

PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE CONSERVATORSHIP OF: _____

CASE NO. _____

CONSERVATOR'S BIENNIAL REPORT

[R.C. 2111.49]

The undersigned, conservator of the above-named conservatee, states that my biennial report to the Court is as follows:

Conservatee's age: _____ Conservatee's date of birth _____

Conservatee's Address: _____

Name of Facility, if applicable

Street

City, State, Zip Code

Telephone Number and Area Code

Conservatee resides in:

- own home
- nursing home
- foster or boarding home
- conservator's home
- hospital or medical facility
- other _____
- group home
- relative's home (list name and address

_____)

If the conservatee resides in a facility, the name and title of the administrator or person in charge is:

The conservatee has resided in the present residence since _____

If the conservatee has moved within the last year, state the reason for the move: _____

Do you have recommendations concerning the conservatee's welfare? If yes, explain: _____

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How often do you personally visit your conservatee?

- daily weekly monthly yearly never

Do you contact your conservatee in other ways?

- telephone mail social worker other

If "other" please specify: _____

The date of your last visit was: _____

Does the conservatee and/or his/her care providers keep you well informed of physical and medical conditions?

- yes no

If yes, please specify: _____

During the past year, I believe the conservatee's physical condition has:

- remained the same improved deteriorated

if there has been a change in the conservatee's physical condition, describe the change:

During the past year, I believe the conservatee's mental condition has:

- remained the same deteriorated

Name of conservatee's physician: _____

Physician's address: _____

Date of conservatee's last visit to physician: _____

List any public or private professionals actively involved with your conservatee within the past two years:

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Check one of the following:

- I believe the conservatorship should continue.
- I do not believe the conservatorship should continue for the following reasons:

Within the past two years, have you developed any disabilities which hinder your duties as conservator? If yes, explain: _____

Are you able to continue to serve as conservator?

- yes
- no

The name, address, and telephone number of my attorney is as follows:

 Conservator Attorney's Name

 Address

 City, State, Zip

 Telephone Number [include area code]

Attached is a statement by a physician, clinical psychologist, licensed independent social worker, or mental retardation team that has evaluated or examined the conservatee within three (3) months prior to the date of this report regarding the need for continuing the conservatorship.

Date

 Conservator's Signature

 Typed or Conservator's Name

 Address

 City, State, Zip

 Telephone Number - Home and Business [include area code]

Knowingly giving false information on a probate document is a criminal offense.
[O.R.C. 2921.13(A)(11)]