NET VALUE OF REAL ESTATE OWNED:
\$ _____

IT IS SO ORDERED.

BILL SPICER, JUDGE

**IN THE COURT OF COMMON PLEAS
PROBATE DIVISION
SUMMIT COUNTY, OHIO**

GUARDIANSHIP OF _____

CASE NUMBER _____

NON-PUBLIC RECORD INFORMATION

Information concerning the alleged incompetent:

Social Security Number _____

Birth Date _____

Submitted by:

Applicant/Attorney Signature

Applicant/Attorney Printed or Typed Name