

PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIANSHIP TRANSFER - INFORMATION UPDATE

[R.C.2111.47.1]

Updated information for the guardian and the ward is necessary in order for this Court to have an accurate guardianship record.

1. TYPE OF GUARDIANSHIP

- A. Non-Limited Limited Person Only
 B. Person and Estate Estate Only

2. IF LIMITED GUARDIANSHIP:

The limited powers of the guardian are:

As the Guardian, I am currently bonded. Yes No

Amount \$ _____

Surety _____

Agency _____

I have informed the bonding company of the guardianship transfer.

Yes

No

4. A LIST OF THE NEXT OF KIN, FORM 15.0, OF THE WARD IS ATTACHED.

5. UPDATED GUARDIAN INFORMATION:

Name and AKA _____

Home Address _____

Telephone No. _____ City State Zip

E-mail Address _____

D.O.B. _____ Relationship to Ward _____

Occupation _____

Work Address _____

Work Telephone _____ City State Zip

CASE NO. _____

I (have/have not) been charged with, or convicted of, a crime involving theft; physical violence; or sexual, alcohol, or substance abuse. If you have 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 |
|-------------------|-------|-------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

6. UPDATED INFORMATION REGARDING WARD:

A. Full Name and AKA _____

Age _____ Date of Birth _____ Male _____ Female _____

Residence _____

City, State, Zip Code _____

in _____ County, Ohio Telephone Number _____

Length of time at that residence _____

B. Name of person, other than ward, who may be contacted at the address where the ward is living. _____

Telephone Number _____ Best time to call _____

C. In the event of the death or incapacity of the 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 _____

7. FURTHER INFORMATION CONCERNING THE WARD:

A. Rights

1. What rights has the Ward retained, if any:

None Vote Marry Contract Execute a will

Obtain driver's license / drive a vehicle Hold or convey property

Other: (please specify) _____

B. Documents/Payeeship

1. Does the Ward have a Last Will & Testament. If yes, where is it located?

CASE NO. _____

2. Does the ward have a safe deposit box? If so, where is it located?

3. Does the ward have a power of attorney? If so, who is the designated POA?

4. Does the ward have a living will? Where is the document?

5. Is there a DNR for the Ward? Yes No

6. Is there a Social Security payee for the ward? If yes, who.

7. Does the ward receive Veterans' Administration funds? If yes, who is the payee of VA funds?

C. Medical

1. The ward suffers from the following disabilities:

- | | |
|---|---|
| <input type="checkbox"/> Infirmities of aging | <input type="checkbox"/> Chronic mental illness |
| <input type="checkbox"/> Developmentally disabled | <input type="checkbox"/> Substance Abuse |
| <input type="checkbox"/> Other | |

2. The most recent Guardian's Report and accompanying Statement of Expert Evaluation were filed on: _____

I hereby certify that all the foregoing information and accompanying Forms 17.SSN, 17.0G, & 15.2A are correct to the best of my knowledge and belief.

Signature

Attorney for Guardian and registration number

Address

City, State, Zip Code

Telephone

Signature

Guardian

Address

City, State, Zip Code

Telephone