

**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  
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 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 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  Intellectual Disability 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:

Intellectual Disability/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).  
\_\_\_\_\_

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

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.)	\$ _____
<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



**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

