

**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

_____.

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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
JAMES A. SHRIVER, JUDGE**

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 annually, 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 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.
7. Cooperate with Court personnel who may conduct follow-up visits with my ward.

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

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, or mental retardation, 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 Statement of Evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation **WILL NOT** be paid by the Probate Court. Each evaluator should secure payment from the Applicant/Guardian.

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

A. Guardianship Application: Completed by Licensed Physician or Licensed Clinical Psychologist prior to the filing and attached to the application.

B. Guardian's Report: Completed by Licensed Physician Licensed Clinical Psychologist Licensed Independent Social Worker Licensed Professional Clinical Counselor or Mental Retardation Team.

The evaluation or examination shall be completed within three months prior to the date of the Report.
R.C. 2111.49

C. Application for Emergency Guardian: of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.

2. Statement completed by:

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: _____

4. Is the individual presently under medication? Yes No If yes, what is the medication, dosage, and purpose? _____

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:

Mental Retardation/Developmental Disabilities:

Profound

Severe

Moderate

Mild

Mental Illness: Type and Severity _____

Substance Abuse: Description _____

Dementia: Description _____

Other: Description _____

Please provide additional comments and test scores if available. (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 and comprehension | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Unknown |
| h) 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).

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8. Is the individual physically impaired? Yes No If yes: Description

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: Yes No If yes: Explain

10. Are there any indication of abuse, neglect or exploitation of the individual? Yes No
If yes: Explain _____

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? Yes No
If no: Explain _____

12. Do you believe this individual is capable of managing the individual's finances and property?
 Yes No If no: Explain

13. Prognosis:
A. Is the condition stabilized? Yes No
B. Is the condition reversible: Yes No

14. In my opinion a guardianship should be:
 Established/Continued
 Denied/Terminated

I certify that I have evaluated the individual on _____, 20 _____.

Date: _____
Signature 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 _____

**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.)	\$ _____
TOTAL OF ASSETS	\$ _____
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

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

**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. _____

JUDGMENT ENTRY

APPOINTMENT OF GUARDIAN FOR INCOMPETENT PERSON
[R.C. 2111.02 and Sup.R. 66.04 and 66.06]

Upon hearing the application for appointment of guardian herein, the Court finds that _____ the above-named Ward is incompetent by reason of _____ and therefore is incapable of taking proper care of _____ self and _____ property, and that a guardianship is necessary.

The Court further finds that all persons who were entitled to notice of the hearing thereon were given or waived notice thereof; that the incompetent is a resident of this county or has legal settlement herein, and that this Court has jurisdiction.

It is therefore ordered that a (limited) guardian of the (person and estate) be appointed.

The Court therefore appoints _____, a suitable and competent person, (limited) guardian of the (person and estate) of _____, the above-named Ward, incompetent, with the powers conferred as described, and limited to those powers contained in the Letters of Guardianship issued by this Court. This appointment is in compliance with R.C. 2111.09.

- The Court approves/dispenses with the bond
- The Court finds a record of the hearing was waived

The Guardian shall comply with the requirements of Sup.R. 66.06.

The Court orders Letters of Guardianship issue to _____ as provided by law.

The Court further ORDERS: _____

IT IS SO ORDERED.

Date

PROBATE JUDGE

**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**

GUARDIANSHIP OF _____

CASE NO. _____

AFFIDAVIT OF GUARDIAN APPLICANT

STATE OF OHIO,

COUNTY OF _____, SS.

I, _____ affirm the following:

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.)*

<u>DATE</u>	<u>TYPE OF CHARGE</u>	<u>COURT NAME</u>	<u>PENDING/CONVICTED/PLEADED GUILTY</u>

I understand that I have a duty to notify the Clermont County Probate Court within seventy-two hours if the information contained in this affidavit should change.

Applicant

SWORN TO, BEFORE ME, and subscribed in my presence, on this _____ day of _____, 20_____.

Notary Public/Deputy Clerk

Affix seal here

Printed Name of Notary Public

Commission Expiration Date