

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. Is the alleged incompetent the beneficiary of a special needs trust? Yes No

5. Applicant represents that the applicant is not an administrator, executor or other fiduciary of the estate wherein
the alleged incompetent is interested.

6. Applicant offers bond in the amount of \$ _____ is attached. will be filed.

7. 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.

8. TYPE OF GUARDIANSHIP APPLIED FOR IS: (Check the applicable boxes)

- Non-Limited Limited Interim Emergency
- Person and Estate Estate Only Person Only

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9. 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 _____

10. 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, State, 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
_____	_____
_____	_____
_____	_____

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11. 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 _____

12. 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.

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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

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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)

Typed or Printed Name

Address

City, State, Zip Code

Telephone Number (include area code)

Attorney's Registration No.

Applicant's Signature

Typed or Printed Name

Address

City, State, Zip Code

Telephone Number (include area code)