

# 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: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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:

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

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)]