

PROBATE COURT OF FRANKLIN COUNTY, OHIO
ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF
THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S ANNUAL REPORT
[R.C. 2111.49]

The undersigned, guardian of the above-named ward, states that my annual report to the Court is as follows:

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

Ward's Address:

Name of Facility, if applicable

Street

City, State, Zip Code

Telephone Number and Area Code

Ward's residence is:

- own home group home nursing home
- foster or boarding home guardian's home hospital or medical facility
- relatives home (list name and address): _____

 other: _____

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

The ward has resided in the present residence since _____

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

Your ward is in a locked unlocked setting.

Is the ward restrained or has the need for restraints been presented within the past year? yes no

If yes, explain: _____

Has your ward changed to a more or less restrictive environment in the past year?

no change more restrictive less restrictive

Is the ward currently in the least restrictive environment for the ward's needs? yes no

It is my opinion that the ward's present care is: adequate inadequate

If inadequate, explain: _____

Do you have recommendations concerning the ward's welfare? yes no

If yes, explain: _____

How often do you personally visit your ward? daily weekly monthly yearly never

Do you contact your ward in other ways? telephone mail social worker other

If "other" please specify: _____

The date of your last visit was: _____

Are you kept informed of your ward's physical and mental condition by medical and/or human services staff? yes no

If yes, please specify: _____

During the past year, I believe the ward's physical condition has: remained the same improved deteriorated

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

Name of ward's physician: _____

Physicians address: _____

Date of ward's last visit to physician: _____

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List any public or private professionals actively involved with your ward within the past year: _____

Check one of the following:

I believe that the continuation of the guardianship is necessary.

I do not believe that the continuation of the guardianship is necessary for the following reasons:

Within the past year, have you developed any disabilities which hinder your duties as guardian? yes no

If yes, explain: _____

Are you able to continue to serve as guardian? yes no

My attorney is as follows:

Attorney Name

Address

City, State, Zip Code

Telephone Number (include area code)

Attached is a statement by a physician, clinical psychologist, licensed clinical social worker, or developmental disability team that has evaluated or examined the ward within three (3) months prior to the date of this report regarding the need for continuing the guardianship unless the court previously dispensed with the filing of a Statement of Expert Evaluation.

Date

Guardian's Signature

Typed or Printed Name

Address

City, State, Zip Code

Home Telephone Number (include area code)

Business Telephone Number (include area code)

Knowingly giving false information on a probate document is a criminal offense.

[O.R.C. 2921.13(A)(11)]