

PROBATE COURT OF CLERMONT COUNTY, OHIO

GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S REPORT
[(R.C. 2111.49, SUP.R. 66.05(B)(2)]

NOTE: If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

- 1. This is the (circle one): 1st, 2nd, 3rd, 4th, 5th, 6th, or _____ Guardian's Report.
2. Ward's present address: _____
City _____ State _____
Zip _____ Telephone (_____) _____
3. Ward's living arrangements at the above address are best described as:
a. His or her own apartment or home (includes assisted living facilities).
b. Private home or apartment of:
(1) the ward's guardian
(2) a relative of the ward, whose name is _____
and relationship is _____
(3) a non-relative whose name is _____
c. A foster, group or boarding home.
d. A nursing home.
e. A medical facility or state institution.
f. Other (describe) _____
g. If c, d, e or f is checked, complete the following:
(1) The name of the home, facility or institution _____
(2) 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 (_____) _____
4. The ward will be at the address given in Item 2.
a. Indefinitely.
b. Temporarily. The new address and telephone number is:
(1) Unknown. I will provide this information when known.
(2) _____
City _____ State _____
Zip _____ Telephone (_____) _____

5. Guardian's contact with the ward:
- a. Approximate number of times the guardian had contact with the ward during the period covered by this report: _____
 - b. The nature of those contacts(phone, personal, or other) _____

 - c. Date the ward was last seen by the guardian: _____
6. Have you observed any major change in the ward's physical or mental condition during the period covered by this report? Yes No
If "Yes" is checked, briefly describe the changes _____

7. The care given to the ward is Adequate Not Adequate
If "Not Adequate" is checked, explain. _____

8. The guardianship should be Continued Not Continued
If "Not Continued" is checked, explain. _____

9. During the period covered by this report the ward has has not
been seen by a physician. If the ward has been seen, the last date was _____
_____ and for the purpose of _____
10. I currently serve as the Guardian to ten or more wards and certify to the court that I am unaware of any circumstances that may disqualify me from serving as Guardian for this Ward.

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship.
[R.C.2111.49(A)(1)(i)] (Form 17.1)

If an attorney has been consulted on this report: _____ Date _____

Attorney's Signature

Guardian's Signature

(Type or print Attorney's Name)

(Type or print Guardian's Name)

(Street)

(Street)

(City, State, Zip Code)

(City, State, Zip Code)

Attorney Registration No.

Phone Number

PROBATE COURT OF CLERMONT COUNTY, OHIO

GUARDIANSHIP OF: _____

CASE NO.: _____

ANNUAL GUARDIANSHIP PLAN

[Sup.R. 66.08 (G)]

[Attach as addendum to Form 17.7-Guardian's Report.]

I am the guardian of the ____ person only (Part 1); _____ estate only (Part 2); ____ both person and estate (Parts 1 and 2) for the above-named ward. I have identified the following goal(s) for the next year and how I intend the goal(s) to be met.

Part 1 - For the Person

Goal - (for example: address medication issues; obtain assistance devices; secure medical and rehab services; meet mental health service needs; secure personal care services; enhance nutrition; improve social skills, etc.)

Means to Meet the Goal – (for example: educate on benefits of medications and compliance; obtain walker, wheelchair, hearing aid; schedule semi-annual checkups/exams; secure outpatient examinations and mental health counseling; arrange for shopping and/or meals on wheels; enroll in sheltered workshop/socialization programs, etc.)

Goal - _____

Means to Meet the Goal – _____

PART 2 – For the Estate

Goal - (for example: obtain representative payee; enroll in Medicaid; establish Special Needs Trust; improve money handling skills)

Means to Meet the Goal – (for example: contact Social Security; contact Job and Family Services/Attorney re exempt assets/eligibility; secure supporting documentation; schedule skill training, etc.)

[Attach additional pages if necessary]

Guardian's Printed Name

Guardian's Signature

Street

Phone Number

City, State, Zip Code