PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF
THE GUARDIANSHIP OF_____

CASE NO. _____

ADULT GUARDIANSHIP INFORMATION

At the time of the filing of the application for guardianship of the person, or estate of an adult, you need the following:

1. A completed packet of forms, all forms must be signed in ink.
2. The original expert evaluation (from licensed professional).
3. Application Fee of $199.00 **CASH ONLY** (includes Investigator Fee)
4. Fingerprint fee of $22.00 per applicant. (If obtained through Court)

At the time of the guardianship hearing you must bring the following.

1. Any paperwork not completed from the application packet.
2. A hearing fee of (at least) $50.00 **CASH ONLY**.

Ohio law requires that the person (prospective ward) be visited and personally served notice of that application by the probate court investigator. The hearing will not be held unless this visit is completed at least 7 court days prior to the hearing date.

www.franklincountyohio.gov/probate
Guardianship Department 614-525-3841
373 South High Street, Floor 22, Columbus, Ohio 43215

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

IN THE MATTER OF
THE GUARDIANSHIP OF _____

CASE NO. _____

APPLICATION FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT
[R.C.2111.03]

☐ Initial Appointment ☐ Successor Appointment

Applicant represents to the court that _____ resides or has a legal settlement at _____

in **FRANKLIN** County, Ohio and that the prospective ward is incompetent by reason of (R.C. 2111.01 (D))

_____

_____ and is in need of a guardian.

The proposed ward's date of birth is _____.

1. A Statement of Expert Evaluation is attached. (Form 17.1A)
2. A list of Next of Kin of Proposed Ward is also attached. (Form 15.0)
3. The whole estate of the prospective ward is estimated as follows:

   Personal Property..... $_____

   Real Estate ..... $_____

   Annual Rents..... $_____

   Other anual income ..... $_____

4. Applicant represents that the applicant is not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.
5. Applicant offers bond in the amount of $_____ ☐ is attached. ☐ will be filed.
6. Applicant further represents that a guardian of the alleged incompetent is necessary in order that ☐ the ward ☐ the ward's property may be taken proper care of and asks that a guardian be appointed.
7. TYPE OF GUARDIANSHIP APPLIED FOR IS: (Check the applicable boxes)

   ☐ Non-Limited ☐ Limited ☐ Interim ☐ Emergency

   ☐ Person and Estate ☐ Estate Only ☐ Person Only

CASE NO. _____

8. If limited guardianship is applied for, the limited powers requested are: _____

_____

_____

The time period requested is ☐ indefinite ☐ definite to _____

The applicant's relationship to the alleged incompetent is _____

9. INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN / APPLICANT:

A. Name and AKA _____

Home Address _____

City, State, Zip Code _____

Telephone Number: Home _____ Work _____

D.O.B. _____ Relationship to Alleged Incompetent _____

Do you currently act as any of the following for the proposed ward?

☐ Physician ☐ Attorney ☐ Landlord ☐ Caregiver ☐ Custodian

☐ Creditor ☐ Power of Attorney ☐ Durable Power of Attorney for Health Care

Occupation _____

Work Address _____

City, Sate, Zip Code _____

B. Applicant ☐ is ☐ is not an administrator, executor, or other fiduciary of an estate wherein the prospective ward has an interest, O.R.C. 2111.09.

C. Applicant ☐ has ☐ has not been charged with, or convicted of, a crime involving theft; physical violence; or sexual, alcohol, or substance abuse. If the Applicant has been so charged or convicted, list dates and places of the charge(s) or conviction(s), O.R.C. 2111.03(A).

Charge/Conviction	Date	Place

CASE NO. _____

10. INFORMATION CONCERNING THE ALLEGED INCOMPETENT:

A. Full Name and AKA _____

☐ Male ☐ Female

Legal settlement or residence _____

City, State, Zip Code _____

in _____ County, Ohio Telephone Number _____

Length of time at that residence _____

B. If the alleged incompetent is living at an address different from the residence shown in Section 6-A above, list that address. _____

_____

C. Name of person, other than alleged incompetent, who may be contacted at the address where the alleged incompetent is living. _____

Telephone Number _____ Best time to call _____

D. In the event of the death or incapacity of the applicant/guardian, the Court should contact the nearest friends or relatives whose names and addresses are:

Name _____ Telephone Number _____

Address _____

City, State, Zip Code _____

Name _____ Telephone Number _____

Address _____

City, State, Zip Code _____

Name _____ Telephone Number _____

Address _____

City, State, Zip Code _____

CASE NO. _____

11. FURTHER INFORMATION CONCERNING THE ALLEGED INCOMPETENT:

A. The present guardian is: (if "none" so state)

Name _____

Address _____

Are any of the following less intrusive measures in place?

☐ Living will ☐ Durable power of attorney ☐ Power of attorney

☐ Limited guardianship ☐ Conservatorship ☐ Representative payee

☐ Health care durable power of attorney

B. Describe the prospective ward's alleged mental and/or physical incompetency.

_____

_____

_____

_____

_____

C. The applicant believes the proposed ward should retain the following rights, if any:

☐ None ☐ Vote ☐ Marry ☐ Contract ☐ Execute a will ☐ Hold or convey property

☐ Obtain driver's license / drive a vehicle

☐ Other: (please specify) _____

D. Indicate names of any/all physicians and other related professionals who have treated or counseled the prospective ward within the last 2 years.

_____

_____

_____

_____

_____

_____

CASE NO. _____

E. To the best of your ability, list prescriptions and/or over the counter medication taken by the prospective ward. _____

_____

_____

F. List any problems the alleged incompetent may have in communicating.

_____

_____

_____

G. List all agencies, public or private, who have knowledge of the alleged incompetent which may be of assistance in determining the need for the guardianship. Indicate the contact person at the agencies.

_____

_____

_____

_____

H. If applicant is considering protective placement, complete the following:

a. The proposed ward suffers from the following disabilities:

☐ Infirmities of aging ☐ Chronic mental illness ☐ Developmentally disabled ☐ Substance Abuse

b. The proposed ward has a primary need for residential care and custody because:

_____

_____

c. The proposed ward is totally incapable of providing for her/his own care or custody so as to create a substantial risk of serious harm to herself/himself for others.

1. The anticipated least restrictive placement for the proposed ward is: _____

_____

2. ☐ An unlocked unit ☐ A locked unit is most appropriate

CASE NO. _____

☐ 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: _____

☐ Applicant represents that the address provided is the applicant's permanent address and acknowledges the requirement that the court be notified of any change of address. Removal may result from a failure to comply with this requirement.

☐ I hereby apply to the court to be appointed guardian of the above alleged incompetent person and certify that all the information and statements with this application and attached documents are correct to the best of my knowledge and belief.

Attorney or Applicant (Signature)	Applicant's Signature
Typed or Printed Name	Typed or Printed Name
Address	Address
City, State, Zip Code	City, State, Zip Code
Telephone Number (include area code)	Telephone Number (include area code)
Attorney's Registration No.	

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

ESTATE OF
GUARDIANSHIP OF INCOMPETENT
TRUST OF _____ , DECEASED

CASE NO._____

ENTRY SETTING HEARING

The Court orders that a hearing be set on the _____ day of _____, 20 _____ at

_____ o'clock _____ m. to consider: _____

_____

_____

as filed on the _____ day of _____, 20 _____ . The hearing will be held in Probate Court,

Franklin County Courthouse, 373 South High Street, 22nd Floor, Columbus, Ohio 43215-6311.

The Court orders the person requesting this hearing to serve notice as required and file the proof of service.

_____
Robert G. Montgomery, Judge

Hearing requested by:

_____
Attorney

_____
Attorney Registration No.

_____
Applicant

_____
Address

_____
City, State, Zip Code

( )
_____
Telephone

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

SPOUSE, CHILDREN AND NEXT OF KIN OF PROPOSED WARD

[R.C. 2111.04]

The following are proposed ward's spouse, children, and the lineal descendants of deceased children. If none, the following are proposed ward's next of kin who would be entitled to inherit under the statutes of descent and distribution.

(NOTE: List the name and address of the minor next of kin's parent, guardian or custodian on the name and address lines following the minor next of kin's address.)

Service Waived		Date of Birth	Relationship
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 FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF GUARDIANSHIP OF _____

CASE NO. _____

WAIVER OF NOTICE

We, the undersigned, do each of us hereby waive the issuing and service of notice, voluntarily enter our appearance herein and consent to the appointment of _____ as guardian of the above named person.

_____ _____

_____ _____

_____ _____

_____ _____

FOR GUARDIANSHIP OF MINOR
SIGN WAIVER OF NOTICE BEFORE A NOTARY PUBLIC/DEPUTY CLERK

Sworn to/acknowledged before me this _____ day of _____, 20_____.

_____
Notary Public

_____
Expiration Date

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN — FIDUCIARY'S ACCEPTANCE

[R.C. 2111.13, 2111.14, & 2111.15]

I hereby accept the fiduciary duties which are required of me by law, and any additional duties as are ordered by the Court having jurisdiction.

AS GUARDIAN OF THE PERSON AND/OR ESTATE, I WILL:

1. Preserve any and all Wills of the ward and deposit them with the Court for safekeeping.
2. Prepare and file a guardian's report annually, or as directed by the Court when the ward is an adult.
3. Allow my name, address, and telephone number to appear in the Court's docket and be accessible through the Court's website.
4. **Immediately notify Probate Court in writing if I change my address or the ward's address.**

AS GUARDIAN OF THE PERSON, I WILL:

1. Protect and control the person of my ward, and make all decisions on behalf of the ward based upon the ward's best interest.
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 provide maintenance or education.
4. Obey all orders and judgments of the Court touching the guardianship.
5. Authorize or approve medical, health, or other professional care, counsel, treatment, or service.
6. Obtain the written approval of the Court before executing a caretaker power of attorney authorized by R.C.3109.52.

AS GUARDIAN OF THE ESTATE, I WILL:

1. Prepare 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. **Guardianship checking accounts must provide canceled checks, as these canceled checks must be displayed when filing accounts.**
3. Invest surplus funds in a lawful manner.
4. Prepare and file an account annually.
5. File a final account within 30 days after the guardianship is terminated.
6. Inventory any safe deposit box of the ward.
7. Expend funds only upon written approval of the Court.

The duties of a fiduciary shall be those required by law, and such additional duties as the Court orders. Letters of appointment shall not issue until a fiduciary has executed a written acceptance of his/her duties, acknowledging that he/she is subject to removal for failure to perform his/her duties, and that he/she is subject to possible penalties for conversion of property he/she holds as a fiduciary. The written acceptance may be filed with the application for appointment.

_____ Date

_____ Fiduciary

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

IN THE MATTER OF
THE GUARDIANSHIP OF _____

CASE NO. _____

ADULT JURISDICTION AFFIDAVIT
[ORC 2112.01-2112.04]

Affiant being first duly sworn, deposes and states:

1. That the present address, the places where the alleged incompetent has lived within the last two years, and the names and present addresses of the person with whom the alleged incompetent has lived during that period are:

From: _____ to _____ With _____

At _____

Current address _____

From: _____ to _____ With _____

At _____

Current address _____

From: _____ to _____ With _____

At _____

Current address _____

2. Said affiant (circle one) DOES/DOES NOT HAVE information of any guardianship/conservatorship/curatorship/tutorship proceeding concerning the alleged incompetent pending in a court of this or another state.
3. Said affiant has a continuing duty to inform the court of any proceeding concerning the alleged incompetent in this or any other state of which the affiant obtained information during this proceeding.

Said affiant has the following knowledge regarding information set forth in paragraph two (2) above:

_____

_____

_____

Said affiant states that all of the foregoing statements are true.

_____
Affiant/Applicant

Sworn to and subscribed before me a Notary Public or Deputy Clerk of the Probate Court on this _____ day of

_____ , 20 _____.

_____
Notary Public/Deputy Clerk

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF ADDITIONAL INFORMATION

Now comes the applicant for the appointment of guardian of the person and/or estate of the above captioned person, and answers the following questions with respect to the prospective ward.

1. Is the ward eligible for or receiving any of the following benefits, and if so, where are they or their source located?

TYPE NAME	AMOUNT PER MONTH
Social Security	$
P.E.R.S.	
Veterans Admin.	
R.R. Retirement	
Employee's Pension _____	
Insurance Benefits _____	
A.D.C.	
Other _____	

2. Does the prospective ward have an interest in an estate or trust? If so, give the decedent's name, Court case number, name and location of Court, or trustee, etc. _____

_____

3. Does the prospective ward have an expectancy from any minor's settlement? If so, give the defendant's name or his insurer's name, and the amount expected.

_____

4. Cash? ☐ Yes ☐ No Amount: _____

5. Bank, Savings and Loan, Brokerage and other financial accounts describe below:

INSTITUTION	ADDRESS	ACCOUNT	CURRENT BALANCE
			$

CASE NO. _____

6. Securities? ☐ Yes ☐ No [if yes, describe below.]

ISSUER:	CURRENT VALUE
_____	$ _____
_____	_____
_____	_____

7. Land installment contracts? ☐ Yes ☐ No [if yes, describe below.]

VENDEE & ADDRESS	PROPERTY LOCATION	AMT. PER MO. AND BALANCE
_____	_____	_____/_____
_____	_____	_____/_____

8. Rental from real estate? ☐ Yes ☐ No [if yes, describe below.]

ADDRESS OF REAL ESTATE	AMT. PER MO.
_____	_____
_____	_____

9. Interest in real estate? ☐ Yes ☐ No [if yes, describe below.]

ADDRESS OF REAL ESTATE

_____

_____

10. Income from any other source? ☐ Yes ☐ No [if yes, describe below.]

_____

_____

11. Other assets? ☐ Yes ☐ No [if yes, describe below.]

_____

_____

_____
Applicant

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S CREDIBILITY APPLICATION

Name of Alleged Incompetent _____

Name of Applicant to be Appointed Guardian _____ Date of Birth _____

Applicant's Current Address _____

_____ From _____

5 YRS. ONLY

Previous Address _____

_____ From/To _____

Previous Address _____

_____ From/To _____

Spouse's Name _____ Years Married _____

Address _____

Applicant's Employer _____ From _____

5 YRS. ONLY

Previous Employer _____ From/To _____

Previous Employer _____ From/To _____

_____ ☐ Checking ☐ Savings ☐ Safe Deposit Box

Name of Applicant's Bank

_____ ☐ Checking ☐ Savings ☐ Safe Deposit Box

Name of Applicant's Bank

Has Applicant Ever Filed Bankruptcy?..... ☐ Yes ☐ No
Has Applicant Ever Been Garnisheed?..... ☐ Yes ☐ No
Has Applicant Ever Been in Receivership?..... ☐ Yes ☐ No
Has Applicant Ever Been Convicted of a Felony?..... ☐ Yes ☐ No
Has Applicant Had Experience in Handling Investments in Marketable Securities?..... ☐ Yes ☐ No

Describe that Experience _____

_____

This statement is made in support of my application to be appointed Guardian in the above styled matter and the undersigned says that the facts stated in the foregoing applications are true.

_____
Signature of Applicant

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

CHANGE OF ADDRESS INFORMATION FOR GUARDIANSHIPS

LOCAL COURT RULE REQUIRES:
You must keep this Court informed as to any **change of address** for yourself or for your **ward.** Failure to do so could result in you being **removed** as guardian.

IT IS YOUR RESPONSIBILITY AND DUTY AS GUARDIAN to inform this Court if your ward moves from the address shown on your Application.

You may use **Form G-17.0H - Change of Address** to report to the Court any change of address. You **must** notify this Court as to any change of address for either yourself or your ward within ten (10) days of the address change.

READ AND AGREED TO:

_____ Date

_____ Guardian

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

[Sup. R. 66 & R.C. 2111.49]

Definition of incompetent [O.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 ☐ Licensed Clinical Psychologist prior to the filing and attached to the application.

   ☐ B. Guardian's Report: To be 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 of the date of the Report. O.R.C.2111.49.

   ☐ C. Application for Emergency Guardian: ☐ of the person; a Licensed Physician shall complete the Supplement For Emergency Guardian, Form 17.1B, 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 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 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 subject 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)

_____

_____

_____

CASE NO _____

8. Is the subject 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 indications of abuse, neglect or exploitation of the individual? ☐ Yes ☐ No
If yes, explain: _____

_____

11. Do you believe this individual is capable of managing 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 FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

ADULT GUARDIANSHIP SERVICE INFORMATION

Ohio law requires that the person for whom appointment is sought be visited and personally served notice of the guardianship application by the probate court investigator at least seven days prior to the scheduled hearing date. The information is needed to ensure the safety of our court investigators and ensure the court's ability to timely notify the proposed ward as required by Ohio law.

Please fill out this form completely.

At the time of the filing of the application for guardianship, the alleged incompetent is physically at the following address: _____

_____ Telephone No. _____

Does the alleged incompetent leave the above location on a regular basis (school, day care, vacation, etc.) during the day? If yes, explain: _____

_____

Is there a situation or special circumstance of which the investigator should be aware such as weapons in the home, dangerous situation, contagious disease, etc.? If yes, explain: _____

_____

The applicant is responsible for providing the name and phone number of someone who can be contacted by the court investigator during regular business hours (8:00 a.m. to 5:00 p.m.)

Contact Person's Name: _____

Phone Numbers: (home/office/cell) _____

CAUTION: The hearing will not be held unless this visit is completed at least seven days prior to the scheduled hearing date unless otherwise approved by the court. If there is a change in the location of the alleged incompetent between the time the application is filed and the hearing date, it is the applicant's responsibility to notify the court investigator at (614) 525-6109 or (614) 525-6296.

_____

Attorney / Applicant

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

ESTATE OF
GUARDIANSHIP OF INCOMPETENT
TRUST OF _____ , DECEASED

CASE NO. _____

FIDUCIARY'S BOND

Amount of:

☐ Bond $ _____

☐ Additional Bond $ _____

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above amount, for payment of which we bind ourselves and our successors, heirs, executors and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in the above matter, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates the assets or improperly converts them to the fiduciary's use or the use of another.

Date	Principal
Surety	Surety
by Attorney in Fact	by Attorney in Fact
Typed or Printed Name	Typed or Printed Name
Address	Address
City State Zip	City State Zip

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

NON-PUBLIC RECORD SOCIAL SECURITY INFORMATION

INFORMATION CONCERNING THE ALLEGED INCOMPETENT OR MINOR:

Social Security Number _____

INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN/APPLICANT:

Name _____

Social Security Number _____

Submitted by:

_____
Applicant's Signature

_____
Applicant's Printed or Typed Name

THIS FORM WILL NOT BE KEPT IN THE COURT'S PUBLIC RECORDS

PROBATE COURT OF FRANKLIN COUNTY, OHIO

ROBERT G. MONTGOMERY, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

INFORMATION ON CUSTODIAL ACCOUNT FUNDS

When a Guardianship of an Est ate or of a Person and Est ate is being filed and the funds are to be placed into a Custodial Account the following information <u>MUST</u> be available at the time of the hearing:

If funds are from:	Bring or supply copy:
1. An Insurance Company:	Name of Company, Policy Number, Name of Insured
2. An Estate:	Decedent's Name, Court Case Number County, State
3. The Ohio Court of Claims, Victims of Crime:	Victim's Name
4. Existing accounts to be placed into Custodial:	Original certificate and/or passbooks.

NOTE: CUSTODIAL PAPERS OR SURETY BOND MUST BE FILED BEFORE LETTERS OF GUARDIANSHIP WILL BE ISSUED.

NOTE: If possible the Guardian's Inventory should be filed at this time.

Reset Forms