

## INSTRUCTIONS FOR APPOINTMENT OF GUARDIAN OF ALLEGED ADULT INCOMPETENT

These instructions are a guideline only and should not be considered legal advice. Applicants should not rely upon them as a comprehensive list of guardianship duties. Applicants are encouraged to seek legal counsel as complex matters may arise.

The Clermont County Probate Court has the authority to appoint Guardians of the Person, Estate, or Person and Estate for an Adult (aka Ward) believed to be incompetent as defined by statute. The Adult must be a resident of Clermont County. Guardians of the Person may be residents of another state. The Person applying for Guardianship of the Estate or Guardianship of the Person and Estate must be a Resident of the State of Ohio. The Court will not take applications for Adults who are not residents of Clermont County.

Any Applicant seeking the appointment of a Guardian of the Estate or Guardian of the Person and Estate must be able to secure a bond in the amount of twice the value of the **personal property**, meaning any asset other than real estate. Obtaining pre-approval for a bond is strongly recommended. The Court encourages Applicants for Guardianship of the Estate or Guardianship of the Person and Estate to seek legal advice and representation.

Current filing fees for Guardianships are \$290. Applicants must pay this fee in cash, check, money order, or certified check. Checks or money orders will be payable to the Clermont County Treasurer. The Clermont County Probate Court does not accept credit or debit cards.

Applicants shall apply in person and may obtain the forms from the Court at 2379 Clermont Center Drive Batavia, Ohio or by downloading the forms from the website <https://probatejuvenile.clermontcountyohio.gov/>. All forms should be typewritten or legibly printed.

### PROCEDURAL STEPS

<b>STEP 1: COMPLETE THE FOLLOWING FORMS FOR THE INITIAL FILING</b>	
<b>Application for Appointment of Guardian of Alleged Incompetent (Form 17.0)</b> List the First, Middle, and Last Name of the Adult alleged to be incompetent; the legal settlement of the Adult; reason for incompetency; the date of birth and the assets of the Adult. Mark the appropriate box for type of guardianship, whether the guardianship is limited or non-limited and whether the guardianship is indefinite or definite. Most Guardianships of an Adult Incompetent for Person Only are non-limited and indefinite. State the relationship between the Adult and the Applicant and whether the Applicant has been charged or convicted of any crimes. Mark any appropriate boxes regarding a Power of Attorney or Military information for the Adult.	At the time of initial filing

<p><b>Fiduciary's Acceptance (Form 15.2)</b> Sign and date. Note: The Court will hold Applicant responsible for the duties described on this form.</p>	<p>At the time of initial filing</p>
<p><b>Next of Kin of Proposed Ward (Form 15.0)</b> List all next of kin. Next of Kin generally will consist of spouse, children, children of deceased children, and living parents. Be sure to specify the complete home address of all those listed and the mailing address if different from the home address. If there is a spouse and children of the Adult, please specify if the spouse is parent of all or any children.</p>	<p>At the time of initial filing</p>
<p><b>Statement of Expert Evaluation (Form 17.1)</b> The Applicant must have a Licensed Physician or a Licensed Clinical Psychologist evaluate the Adult and complete the form.</p>	<p>At the time of initial filing</p>
<p><b>Affidavit of Indigency and Entry Authorizing Payment of Court Costs (Form 117.0)</b> Consult with the Deputy Clerk to confirm eligibility as indigency is based on the Adult's monthly income. This form is only accepted if applying for guardian of the person only.</p>	<p>At time of initial filing, if applicable</p>
<p><b>Waiver of Notice and Consent (Form 15.1)</b> The next of kin of the Adult who live in Ohio will sign this form waiving notice of hearing and consenting to the appointment of a guardian. If the Applicant is unable to obtain all waivers from the persons listed on the next of kin form, certified mail service must be completed on those that did not sign waivers who live in Ohio. (See form 17.4)</p>	<p>At or before the time of the hearing, if applicable</p>
<p><b>Notice of Hearing For Appointment of Guardian of Alleged Incompetent Person (Form 17.4)</b> After selecting a hearing date, the Applicant will prepare the Notice of Hearing to serve on all next of kin who are Ohio residents and who did not sign Form 15.1. The Applicant will serve the Notice of Hearing For Appointment of Guardian of Alleged Incompetent Person by certified mail only on the persons required to be listed on Form 17.4. A copy of the Form 17.4 must be retained by the Applicant for a later filing.</p>	<p>At the time of initial filing, if applicable</p>
<p><b>Authorization to Release Confidential Information (Form 271.00)</b> The Applicant will complete the form, sign in presence of a witness, and have witness sign. The Deputy Clerk will take the Applicant to be fingerprinted.</p>	<p>At time of initial filing</p>
<p><b>Guardian's Handbook</b> The Deputy Clerk will provide a Guardian's Handbook and a Receipt of Guardian's Handbook for the Applicant to sign. The Deputy Clerk will also provide an Acknowledgement of Guardian's Education for the Applicant to sign.</p>	<p>At time of initial filing</p>
<p><b>Notice to Prospective Ward of Application and Hearing, Oath of Guardian, Magistrate's Decision, Judgment Entry and Letters of Guardianship</b> The Deputy Clerk will prepare these documents.</p>	<p>After time of initial filing, but before the hearing</p>

<p><b>Court Investigator’s Report on Proposed Guardianship (Form 17.8)</b> The Court Investigator will complete the form after evaluating the Adult.</p>	<p>After time of initial filing, but before the hearing</p>
<p><b>Notification of Compliance with Guardian Education Requirements (Form 27.2)</b> Every Applicant is required to complete the 6 hour Fundamentals of Adult Guardianship course offered by the Ohio Supreme Court before the Court will issue Letters of Guardianship. The course is available online at <a href="https://www.supremecourt.ohio.gov/ohioCourtEDU/register/default.asp">https://www.supremecourt.ohio.gov/ohioCourtEDU/register/default.asp</a></p>	<p>At or before the time of the hearing</p>
<p><b>Waiver of Service of Magistrate’s Decision, Waiver of Service of Judgment Entry, Waiver of Time Limits, Waiver of Objection. (Form 17.5W)</b> The Applicant, and each person listed as the next of kin, regardless of state of residency, may sign the Waiver of Service of Magistrate’s Decision, Waiver of Service of Judgment Entry, Waiver of Time Limits, Waiver of Objection.</p>	<p>At or before the time of the hearing</p>
<p><b>Affidavit in Proof of Service (Form 200.10)</b> Should the Applicant need to serve the next of kin, the Applicant will submit an Affidavit in Proof of Service with a copy of Form 17.4, Notice of Hearing For Appointment of Guardian of Alleged Incompetent Person attached to show that the Applicant served the next of kin by certified mail.</p>	<p>At or before the time of the hearing, if applicable</p>
<p><b>Guardian’s Bond (Form 15.3)</b> For Guardianship of the Estate of an Adult, the Applicant is required to sign and date the bond form. The bond amount is twice the value of the Adult’s personal property, meaning any asset other than real estate. Once signed and dated by the Applicant, the bond form needs to be signed by the agent of the surety company. The completed bond form may be left with the court any time prior to the hearing.</p>	<p>At, before the time of the hearing or after the hearing but before the Court issues Letters of Guardianship, if applicable</p>

## STEP 2: FILING OF FORMS WITH DEPUTY CLERK

Applicants must apply in person. The Applicant will be required to submit to fingerprinting at the time of application. If an Attorney is filing on behalf of the Applicant, the Applicant will be required to appear at the Court for fingerprinting within five days of the filing of the Application for Appointment of Guardian of Alleged Incompetent. The Deputy Clerk will require the payment of the filing fee at the time of the initial filing unless the Applicant submits an Affidavit of Indigency and Entry Authorizing Payment. At the time of the initial filing, the Applicant will sign the Acknowledgment of Guardianship Education Requirement and receive and sign the Receipt for Guardians’ Guidebook. The Deputy Clerk will process the documents required at the time of the initial filing, process the payment, if applicable, assign a case number, and set a hearing on the Application for Appointment of Guardian of Alleged Incompetent.

### **STEP 3: SERVICE OF NOTICE ON ALLEGED INCOMPETENT**

The Notice to Prospective Ward of the Application and Hearing will be served by the Court Investigator at least seven days prior to the hearing date. If the Applicant would like to be present during the visit, or if the Adult goes to school, camp, day program, or anywhere else during the day, please inform the Court of the best days and times for the Court Investigator to serve the Adult notice of hearing. The Court Investigator will complete service and file the Court Investigator's Report on Proposed Guardianship.

### **STEP 4: THE HEARING – WHAT TO EXPECT**

Hearings will not go forward if the next of kin who live in Ohio have not been properly served, or have not waived notice of hearing. If the Application For Appointment of Guardian of Alleged Incompetent is uncontested, the Magistrate will review the Statement of Expert Evaluation and the Court Investigator's Report on Proposed Guardianship. Upon the testimony and evidence presented, the Magistrate will issue a decision. The Guardian and any Attorney representing the Adult may sign the Waiver of Service of Magistrate's Decision, Waiver of Service of Judgment Entry, Waiver of Time Limits, Waiver of Objections. The Court will serve a copy of the Magistrate's Decision upon those individuals who have not waived service by signing Form 17.5W. The Judge will review the Decision and issue a Judgment Entry no sooner than 14 days after the filing of the Magistrate's Decision. The Deputy Clerk will issue Letters of Guardianship upon the posting of any applicable bond, and if no bond is required, the Letters of Guardianship shall be simultaneously filed with the Magistrate's Decision provided the education requirement has been completed.

If the Application For Appointment of Guardian of Alleged Incompetent is contested, the Magistrate will conduct a hearing and will permit the parties to provide testimony and any exhibits. It may be necessary to re-set the hearing or continue the matter in progress. The Magistrate will issue a decision upon hearing all testimony and reviewing all exhibits provided to the Court. The Judge will review the Decision and issue a Judgment Entry no sooner than 14 days after the filing of the Magistrate's Decision. The Deputy Clerk will issue Letters of Guardianship upon the posting of any applicable bond, and if no bond is required, the Letters of Guardianship shall be simultaneously filed with the Magistrate's Decision provided the education requirement has been completed.

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, 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: \_\_\_\_\_

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Attorney Registration No. \_\_\_\_\_

\_\_\_\_\_  
Telephone Number (include area code)

PROBATE COURT OF CLERMONT COUNTY, OHIO

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.

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 and 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.

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

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

**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

PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE

IN THE MATTER OF THE 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 a mental or physical illness or disability, as a result of 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 examiner shall complete this statement using personal observations and prior history obtained during the examiners course of treatment / interaction with the individual.

The Statement of Evaluation does not declare the individual competent or incompetent. It is evidence to be considered by the Court. The Probate Court **WILL NOT** pay the fee for completing this evaluation, unless otherwise ordered by the Court. The evaluator should secure payment from the Applicant or Guardian.

1. This Statement of Expert Evaluation is to be filed with or attached to:

A. Guardianship Application: [Evaluation must be completed before the filing of the attached application.]

Evaluation completed by:  Licensed Physician  Licensed Clinical Psychologist

B. Application for Emergency Guardianship:

Evaluation completed by:  Licensed Physician  Licensed Clinical Psychologist

[NOTE: If this Statement relates to an emergency guardianship of the person, a Licensed Physician or a Licensed Clinical Psychologist must complete the Supplement for Emergency Guardian, Form 17.1A, specifying the details of the emergency, and why immediate action is required to prevent significant injury or death to the person. The Supplement must be signed by a Licensed Physician or a Licensed Clinical Psychologist, dated, and attached to this completed Statement.]

C. Guardian's Report: [Evaluation must be conducted within three months before the date of this Report. R.C. 2111.49]

Evaluation completed by:  Licensed Physician  Licensed Clinical Psychologist  
 Licensed Independent Social Worker  Licensed Professional Clinical Counselor  
 Developmental Disability Team  Certified Nurse Practitioner  Licensed Clinical Nurse Specialist

2. Statement completed by: (Please print clearly)

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: \_\_\_\_\_

Individual's language preference: \_\_\_\_\_

4. Is the individual presently taking medication?  Yes  No If yes, what is the medication, dosage, and purpose? [Continue comments on page 4]

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 or Developmental Disabilities: *(Please check the severity)*
- Profound  Severe  Moderate  Mild
- Mental Illness: Type and Severity \_\_\_\_\_
- Substance Abuse: Description \_\_\_\_\_
- Dementia: Type and Severity \_\_\_\_\_
- Other: Description, Type, and Severity \_\_\_\_\_  
[Continue comments on page 4]

6. During the examination did you notice an impairment of the individual's:
- |                    |                              |                             |                                  |
|--------------------|------------------------------|-----------------------------|----------------------------------|
| a) Orientation     | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| b) Speech          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| c) Motor Behavior  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| d) Thought Process | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| e) Affect          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| f) Memory          | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| g) Concentration   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| h) Comprehension   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| i) Judgment        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |

7. Please describe any impairments identified in question six. [Continue comments on page 4].

8. Is the individual physically impaired? I.e. visual, mobility, hearing, etc.  Yes  No If yes, please describe: \_\_\_\_\_

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship:  Yes  No If yes, please explain: \_\_\_\_\_

10. Is there any indication of abuse, neglect, or exploitation of the individual?  Yes  No If yes, please explain: \_\_\_\_\_

11. Do you believe the individual is capable of caring for his or her activities of daily living or making decisions concerning his or her own medical treatments, living arrangements, and diet?

Yes  No If no, please explain: \_\_\_\_\_

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

12 Do you believe this individual is capable of managing his or her finances and property?  Yes  No If no, please explain: \_\_\_\_\_

13. What is the recommended living situation for the individual?

- Independent living arrangement
- Assisted living facility or group home
- A nursing home
- A memory care facility or lockdown unit
- Other: \_\_\_\_\_

14. Prognosis of the individual:

- A. Is the condition stabilized?  Yes  No  Unknown
- B. Is the condition reversible:  Yes  No  Unknown

15. In my opinion a guardianship should be:

- If this is a new application for appointment of guardian:  Established  Denied
- If this is an existing guardianship:  Continued  Terminated

I certify that I have evaluated the individual on \_\_\_\_\_, 20\_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Printed Name of Evaluator

### 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

\_\_\_\_\_  
Printed Name of Licensed Physician/Clinical Psychologist



**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

**GUARDIANSHIP OF \_\_\_\_\_ , INCOMPETENT  
CASE NO. \_\_\_\_\_**

**AFFIDAVIT OF INDIGENCY**

\_\_\_\_\_, being first duly cautioned and sworn, states  
the following facts are true:

1. The proposed ward lives at \_\_\_\_\_  
and has lived there for \_\_\_\_\_ years/months.
2. The monthly income of proposed ward is \_\_\_\_\_  
The source of said income is \_\_\_\_\_
3. The monthly expenses of proposed ward are \_\_\_\_\_  
\_\_\_\_\_
4. To the best of affiant's knowledge, the ward owns no assets other than:

Real Estate	\$ _____
Bank Accounts	\$ _____
Automobile(s)	\$ _____
Other (stocks, bonds, IRA, etc.)	\$ _____
<b>TOTAL OF ASSETS</b>	<b>\$ _____</b>
5. To the best of affiant's knowledge, none of the ward's assets have been transferred for less than fair market value in the past three years, except:  
  
\_\_\_\_\_

\_\_\_\_\_  
Affiant

Sworn to before me and subscribed in my presence this \_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
Notary Public/Deputy Clerk

**ENTRY AUTHORIZING PAYMENT OF COURT COSTS**

Upon consideration of the Affidavit of Indigency, the Court finds the proposed ward is indigent and orders the costs of this action to be paid from the Indigent Guardianship Fund. Any assets, beyond those disclosed in the affidavit, which come into the possession of the guardian, shall be reported to the Court and may be used to reimburse said fund for the costs of this action.

\_\_\_\_\_  
James A. Shriver, Judge/ Magistrate

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

**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 \_\_\_\_\_

\_\_\_\_\_


**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

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

**JUDGMENT ENTRY  
SETTING HEARING ON APPLICATION FOR APPOINTMENT  
OF GUARDIAN**

This day \_\_\_\_\_ appeared in open Court, and filed an application for the appointment of (limited) guardian of the (person and estate) of \_\_\_\_\_ It is ordered that the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_ M., be and is hereby fixed as the time of hearing said application before this Court. It is further ordered that written notice be served personally upon minors over fourteen years of age and in the manner as is provided by law upon all others entitled to receive the same.

\_\_\_\_\_  
Date

\_\_\_\_\_  
James A. Shriver, Probate Judge

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

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

\_\_\_\_\_ filed in the  
Court an application for the appointment of a (limited) guardian of the (person and estate) of \_\_\_\_\_

\_\_\_\_\_ an alleged incompetent.

A hearing on that application will be held on \_\_\_\_\_

\_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_ M. at

Clermont County Probate Court, 2379 Clermont Center Drive, Batavia, Ohio, 45103.

Witness my signature and the seal of the Court,  
this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
James A. Shriver, Probate Judge

\_\_\_\_\_  
Deputy Clerk

**RETURN**

\_\_\_\_\_ County, Ohio

Received this writ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ M., and on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, 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, 1st 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 \_\_\_\_\_, 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 \_\_\_\_\_, \_\_\_\_\_.

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

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

**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 duty:

- 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.

\_\_\_\_\_  
Guardian

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

\_\_\_\_\_  
James A. Shriver, Judge/Magistrate

**PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE**

**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

\_\_\_\_\_  
James A. Shriver, 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)

\_\_\_\_\_  
James A. Shriver, Probate Judge

by: \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

**PROBATE COURT OF CLERMONT COUNTY, OHIO**

**JAMES A. SHRIVER, JUDGE**

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

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

**AUTHORIZATION FOR RELEASE OF INFORMATION  
(INFORMATION FOR COURT USE ONLY)**

I, \_\_\_\_\_ of \_\_\_\_\_  
(address)

\_\_\_\_\_  
(city) (state) (zip)

do hereby authorize: Clermont County Probate Court to obtain from Ohio Courts Network (OCN) and any other law enforcement information system and any court system, current and previous residences, civil and criminal history records, driving records, birth records, public records or any criminal justice agency records that I may have in any federal, state, county, and municipal jurisdictions.

Date of Birth	
Social Security Number	
Drivers License Number/State Issued	
A.K.A.	

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness

**PROBATE COURT OF CLERMONT COUNTY, OHIO**  
**JAMES A. SHRIVER, JUDGE**

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

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

**NOTIFICATION OF COMPLIANCE WITH  
GUARDIAN EDUCATION REQUIREMENTS**

[Sup.R. 66.06 AND 66.07]

The undersigned, currently serves as the Guardian of the above-named ward, and hereby reports to the Court that I have successfully completed:

- the guardian fundamentals course pursuant to Sup.R. 66.06, or
- the continuing education course pursuant to Sup.R. 66.07

Title of Course: \_\_\_\_\_

Date Attended: \_\_\_\_\_

Location of Course: \_\_\_\_\_

Education Provided by: \_\_\_\_\_

[Attach certificate of completion if applicable.]

\_\_\_\_\_  
Guardian's Printed Name

\_\_\_\_\_  
Guardian's Signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
E-mail Address

PROBATE COURT OF CLERMONT COUNTY, OHIO  
JAMES A. SHRIVER, JUDGE

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)