

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF: _____, A MINOR
CASE NO. _____

APPLICATION FOR APPOINTMENT OF GUARDIAN OF MINOR
(R.C. 2111.03 (C))

Applicant, a resident of _____ County, Ohio, hereby applies for the appointment of himself/herself, or some suitable person, as guardian of the following minor, and represents that the applicant is not an administrator, executor, or other fiduciary of an estate wherein the minor is interested.

_____ Male ___ Female
Name of Minor Age Date of Birth

Residence or Legal Settlement

Attached is a list of the next of kin of the minor (Form 15.0).

A guardian is necessary because (R.C. 2111.06), _____
_____.

THE TYPE OF GUARDIANSHIP APPLIED FOR IS:

___ Non-Limited ___ Limited ___ Person Only ___ Estate Only ___ Person and Estate

IF THE APPLICATION IS FOR LIMITED GUARDIANSHIP,

The length (time period) of the guardianship requested is:

_____ Indefinite _____ Definite to _____, 20____.

The limited powers requested are: _____

Applicant attaches affidavit pursuant to R.C. 3109.27.

Applicant represents that grounds exist for the Court to exercise its jurisdiction. (Applies to guardianship of person only. R.C. 3109.22.)

The Applicant or any members of the applicant's household 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.)

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**ADDENDUM TO APPLICATION
FOR APPOINTMENT OF GUARDIAN OF A MINOR**
(Attach to Application for Appointment of Guardian of Minor, Form 16.0)

1. Information concerning Guardian/Applicant:
Name _____
Occupation _____
Work Address _____
Work Phone (____) _____
2. **Marital Status/Legal Relationship of Minor's Parents** _____
3. Has any Court ordered child support? ____ YES ____ NO
Specify: _____
4. How long has minor been living with applicant? _____
5. Is any Juvenile Court involved? ____ YES ____ NO
Explain: _____
6. Has the minor previously had a guardian? ____ YES ____ NO
If so, reasons for termination: _____

Date

Applicant

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AFFIDAVIT

(R.C. 3109.27)

Affiant being first duly sworn, deposes and says:

1. That the child's present address, the places where the child has lived within the last five years, and the names and present addresses of the person(s) with whom the child has lived during that period are:

2. That affiant has (not) participated as a party, witness, or in any other capacity in any litigation concerning the custody of the child(ren) in this or any other state.
3. That affiant has (no) information of any custody proceeding concerning the child(ren) pending in a court of this or any other state.
4. That affiant has (no) knowledge of any person not a party to the proceedings who has physical custody of the child(ren) or claims to have custody or visitation rights with respect to the child(ren).

If 2, 3, or 4 is answered in the affirmative, and the space afforded is insufficient for full explanation, please attach and incorporate herein any necessary information.

Affiant realizes that ___he has a continuing duty to inform the Court of any custody proceedings concerning the child(ren) in this or any other state of which affiant obtains information during the pendency of this proceeding.

Sworn to before me and subscribed in my presence this _____ day of _____, 20_____.

Notary Public

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF: _____, A MINOR

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**SELECTION OF GUARDIAN BY MINOR
OVER FOURTEEN YEARS OF AGE**

(R.C. 2111.12)

The undersigned hereby selects _____, a resident of Summit County, Ohio, as Guardian of the ___ person only ___ estate only ___ person and estate, and respectfully asks the Court to appoint _____ as Guardian.

Signature of Minor

Date of Birth

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP OF: _____

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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.)

Table with 3 columns: Service Waived, Relationship, Birthdate Of Minor. Contains 10 rows for listing next of kin with checkboxes and name/address/zip fields.

_____ Date

_____ Applicant

PROBATE COURT OF SUMMIT COUNTY, OHIO

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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 _____

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PROBATE COURT OF SUMMIT COUNTY, OHIO

GUARDIANSHIP 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

PROBATE COURT OF SUMMIT COUNTY, OHIO

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 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 minor:

Social Security Number _____

Birth Date _____

Submitted by:

Applicant/Attorney Signature

Applicant/Attorney Printed or Typed Name