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)

Amended: 1/1/2013
Discard all previous versions of this form

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. ☐	Name _____	_____	_____
	Address _____		Zip _____
2. ☐	Name _____	_____	_____
	Address _____		Zip _____
3. ☐	Name _____	_____	_____
	Address _____		Zip _____
4. ☐	Name _____	_____	_____
	Address _____		Zip _____
5. ☐	Name _____	_____	_____
	Address _____		Zip _____
6. ☐	Name _____	_____	_____
	Address _____		Zip _____
7. ☐	Name _____	_____	_____
	Address _____		Zip _____
8. ☐	Name _____	_____	_____
	Address _____		Zip _____
9. ☐	Name _____	_____	_____
	Address _____		Zip _____
10. ☐	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 <u>specificity</u> 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:_____

CASE NO._____

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	☐ Yes	☐ No	☐ Unknown
b) Speech	☐ Yes	☐ No	☐ Unknown
c) Motor Behavior	☐ Yes	☐ No	☐ Unknown
d) Thought Process	☐ Yes	☐ No	☐ Unknown
e) Affect	☐ Yes	☐ No	☐ Unknown
f) Memory	☐ Yes	☐ No	☐ Unknown
g) Concentration and comprehension	☐ Yes	☐ No	☐ Unknown
h) Judgment	☐ Yes	☐ No	☐ 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

CASE NO._____

ADDITIONAL COMMENTS

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

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

_____

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