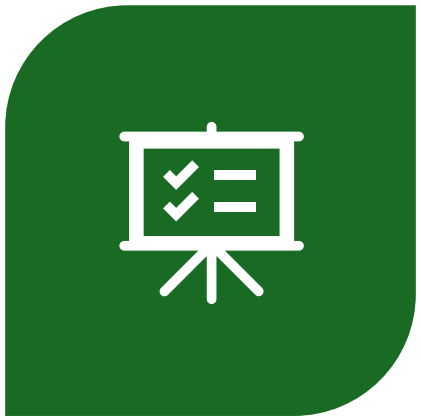
Franklin County Probate Court Guide to E-Filing Applications for Guardianship

Jeffrey D. Mackey, Judge
Franklin County Probate Court

E-Filing Application

THIS PRESENTATION IS A GUIDE SHOWING HOW TO E-FILE NEW APPLICATIONS

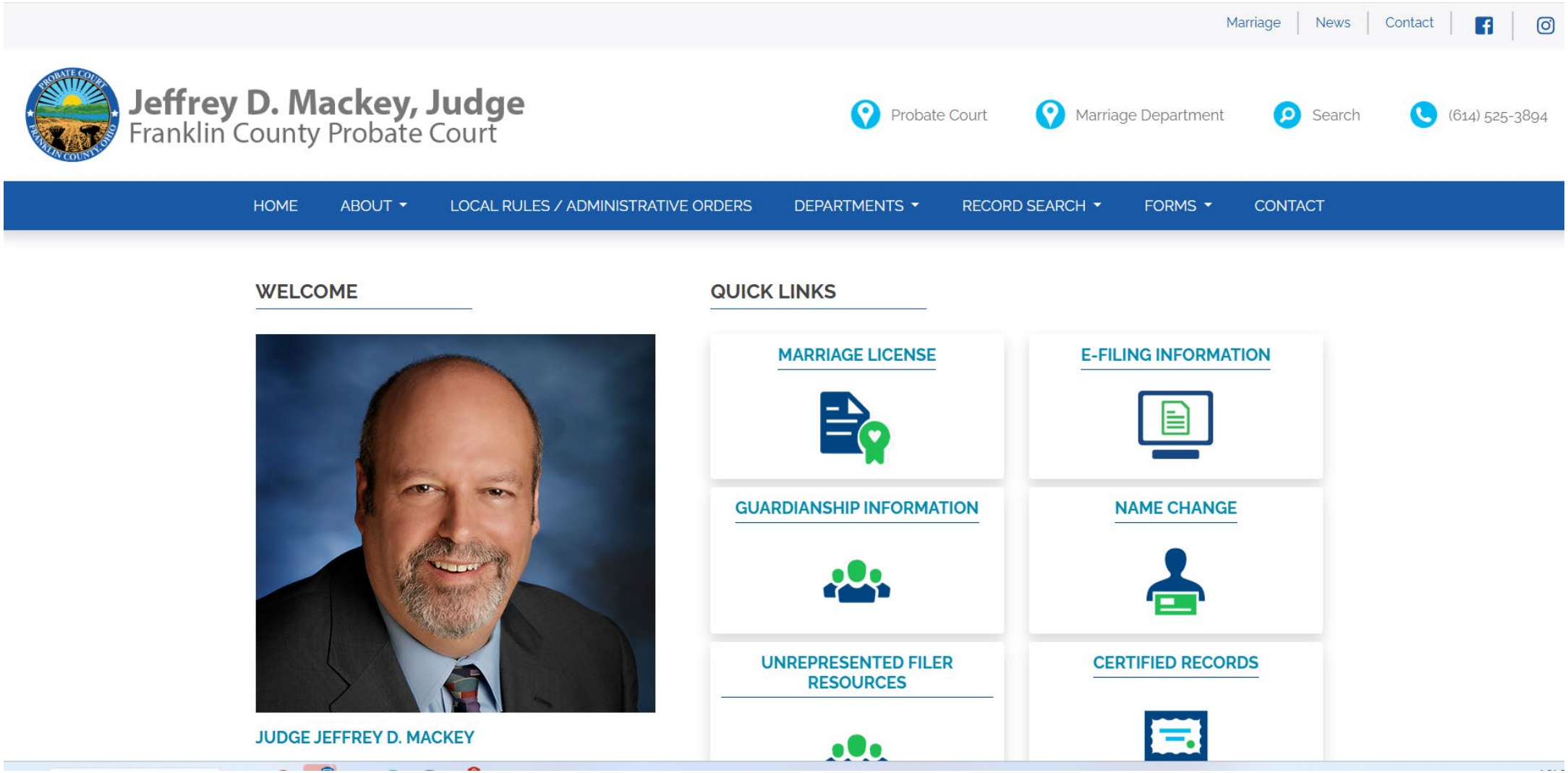


THIS PRESENTATION WILL WALK YOU THROUGH EACH SECTION AND SHOW YOU WHAT FORMS ARE NECESSARY FOR THIS PROCESS

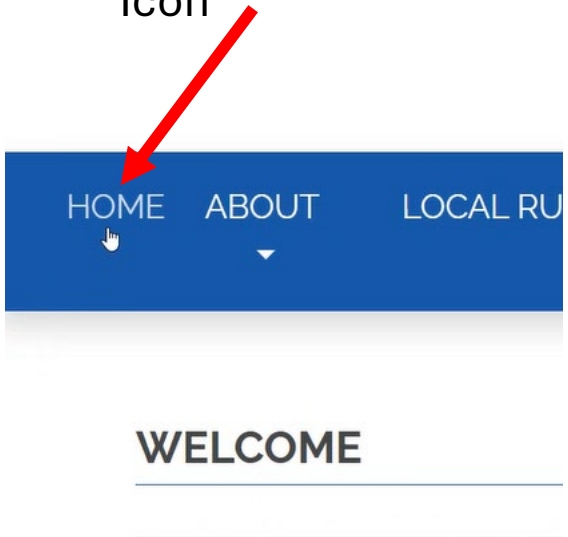
IF YOU HAVE ANY QUESTIONS OR CONCERNS AFTER REVIEWING THIS PRESENTATION, PLEASE CONTACT OUR OFFICE

Connect to our website

https://probate.franklincountyohio.gov/home



- Click on the Home Icon



- Select Guardianship Information

- Then Select Guardianship Forms

- You will then see the Adult and Minor Guardianship Forms

Mandatory Forms

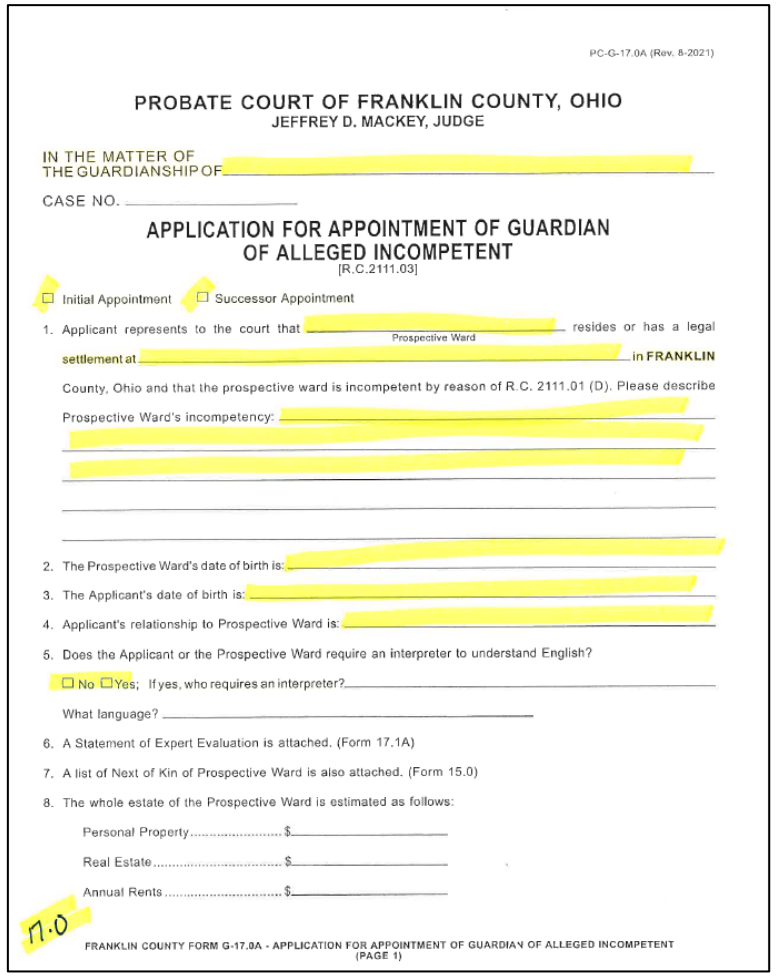
Please select and fill out the following forms

Application
Next of Kin
Adult Guardianship Service Information
Adult Jurisdiction Affidavit
Prospective Ward's Financial Information
Guardian-Fiduciary's Acceptance
Statement Concerning Court Cost
Applicant's Credibility Application
Waiver of Notice
Change of Information for Guardianships
Confidential Personal Identifiers
Statement of Expert Evaluation

Save these forms as a PDF on your computer

All documents must be uploaded individually

Application



PC-G-17.0A (Rev. 8-2021)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE GUARDIANSHIP OF _____

CASE NO. _____

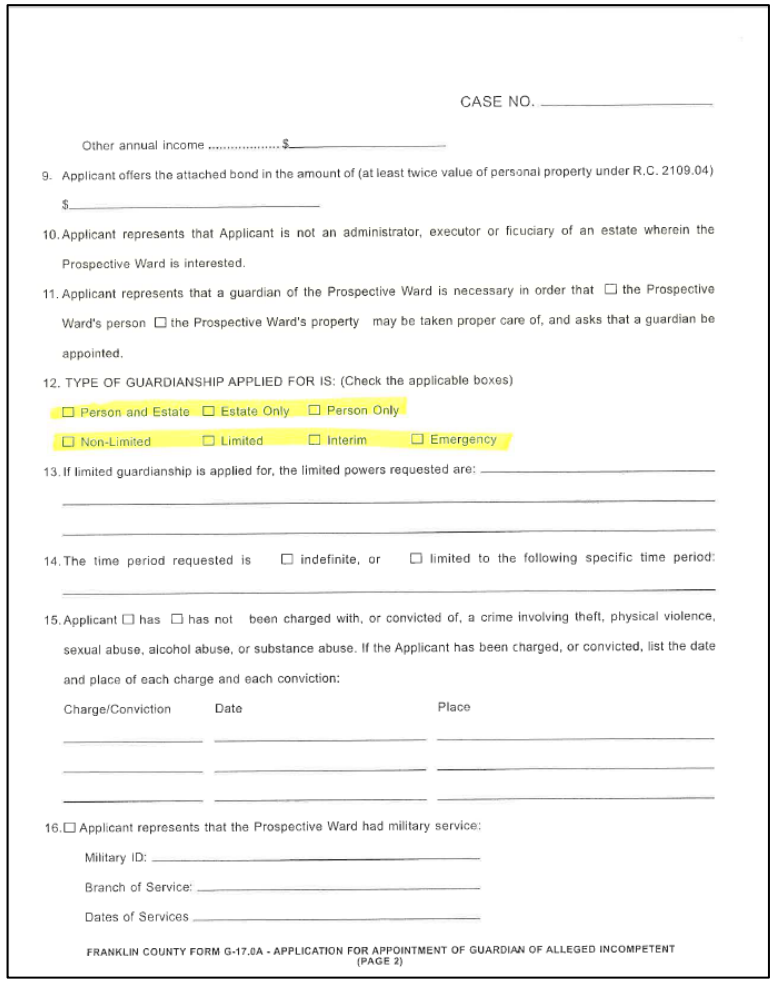
APPLICATION FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT
[R.C.2111.03]

☐ Initial Appointment ☐ Successor Appointment

1. Applicant represents to the court that _____ (Prospective Ward) 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). Please describe Prospective Ward's incompetency: _____
2. The Prospective Ward's date of birth is: _____
3. The Applicant's date of birth is: _____
4. Applicant's relationship to Prospective Ward is: _____
5. Does the Applicant or the Prospective Ward require an interpreter to understand English?
   ☐ No ☐ Yes; If yes, who requires an interpreter? _____
   What language? _____
6. A Statement of Expert Evaluation is attached. (Form 17.1A)
7. A list of Next of Kin of Prospective Ward is also attached. (Form 15.0)
8. The whole estate of the Prospective Ward is estimated as follows:
   Personal Property ..... $_____
   Real Estate ..... $_____
   Annual Rents ..... $_____

17.0

FRANKLIN COUNTY FORM G-17.0A - APPLICATION FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT (PAGE 1)



CASE NO. _____

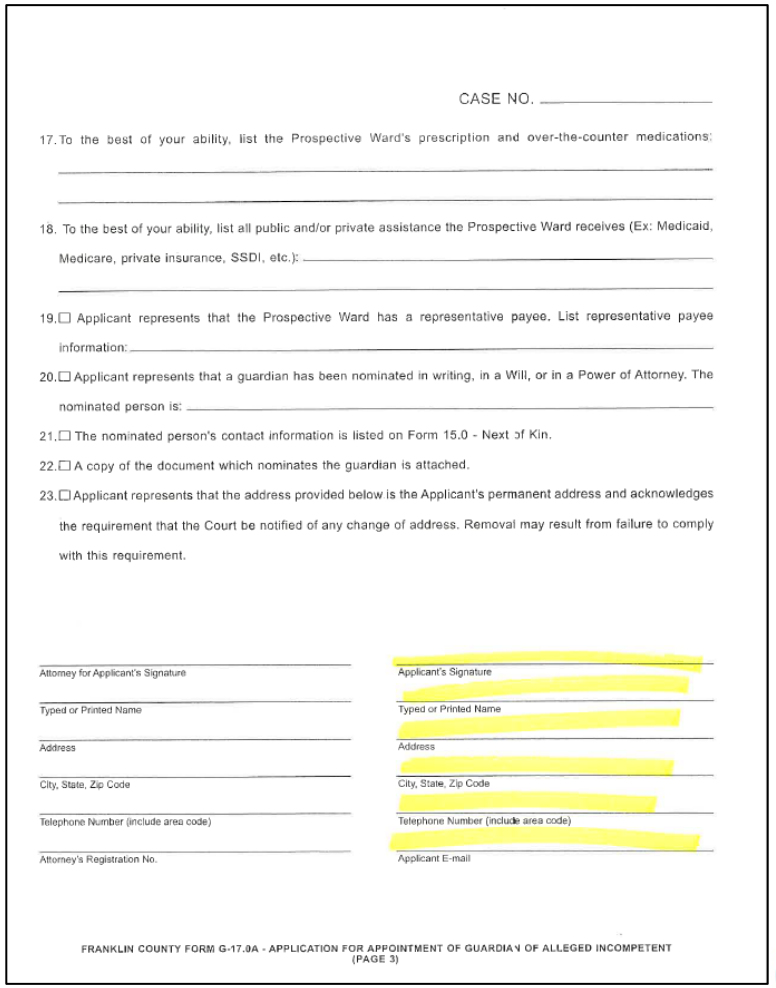
Other annual income ..... $_____

9. Applicant offers the attached bond in the amount of (at least twice value of personal property under R.C. 2109.04) $_____
10. Applicant represents that Applicant is not an administrator, executor or ficuciary of an estate wherein the Prospective Ward is interested.
11. Applicant represents that a guardian of the Prospective Ward is necessary in order that ☐ the Prospective Ward's person ☐ the Prospective Ward's property may be taken proper care of, and asks that a guardian be appointed.
12. TYPE OF GUARDIANSHIP APPLIED FOR IS: (Check the applicable boxes)
    ☐ Person and Estate ☐ Estate Only ☐ Person Only
    ☐ Non-Limited ☐ Limited ☐ Interim ☐ Emergency
13. If limited guardianship is applied for, the limited powers requested are: _____
14. The time period requested is ☐ indefinite, or ☐ limited to the following specific time period: _____
15. Applicant ☐ has ☐ has not been charged with, or convicted of, a crime involving theft, physical violence, sexual abuse, alcohol abuse, or substance abuse. If the Applicant has been charged, or convicted, list the date and place of each charge and each conviction:

Charge/Conviction	Date	Place

16. ☐ Applicant represents that the Prospective Ward had military service:
    Military ID: _____
    Branch of Service: _____
    Dates of Services _____

FRANKLIN COUNTY FORM G-17.0A - APPLICATION FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT (PAGE 2)



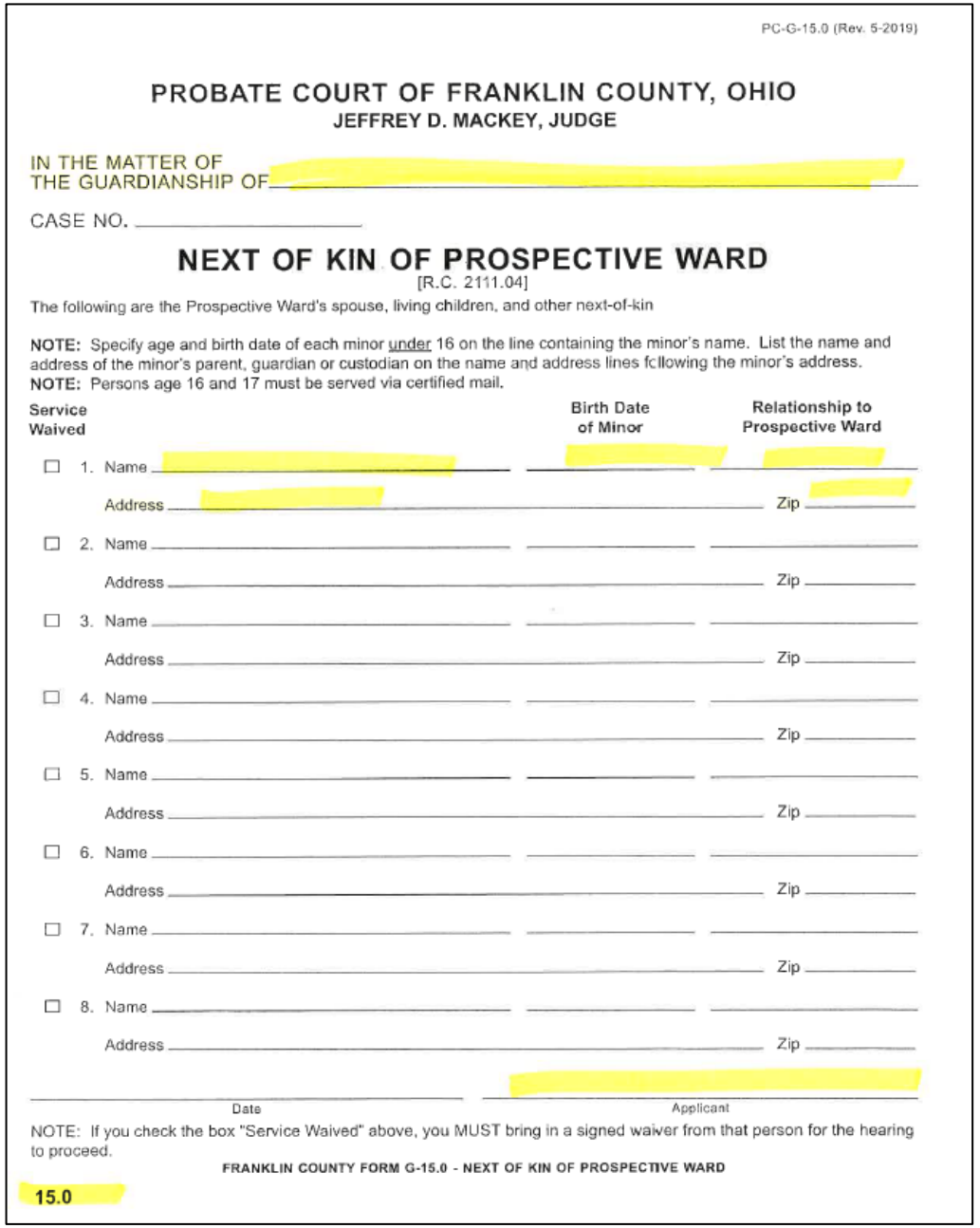
CASE NO. _____

17. To the best of your ability, list the Prospective Ward's prescription and over-the-counter medications: _____
18. To the best of your ability, list all public and/or private assistance the Prospective Ward receives (Ex: Medicaid, Medicare, private insurance, SSDI, etc.): _____
19. ☐ Applicant represents that the Prospective Ward has a representative payee. List representative payee information: _____
20. ☐ Applicant represents that a guardian has been nominated in writing, in a Will, or in a Power of Attorney. The nominated person is: _____
21. ☐ The nominated person's contact information is listed on Form 15.0 - Next of Kin.
22. ☐ A copy of the document which nominates the guardian is attached.
23. ☐ Applicant represents that the address provided below is the Applicant's permanent address and acknowledges the requirement that the Court be notified of any change of address. Removal may result from failure to comply with this requirement.

Attorney for Applicant's 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.	Applicant E-mail

FRANKLIN COUNTY FORM G-17.0A - APPLICATION FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT (PAGE 3)

Next of Kin



PC-G-15.0 (Rev. 5-2019)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE GUARDIANSHIP OF _____

CASE NO. _____

NEXT OF KIN OF PROSPECTIVE WARD

[R.C. 2111.04]

The following are the Prospective Ward's spouse, living children, and other next-of-kin

NOTE: Specify age and birth date of each minor under 16 on the line containing the minor's name. List the name and address of the minor's parent, guardian or custodian on the name and address lines following the minor's address.
NOTE: Persons age 16 and 17 must be served via certified mail.

Service Waived		Birth Date of Minor	Relationship to Prospective Ward
☐	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 _____		

_____ Date

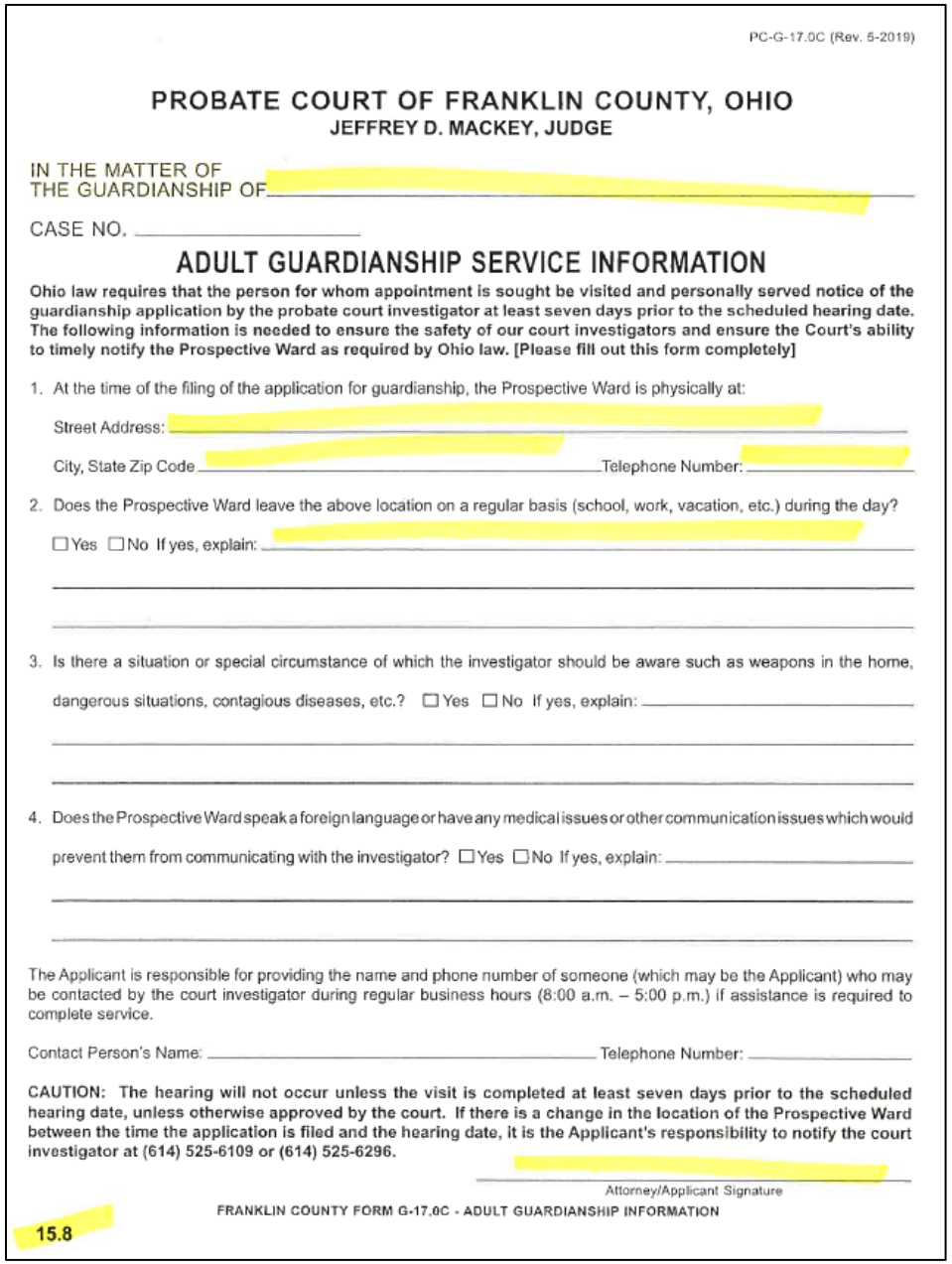
_____ Applicant

NOTE: If you check the box "Service Waived" above, you MUST bring in a signed waiver from that person for the hearing to proceed.

FRANKLIN COUNTY FORM G-15.0 - NEXT OF KIN OF PROSPECTIVE WARD

15.0

Adult Guardianship Service Information



PC-G-17.0C (Rev. 5-2019)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, 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 following information is needed to ensure the safety of our court investigators and ensure the Court's ability to timely notify the Prospective Ward as required by Ohio law. [Please fill out this form completely]

1. At the time of the filing of the application for guardianship, the Prospective Ward is physically at:

   Street Address: _____

   City, State Zip Code _____ Telephone Number: _____

2. Does the Prospective Ward leave the above location on a regular basis (school, work, vacation, etc.) during the day?

   ☐ Yes ☐ No If yes, explain: _____

3. Is there a situation or special circumstance of which the investigator should be aware such as weapons in the home, dangerous situations, contagious diseases, etc.? ☐ Yes ☐ No If yes, explain: _____

4. Does the Prospective Ward speak a foreign language or have any medical issues or other communication issues which would prevent them from communicating with the investigator? ☐ Yes ☐ No If yes, explain: _____

The Applicant is responsible for providing the name and phone number of someone (which may be the Applicant) who may be contacted by the court investigator during regular business hours (8:00 a.m. – 5:00 p.m.) if assistance is required to complete service.

Contact Person's Name: _____ Telephone Number: _____

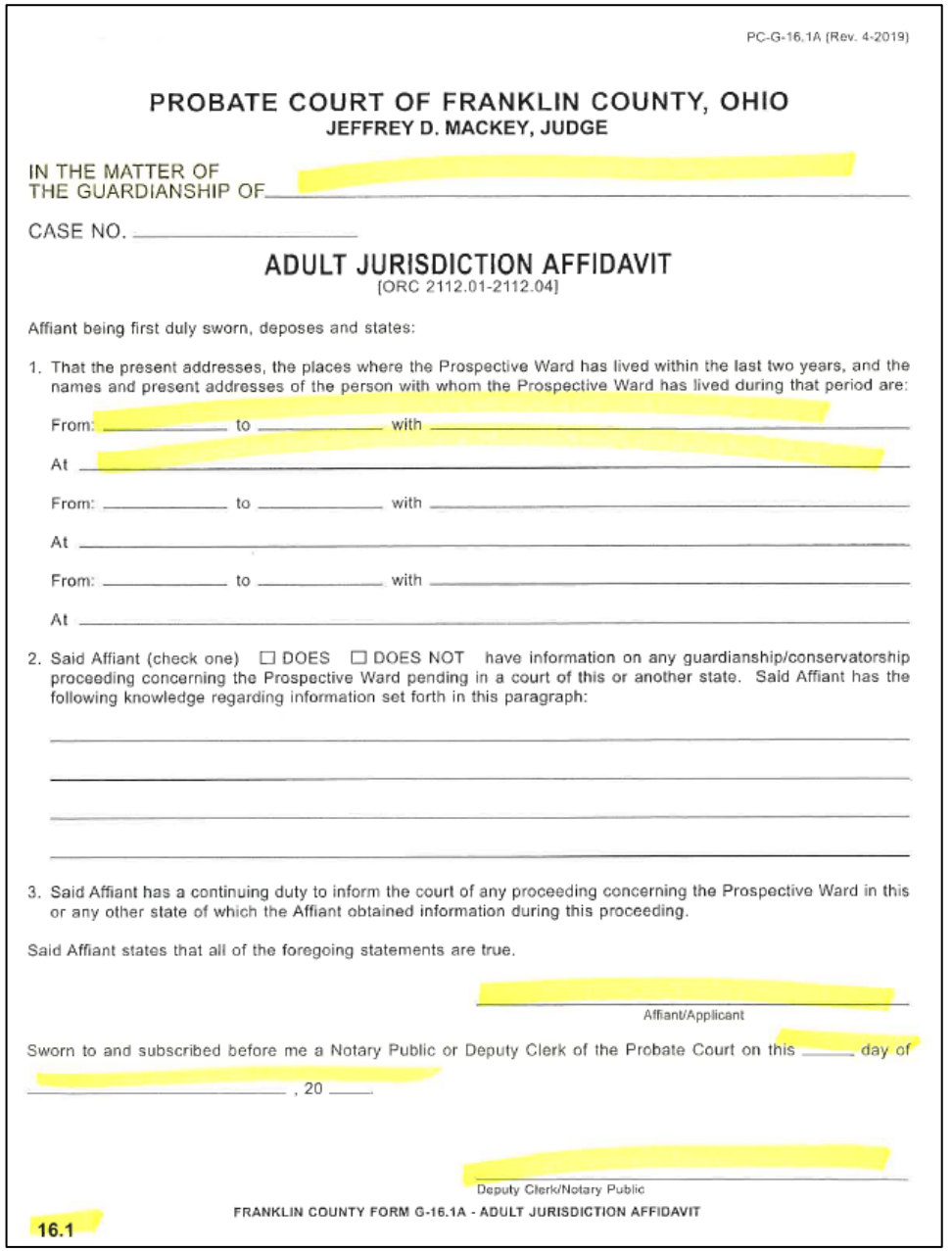
CAUTION: The hearing will not occur unless the visit is completed at least seven days prior to the scheduled hearing date, unless otherwise approved by the court. If there is a change in the location of the Prospective Ward between the time the application is filed and the hearing date, it is the Applicant's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

_____
Attorney/Applicant Signature

FRANKLIN COUNTY FORM G-17.0C - ADULT GUARDIANSHIP INFORMATION

15.8

Adult Jurisdiction Affidavit



PC-G-16.1A (Rev. 4-2019)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, 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 addresses, the places where the Prospective Ward has lived within the last two years, and the names and present addresses of the person with whom the Prospective Ward has lived during that period are:

   From: _____ to _____ with _____

   At _____

   From: _____ to _____ with _____

   At _____

   From: _____ to _____ with _____

   At _____

2. Said Affiant (check one) ☐ DOES ☐ DOES NOT have information on any guardianship/conservatorship proceeding concerning the Prospective Ward pending in a court of this or another state. Said Affiant has the following knowledge regarding information set forth in this paragraph:

   _____

   _____

   _____

   _____

3. Said Affiant has a continuing duty to inform the court of any proceeding concerning the Prospective Ward in this or any other state of which the Affiant obtained information during this proceeding.

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

_____
Affiant/Applicant

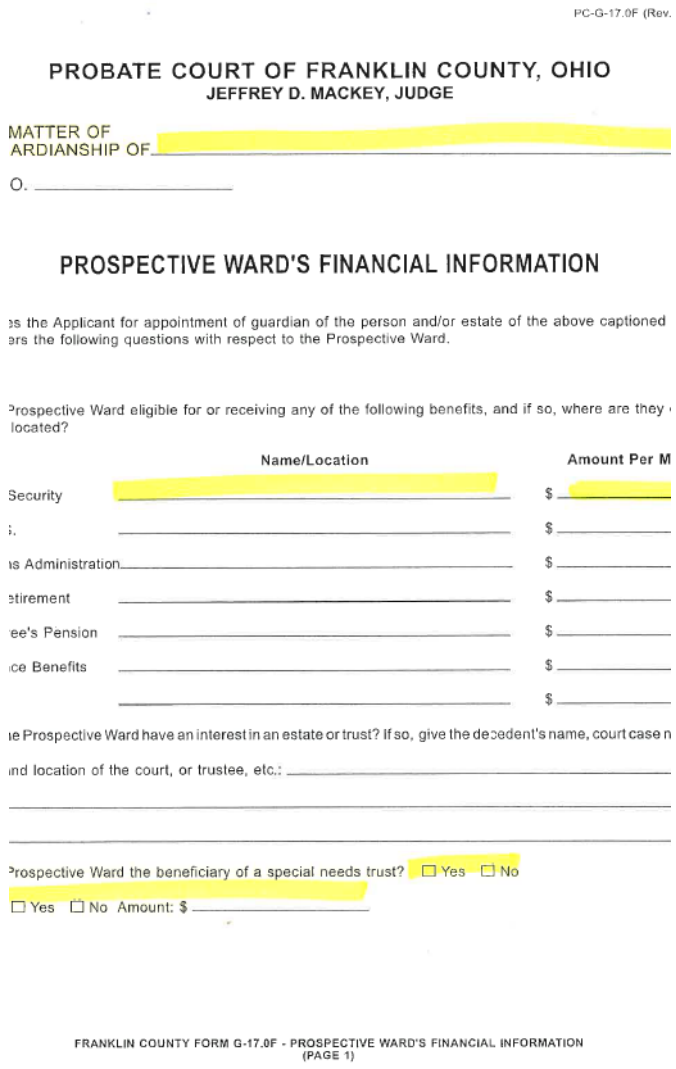
Sworn to and subscribed before me a Notary Public or Deputy Clerk of the Probate Court on this _____ day of _____, 20 ____.

_____
Deputy Clerk/Notary Public

16.1

FRANKLIN COUNTY FORM G-16.1A - ADULT JURISDICTION AFFIDAVIT

Prospective Ward's Financial Information



PC-G-17.0F (Rev.

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, JUDGE

MATTER OF
ARDIANSHIP OF

O. _____

PROSPECTIVE WARD'S FINANCIAL INFORMATION

ɜs the Applicant for appointment of guardian of the person and/or estate of the above captioned
ers the following questions with respect to the Prospective Ward.

Prospective Ward eligible for or receiving any of the following benefits, and if so, where are they
located?

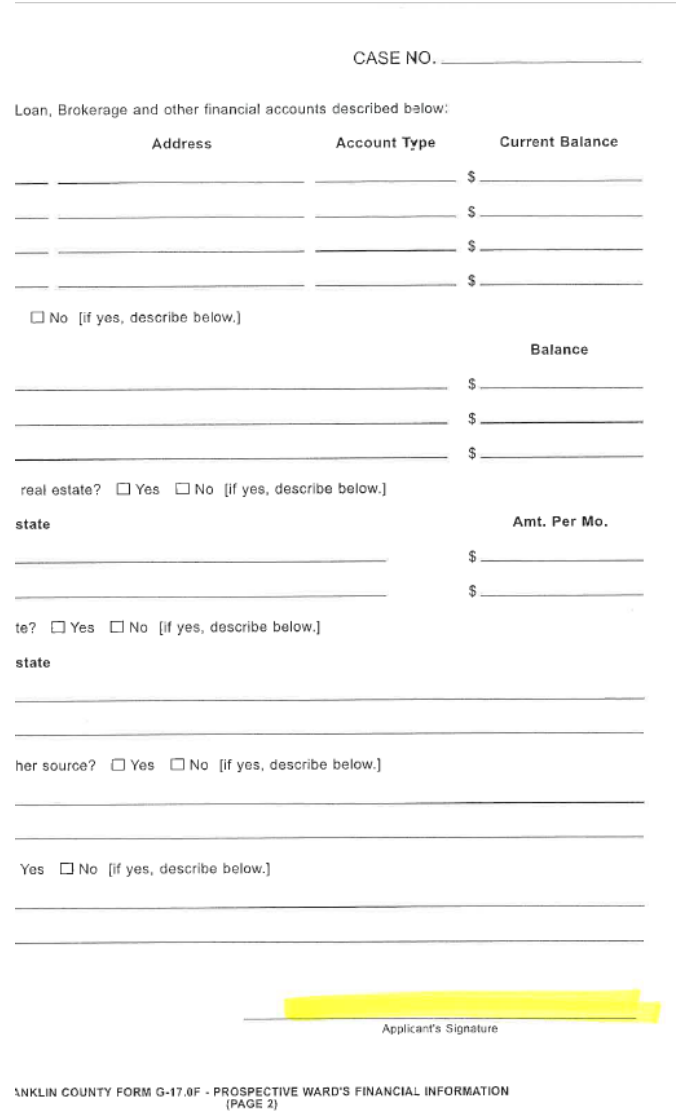
	Name/Location	Amount Per M
Security		$
;		$
ıs Administration		$
etirement		$
ee's Pension		$
ıce Benefits		$
		$

ıe Prospective Ward have an interest in an estate or trust? If so, give the decedent's name, court case n
ınd location of the court, or trustee, etc.: _____

Prospective Ward the beneficiary of a special needs trust? ☐ Yes ☐ No

☐ Yes ☐ No Amount: $ _____

FRANKLIN COUNTY FORM G-17.0F - PROSPECTIVE WARD'S FINANCIAL INFORMATION
(PAGE 1)



CASE NO. _____

Loan, Brokerage and other financial accounts described below:

Address	Account Type	Current Balance
		$
		$
		$
		$

☐ No [if yes, describe below.]

	Balance
	$
	$
	$

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

state	Amt. Per Mo.
	$
	$

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

state

her source? ☐ Yes ☐ No [if yes, describe below.]

Yes ☐ No [if yes, describe below.]

_____
Applicant's Signature

ANKLIN COUNTY FORM G-17.0F - PROSPECTIVE WARD'S FINANCIAL INFORMATION
(PAGE 2)

Guardian - Fiduciary's Acceptance

PC-G-15.2A (Rev. 5-2019)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, 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 the 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. 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

FRANKLIN COUNTY FORM 15.2A - GUARDIAN-FIDUCIARY'S ACCEPTANCE

15.2

Statement Concerning Court Cost

PC-17.0S (Rev. 10-2025)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT CONCERNING COURT COSTS
(NEW GUARDIANSHIP APPOINTMENT)

An application for appointment of guardian is being filed with the court.

The court will determine whether the prospective ward has sufficient income and assets to pay the court costs associated with the application.

The court will file paperwork indicating that either:

- The prospective ward does not have enough funds to pay court costs, so the prospective ward is indigent and no court costs will be due; OR
- Court costs need to be paid before the hearing.

If court costs are due, the applicant must ensure that they are paid before a hearing can be scheduled.

A guardian will not be appointed without a hearing.

Applicant's Credibility Application

PC-G-17.0G (Rev. 5-2019)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE GUARDIANSHIP OF _____

CASE NO. _____

APPLICANT'S CREDIBILITY APPLICATION

Name of Prospective Ward _____

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

Applicant's Current Address _____

_____ From _____

Previous Address (If less than 5 years at present address) _____

_____ From/To _____

Previous Address _____

_____ From/To _____

Spouse's Name _____ Years Married _____

Address _____

Applicant's Employer _____ From _____

Previous Employer (If less than 5 years at current employment)

_____ From/To _____

Previous Employer _____ From/To _____

Name of Applicant's Bank _____ ☐ Checking ☐ Savings ☐ Safe Deposit Box
Has Applicant Ever Filed Bankruptcy? ☐ Yes ☐ No
Has Applicant Ever Been Garnished? ☐ 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

Explanation of any item checked "Yes" above: _____

_____

_____

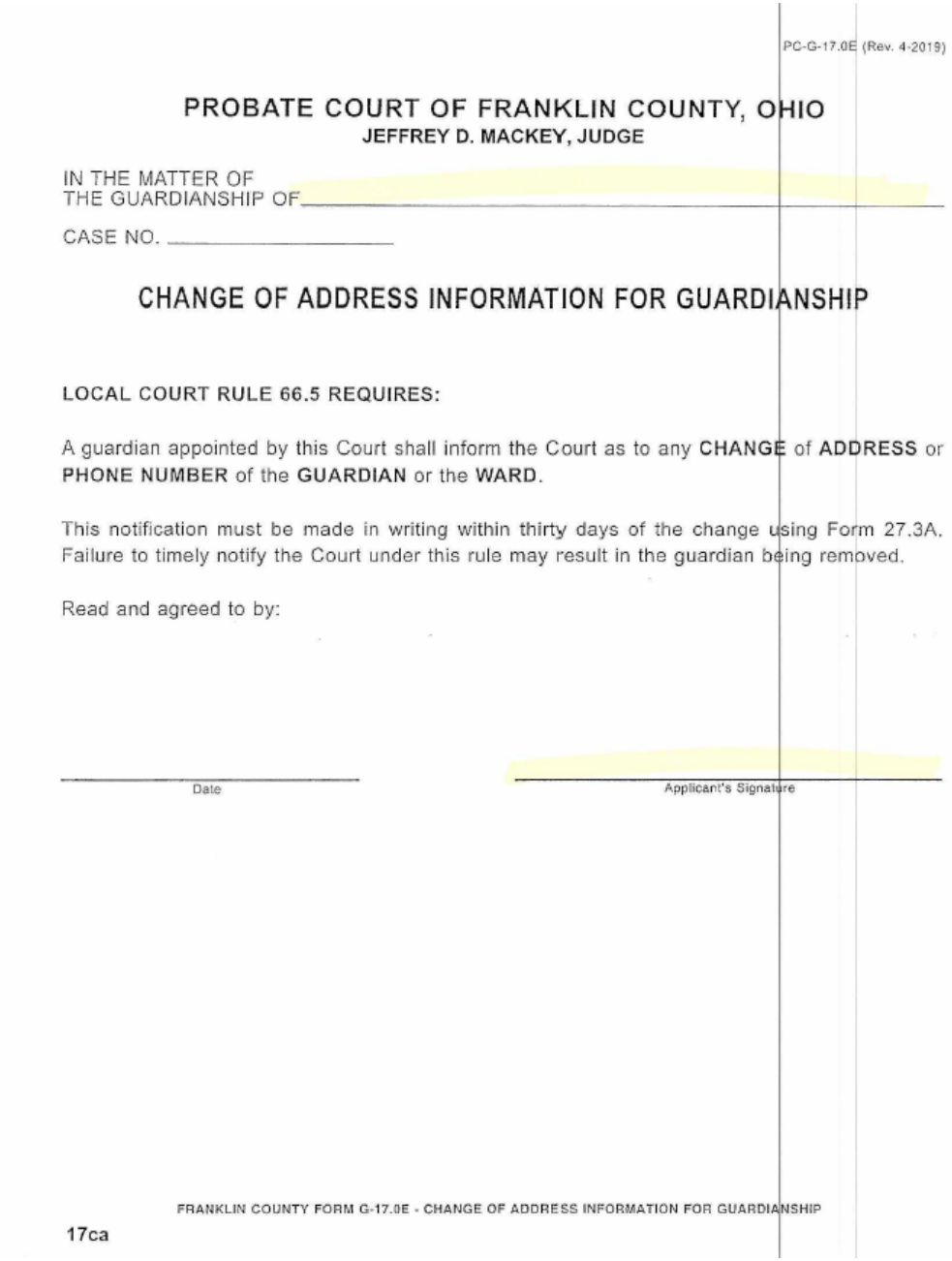
This statement is made in support of my application to be appointed Guardian in the above styled matter and the undersigned says that the facts stated in the foregoing applications are true.

_____
Signature of Applicant

15.4

FRANKLIN COUNTY FORM G-17.0G - APPLICANT'S CREDIBILITY APPLICATION

Change of Information for Guardianships



PC-G-17.0E (Rev. 4-2019)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE GUARDIANSHIP OF _____

CASE NO. _____

CHANGE OF ADDRESS INFORMATION FOR GUARDIANSHIP

LOCAL COURT RULE 66.5 REQUIRES:

A guardian appointed by this Court shall inform the Court as to any **CHANGE** of **ADDRESS** or **PHONE NUMBER** of the **GUARDIAN** or the **WARD**.

This notification must be made in writing within thirty days of the change using Form 27.3A. Failure to timely notify the Court under this rule may result in the guardian being removed.

Read and agreed to by:

_____ Date

_____ Applicant's Signature

FRANKLIN COUNTY FORM G-17.0E - CHANGE OF ADDRESS INFORMATION FOR GUARDIANSHIP

17ca

Waiver of Notice

PC-G-15.1A (Rev. 4-2019)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE GUARDIANSHIP OF _____

CASE NO. _____

WAIVER OF NOTICE AND CONSENT (ADULT GUARDIANSHIP)

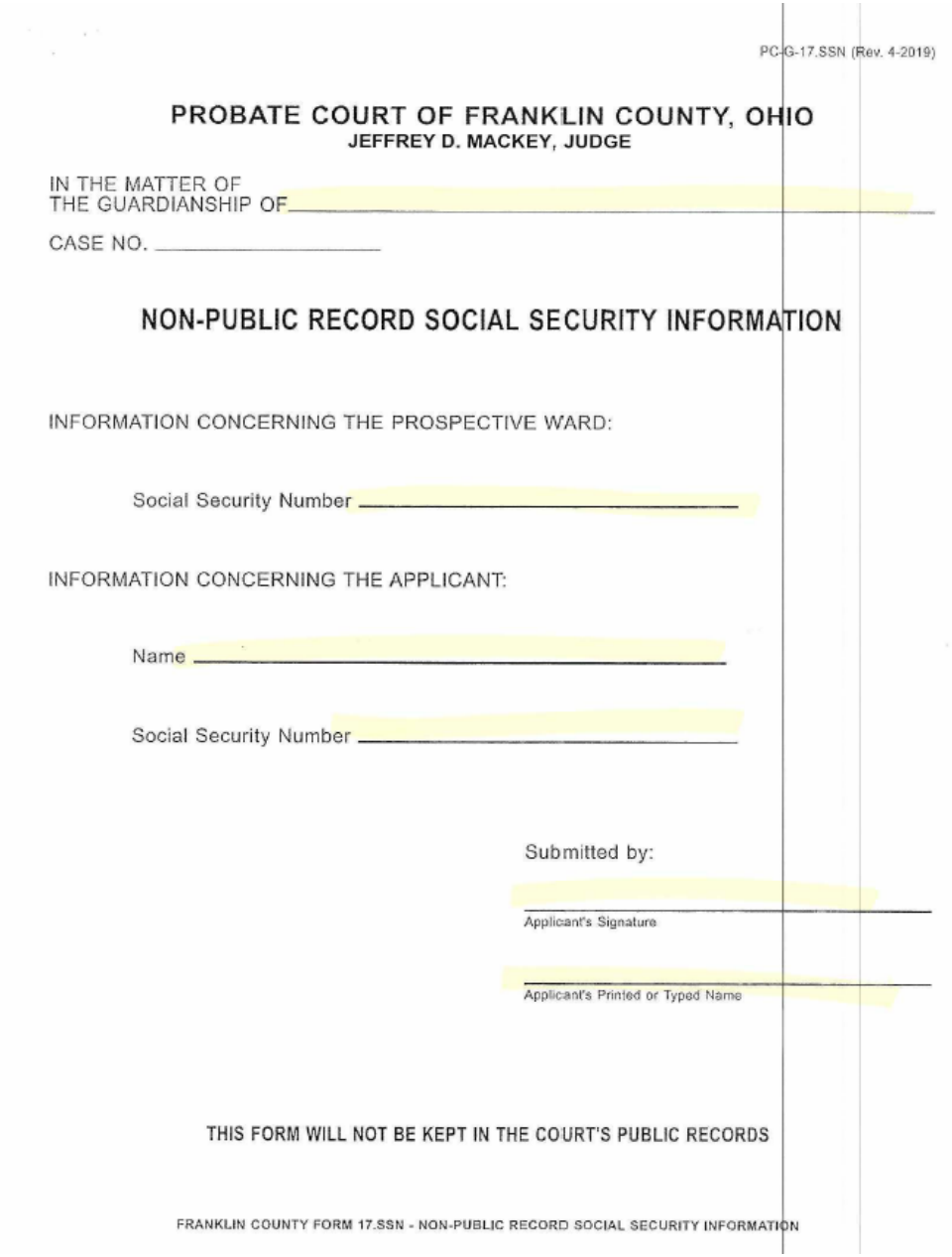
We, the undersigned, do each of us hereby waive the issuing and service of notice, voluntarily enter our appearance herein and consent to the appointment of _____ (Applicant's Name) as guardian of the above named person.

Print Name(s)	Signature

FRANKLIN COUNTY FORM G-15.1A - WAIVER AND NOTICE OF CONSENT (ADULT GUARDIANSHIP)

15.1

Confidential Personal Identifiers



PC-G-17.SSN (Rev. 4-2019)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE GUARDIANSHIP OF _____

CASE NO. _____

NON-PUBLIC RECORD SOCIAL SECURITY INFORMATION

INFORMATION CONCERNING THE PROSPECTIVE WARD:

Social Security Number _____

INFORMATION CONCERNING THE 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

FRANKLIN COUNTY FORM 17.SSN - NON-PUBLIC RECORD SOCIAL SECURITY INFORMATION

Statement of Expert Evaluation

PC-G-17.1A (Rev. 5-2019)

PROBATE COURT OF FRANKLIN COUNTY, OHIO
JEFFREY D. MACKEY, JUDGE

IN THE MATTER OF
THE GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

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

"**Incompetent**" means any person who is so mentally impaired, as a result of a mental or physical illness or disability, as a result of intellectual disability, 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. R.C. 2111.01(D).

This Statement of Expert Evaluation does not declare the Prospective Ward competent or incompetent, but is evidence to be considered by the Court.

The fee for completing this Statement of Expert 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 filed with or attached to:

   ☐ A. **Guardianship Application:** Statement of Expert Evaluation must be completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist prior to the filing of the application.

   ☐ B. **Guardian's Report:** Statement of Expert Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist ☐ Licensed Independent Social Worker ☐ Licensed Professional Clinical Counselor or ☐ Developmental Disability Team. The evaluation or examination shall be completed within three months prior of the date of the Report. R.C. 2111.49.

   ☐ C. **Application for Emergency Guardianship:** Statement of Expert Evaluation completed by: ☐ Licensed Physician - must complete Statement of Expert Evaluation and Supplemental Form 17.1B, with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The supplemental form must be signed, dated, and attached as part of this Statement of Expert Evaluation.

2. Statement completed by: **[please type or print legibly]**

   Name & Title: _____

   Business Address: _____

   Business Telephone Number: _____

3. Date(s) of evaluation: _____

   Place(s) of evaluation: _____

   Amount of time spent on evaluation: _____

   Length of time Prospective Ward has been your patient: _____

CASE NO. _____

4. Is the Prospective Ward presently taking 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 Prospective Ward mentally impaired? ☐ Yes ☐ No If yes, indicate the diagnosis below:

   ☐ Intellectual Disability/Developmental Disability: ☐ Profound ☐ Severe ☐ Moderate ☐ Mild

   ☐ Mental Illness: [type and severity] _____

   ☐ Substance Abuse: [description] _____

   ☐ Dementia: [description] _____

   ☐ Other: [description] _____

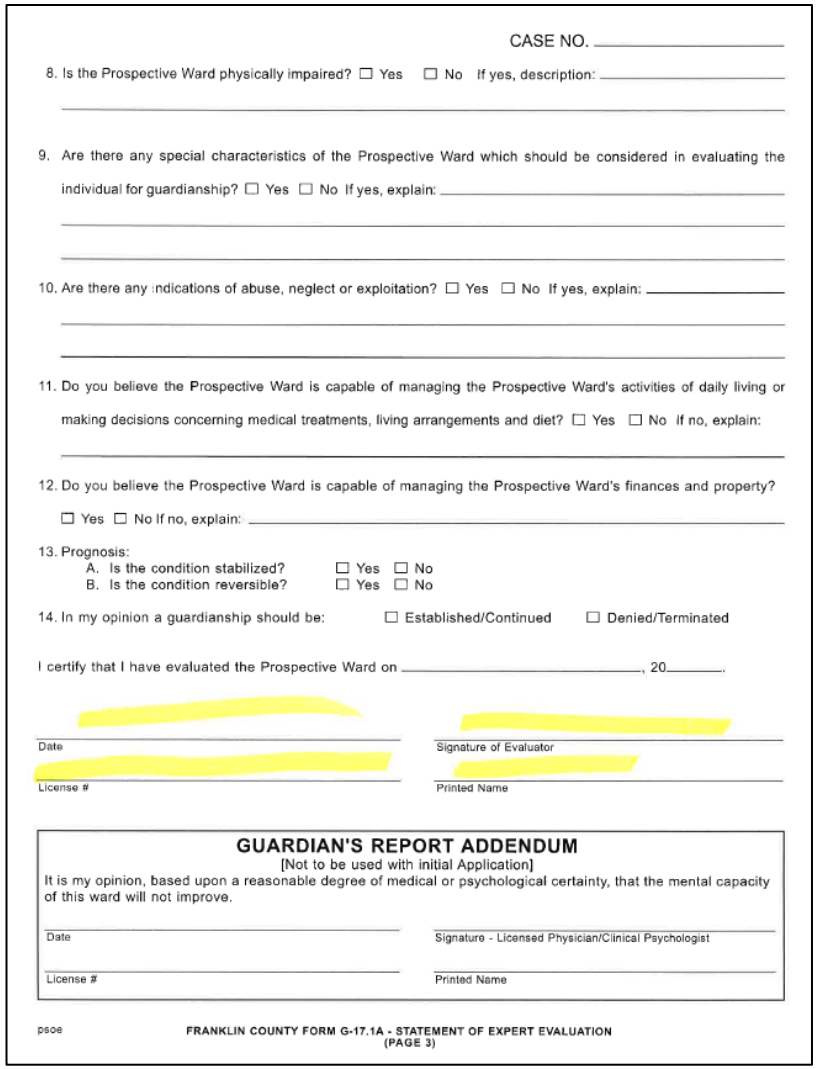
   Please provide additional comments and test scores if available: [continue comments on pages 4] _____

6. During the examination did you notice an impairment of the Prospective Ward'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 or history identified in questions 5 and 6 above: [continue comments on page 4] _____

Statement of Expert Evaluation



CASE NO. _____

8. Is the Prospective Ward physically impaired? ☐ Yes ☐ No If yes, description: _____

_____

9. Are there any special characteristics of the Prospective Ward 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? ☐ Yes ☐ No If yes, explain: _____

_____

_____

11. Do you believe the Prospective Ward is capable of managing the Prospective Ward's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? ☐ Yes ☐ No If no, explain:

_____

12. Do you believe the Prospective Ward is capable of managing the Prospective Ward'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 Prospective Ward on _____, 20____.

Date _____ Signature of Evaluator _____

License # _____ Printed Name _____

GUARDIAN'S REPORT ADDENDUM

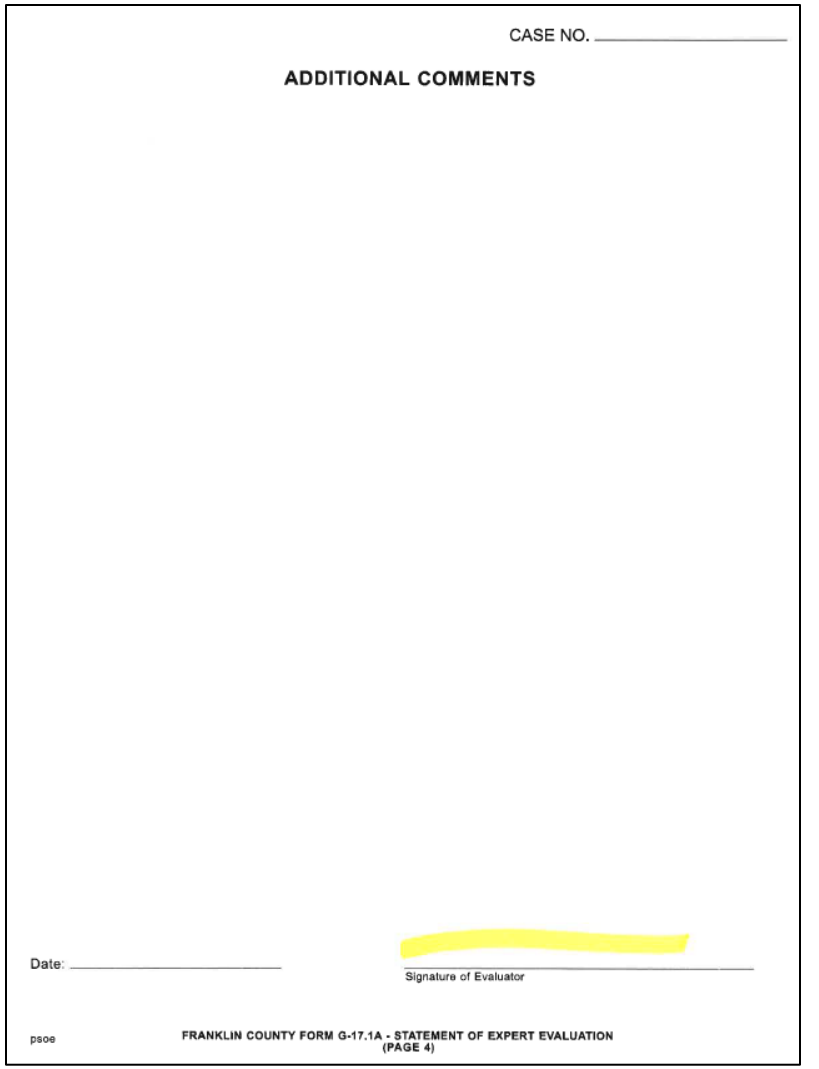
[Not to be used with initial Application]

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 _____

License # _____ Printed Name _____

psoe **FRANKLIN COUNTY FORM G-17.1A - STATEMENT OF EXPERT EVALUATION (PAGE 3)**



CASE NO. _____

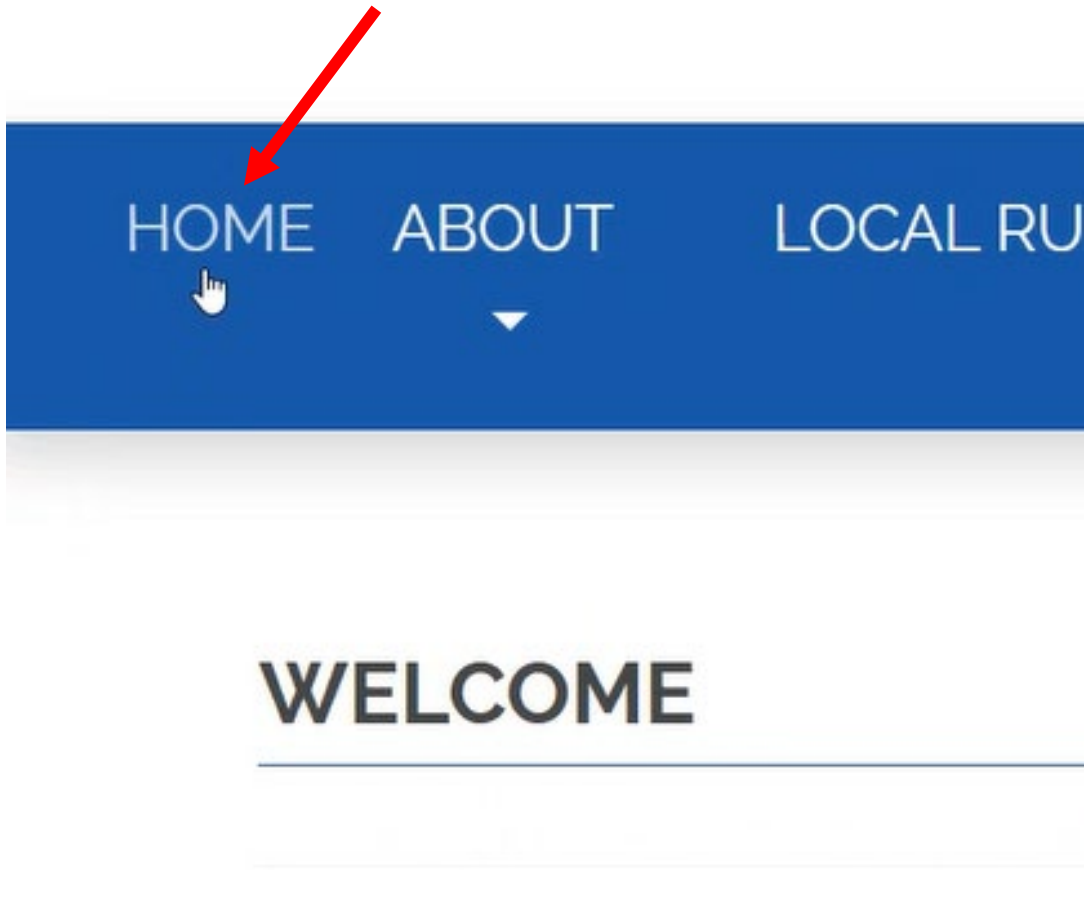
ADDITIONAL COMMENTS

Date: _____ Signature of Evaluator _____

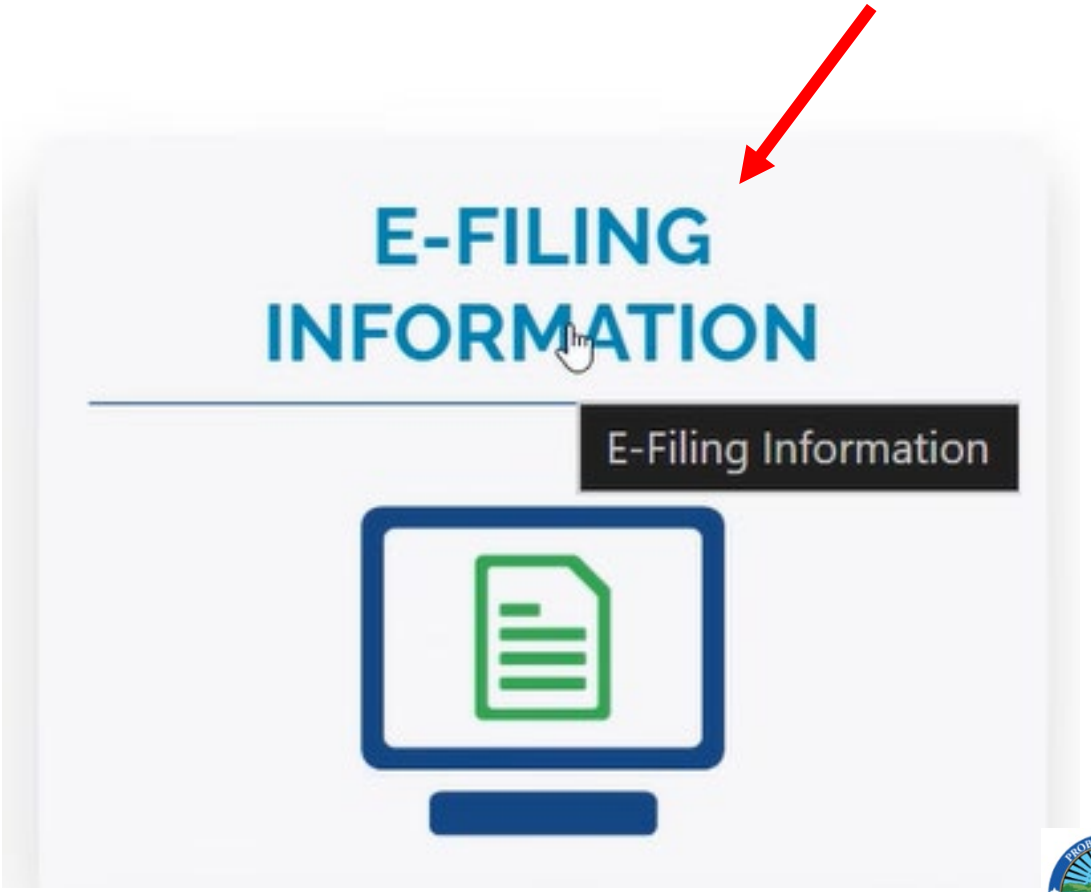
psoe **FRANKLIN COUNTY FORM G-17.1A - STATEMENT OF EXPERT EVALUATION (PAGE 4)**

E-Filing

- Click the Home Icon



- Select the E-Filing Information Icon



- Select Franklin County E-Filing System

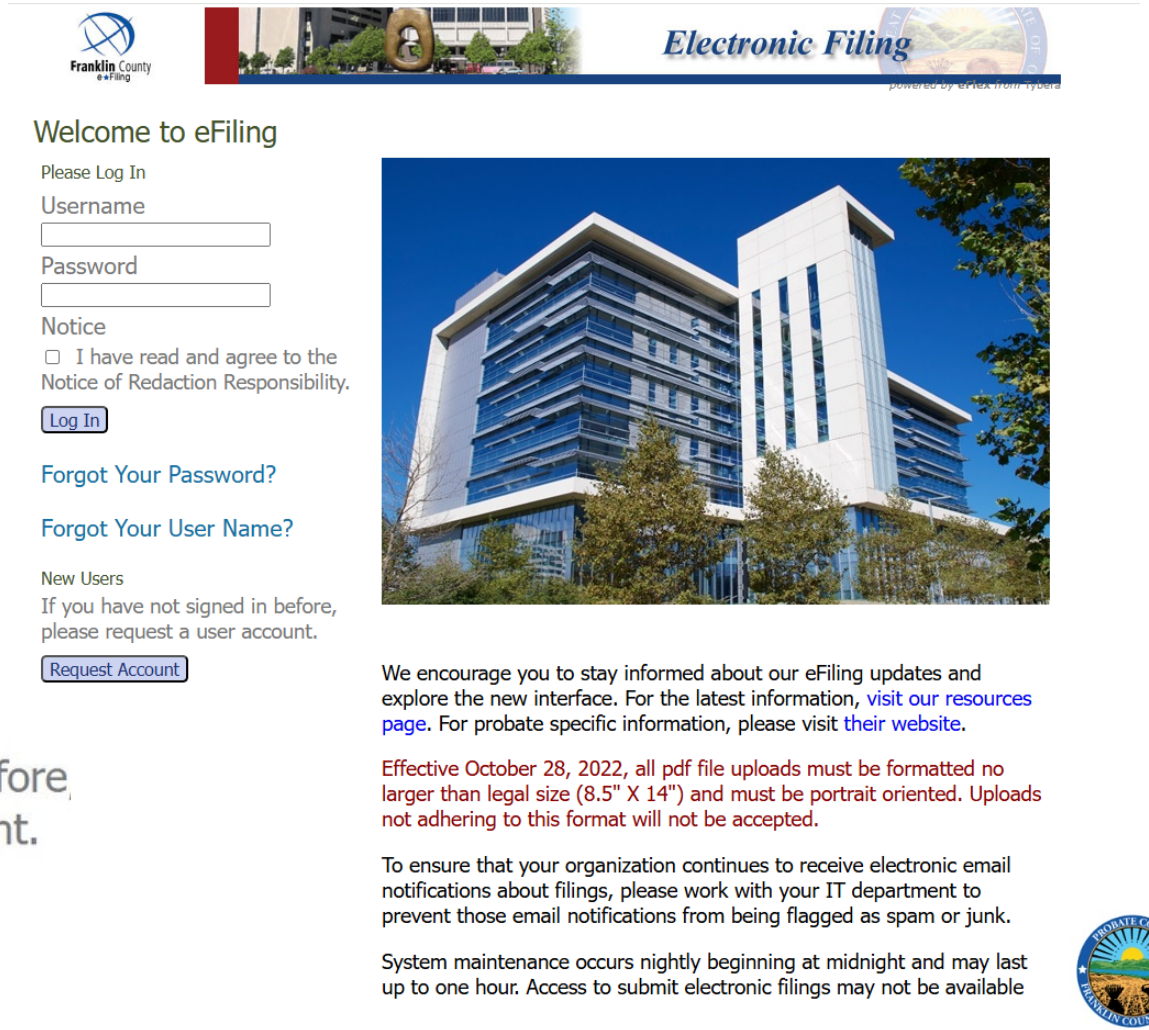
FRANKLIN COUNTY E-FILING SYSTEM

- This will take you to our E-Flex page
- You will either log in or create a new account.

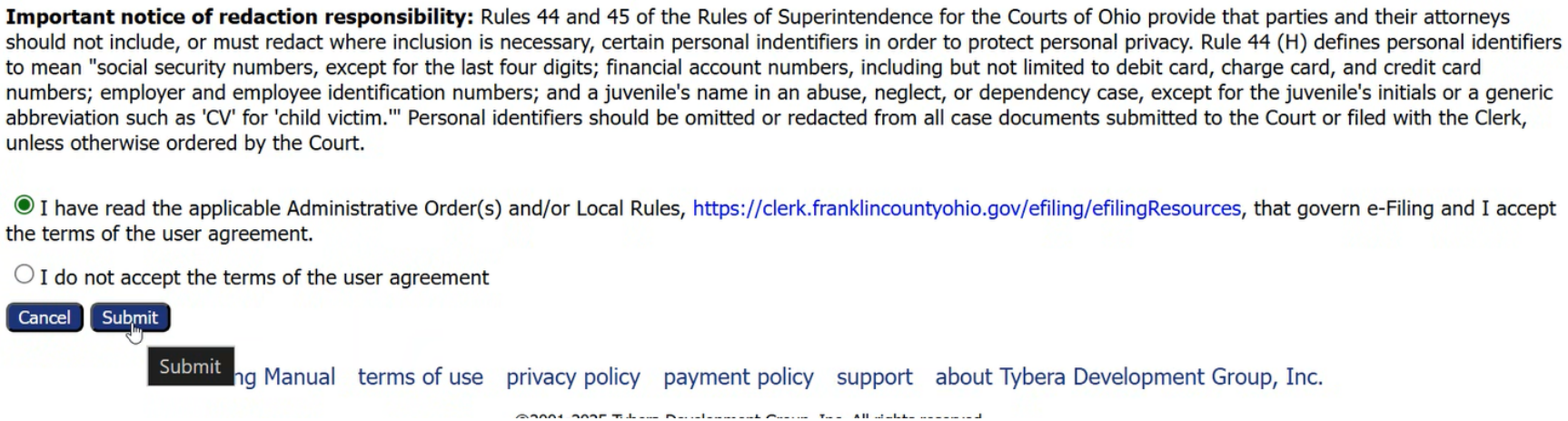
New Users

If you have not signed in before, please request a user account.

Request Account

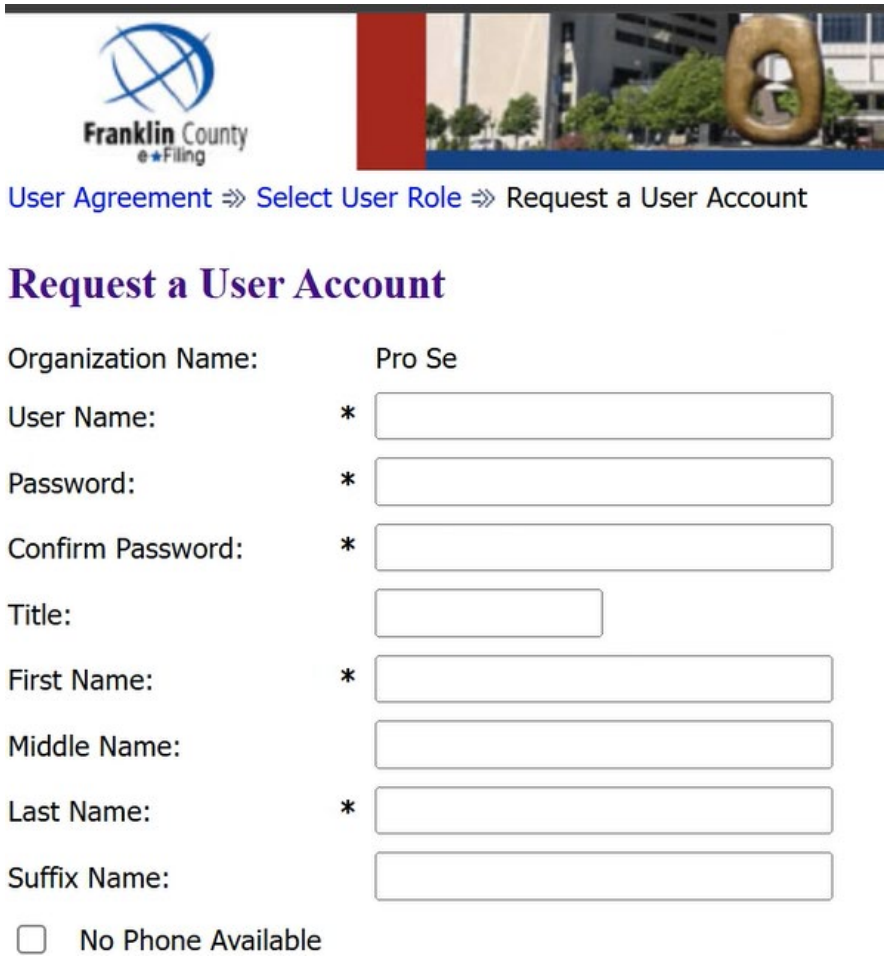


- You will read the notice
- Select the appropriate statement
- Click Submit

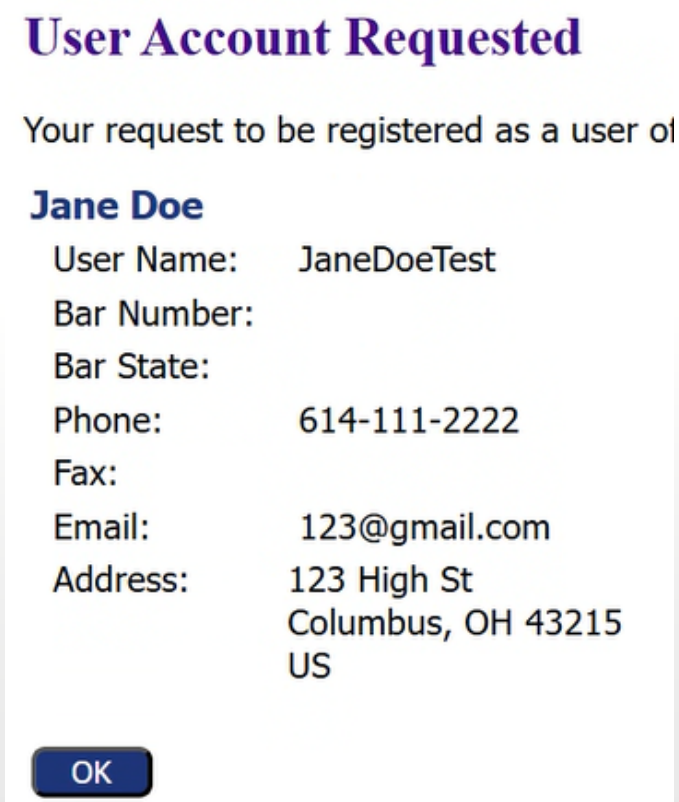


- Select your User Role
  - If you are an Applicant – Non-Attorney, you will select Pro Se

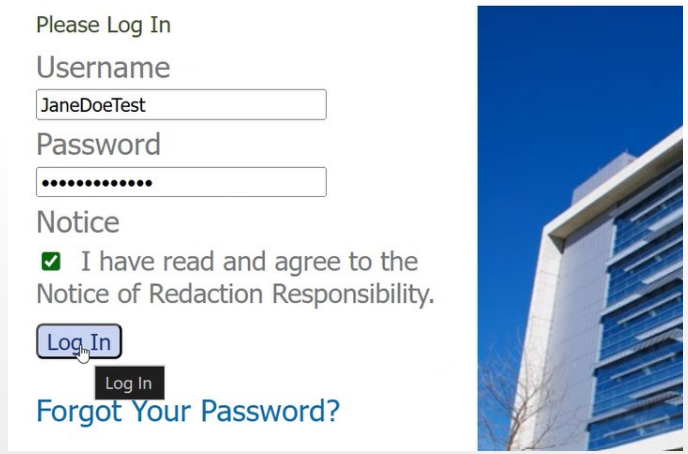
- Complete mandatory fields



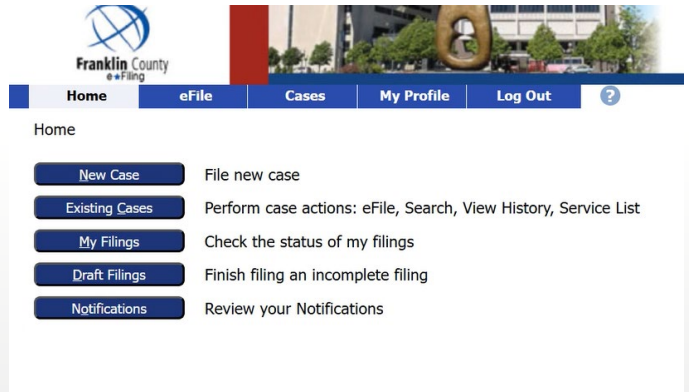
- Your account will be created



- You will log in



- Select New Case

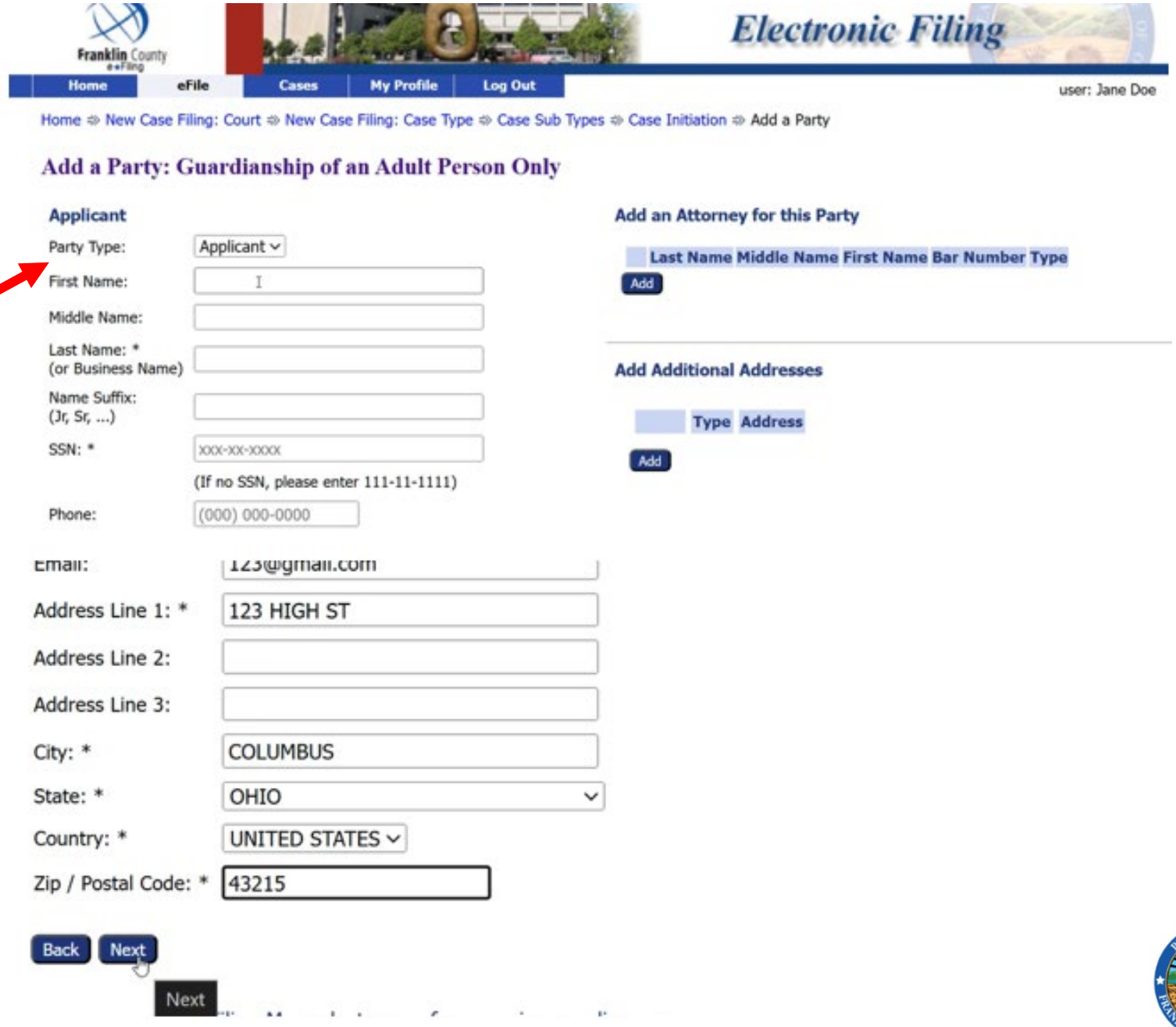


- Select Probate Court
- Then Select Guardianship Adult

- Select Applicable Case Sub Type

- Add your information in My Parties

- Add your information
- Then click Next



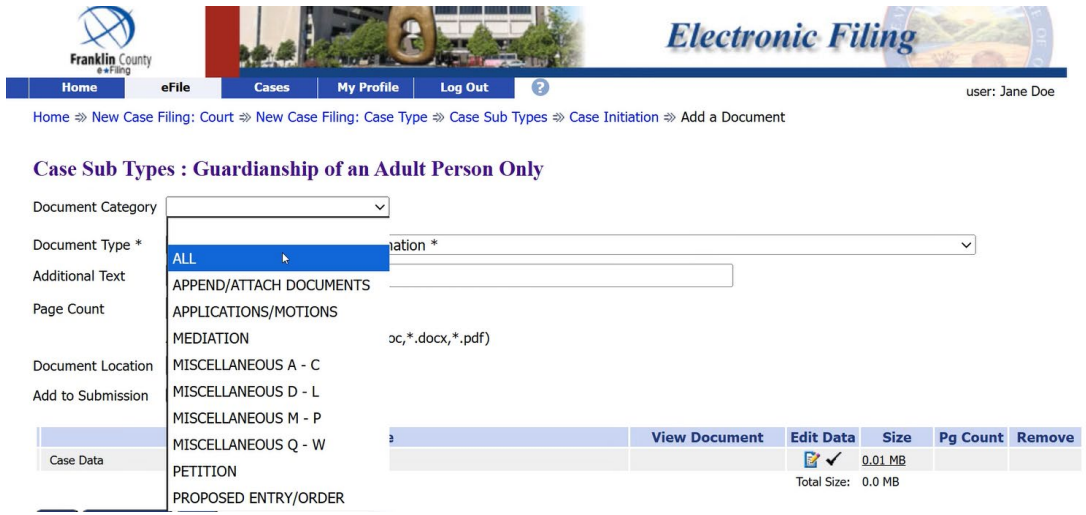
- Click Add Other Parties
- Add Ward's Information

- When entering the Ward's information, the Date of Birth is important. If the ward is under 18, the system will not accept the entry.

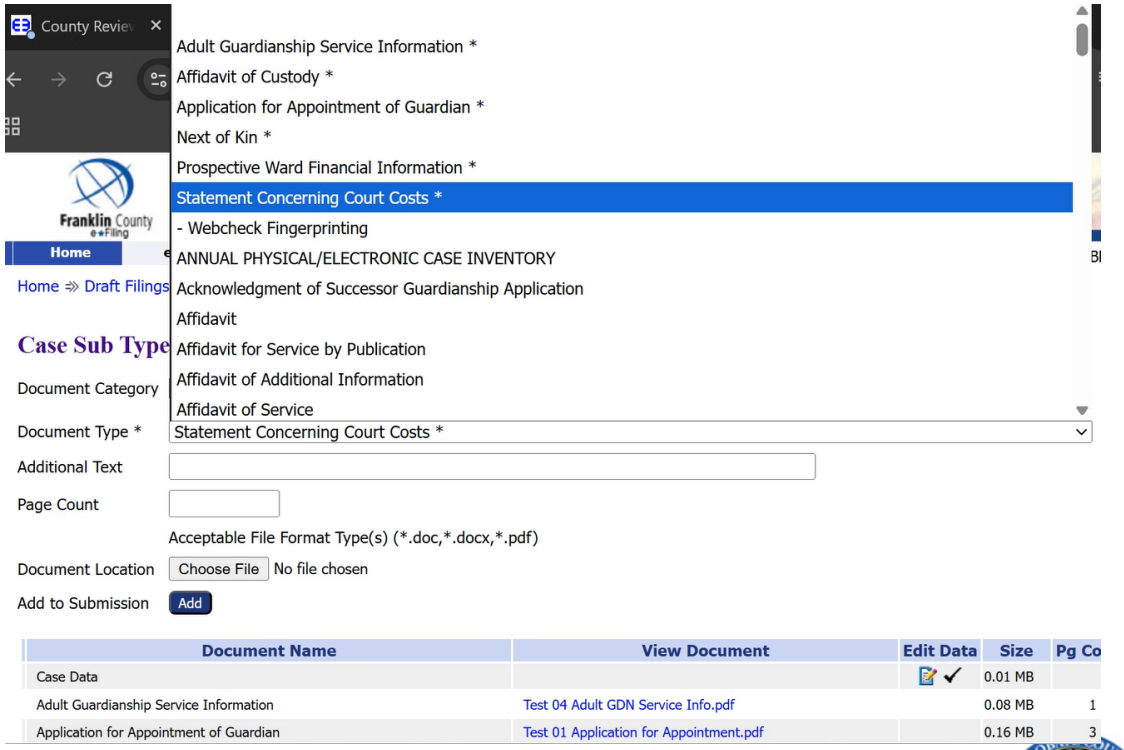
- The Applicant will need to contact Guardianship Department to enter this information.

- Once the Ward's information is entered click Next

- Document Category will always be All



- Document Type is the form you are uploading



This is where you will upload your documents

All documents must be uploaded Individually

Application

Next of Kin

Adult Guardianship Service Information

Adult Jurisdiction Affidavit

Prospective Ward's Financial Information

Guardian-Fiduciary's Acceptance

Statement Concerning Court Cost

Applicant's Credibility Application

Waiver of Notice

Change of Information for Guardianships

Confidential Personal Identifiers

Statement of Expert Evaluation

- Page count is very important. For each document you upload it is important that you include the correct number of pages.

- Then you will choose the appropriate file. It is important that you upload the right file. In this case it is the Adult Guardianship Services Information file.

- Once all your documents are uploaded click next

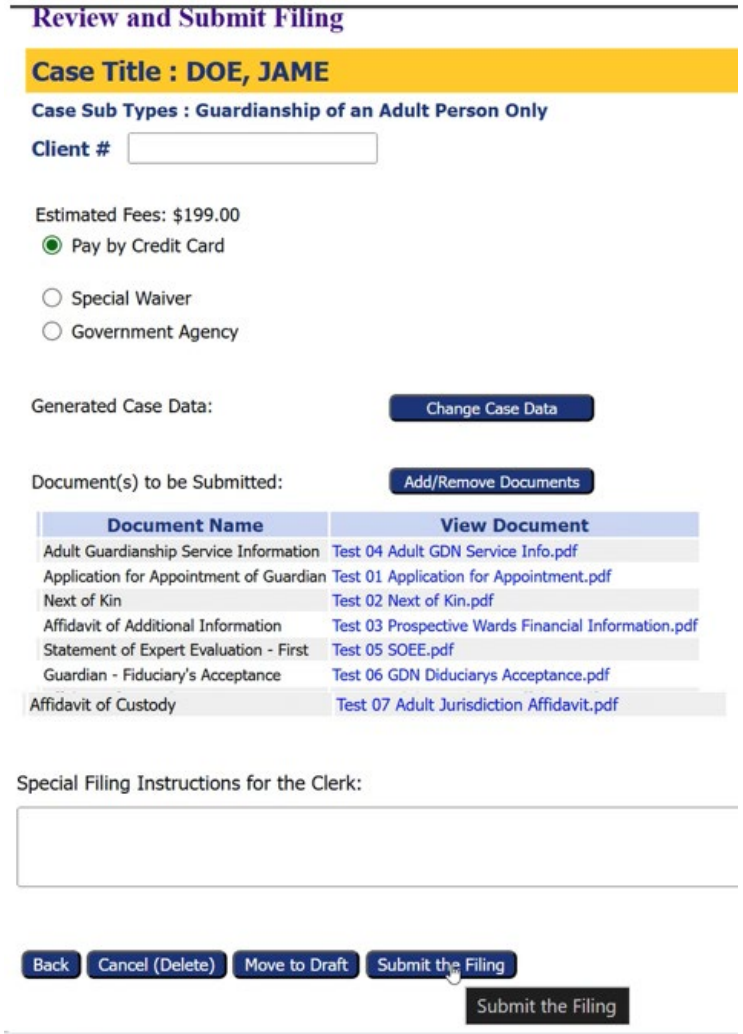
Add to Submission Add

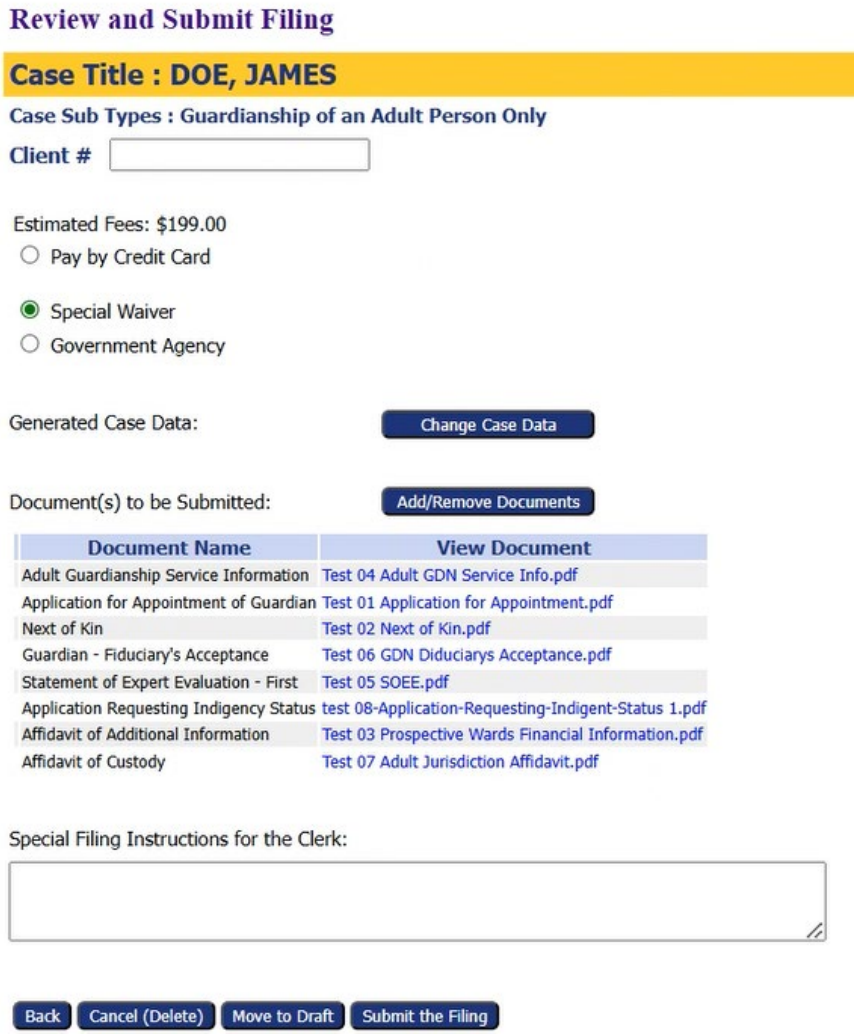
Document Name	View Document	Edit Data	Size	Pg Count	Remove
Case Data			0.01 MB		
Adult Guardianship Service Information	Test 04 Adult GDN Service Info.pdf		0.08 MB	1	
Application for Appointment of Guardian	Test 01 Application for Appointment.pdf		0.16 MB	3	
Next of Kin	Test 02 Next of Kin.pdf		0.06 MB	1	
Prospective Ward Financial Information	Test 03 Prospective Wards Financial Information.pdf		0.09 MB	2	
Statement of Expert Evaluation - First	Test 05 SOEE.pdf		0.18 MB	4	
Guardian - Fiduciary's Acceptance	Test 06 GDN Diduciarys Acceptance.pdf		0.07 MB	1	
Affidavit of Custody	Test 07 Adult Jurisdiction Affidavit.pdf		0.06 MB	1	
Waiver of Notice	Test 09 Waiver-of-Notice-and-Consent-Adult-Guardianship.pdf		0.11 MB	1	
Change of Address Information for Guardianships	Test 10 Change-of-Address-Information-for-Guardianships.pdf		0.11 MB	1	
Confidential Personal Identifiers	Test 11 Non-Public-Record-Social-Security-Information.pdf		0.09 MB	1	
Statement Concerning Court Costs	Test 12 Statement Concerning Court Cost.pdf		0.18 MB	1	
		Total Size:	1.19 MB		

Back Move to Draft Next

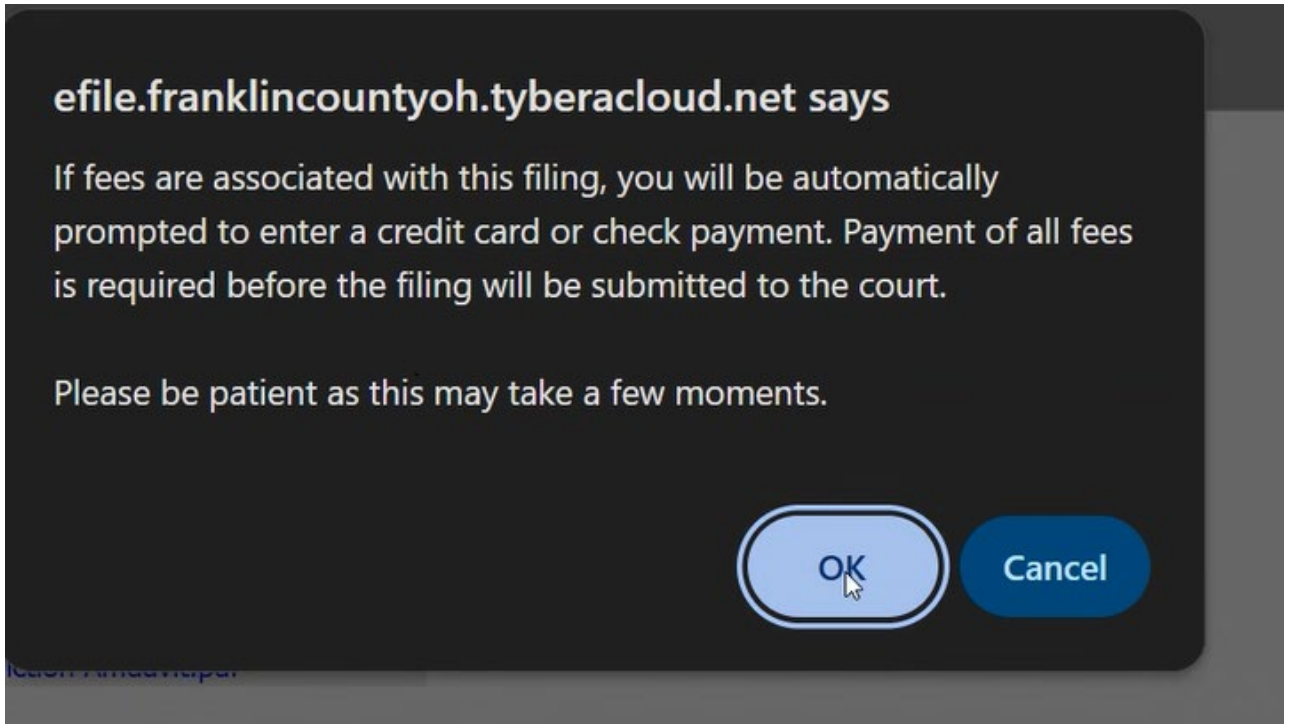
- Once you click Next, you will arrive at the Review and Submit page showing you cost.
- If you are filing Indigent you will select “Special Waiver”

Indigent

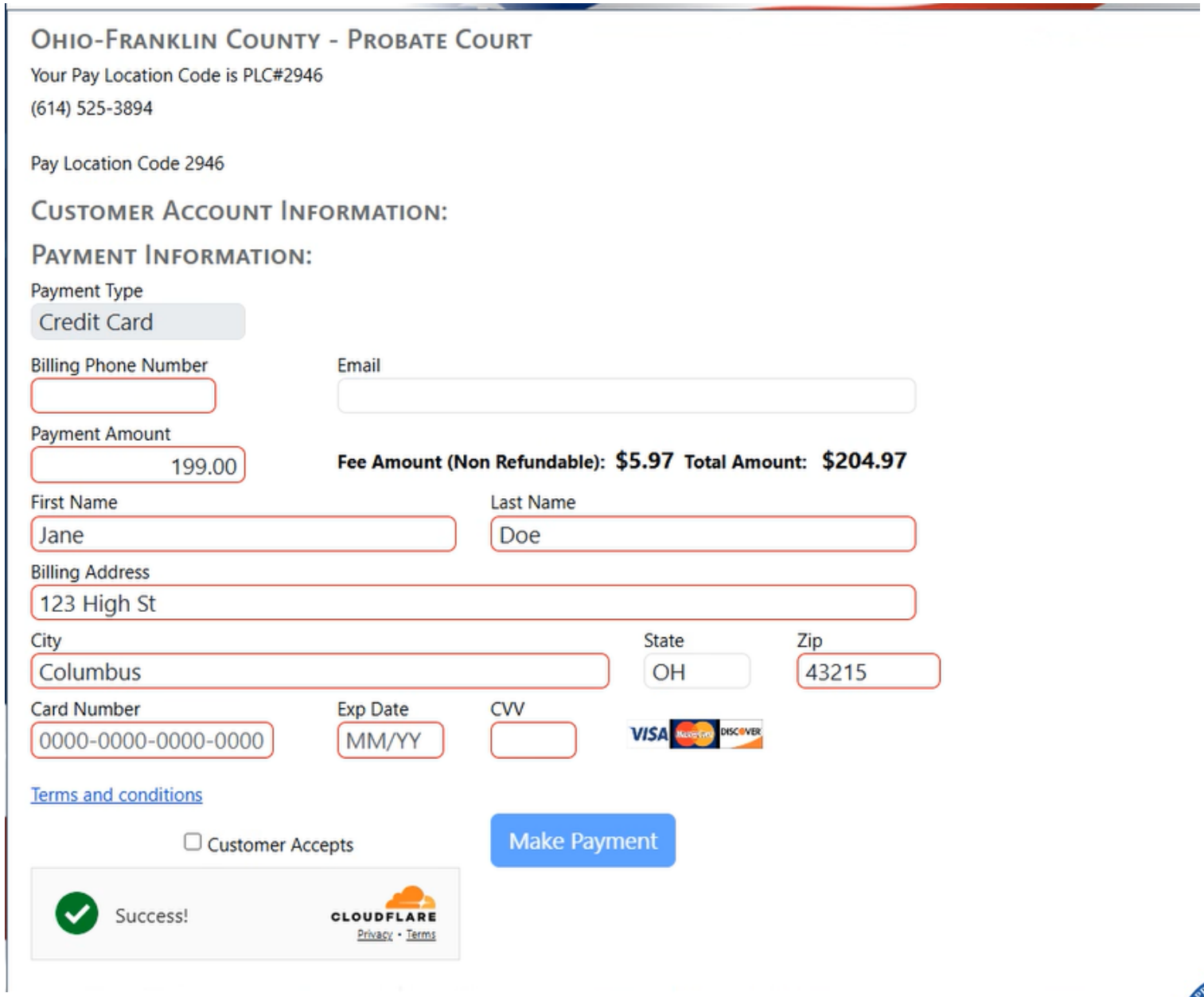




- Once you click ok, it will take you to the secure payment page.

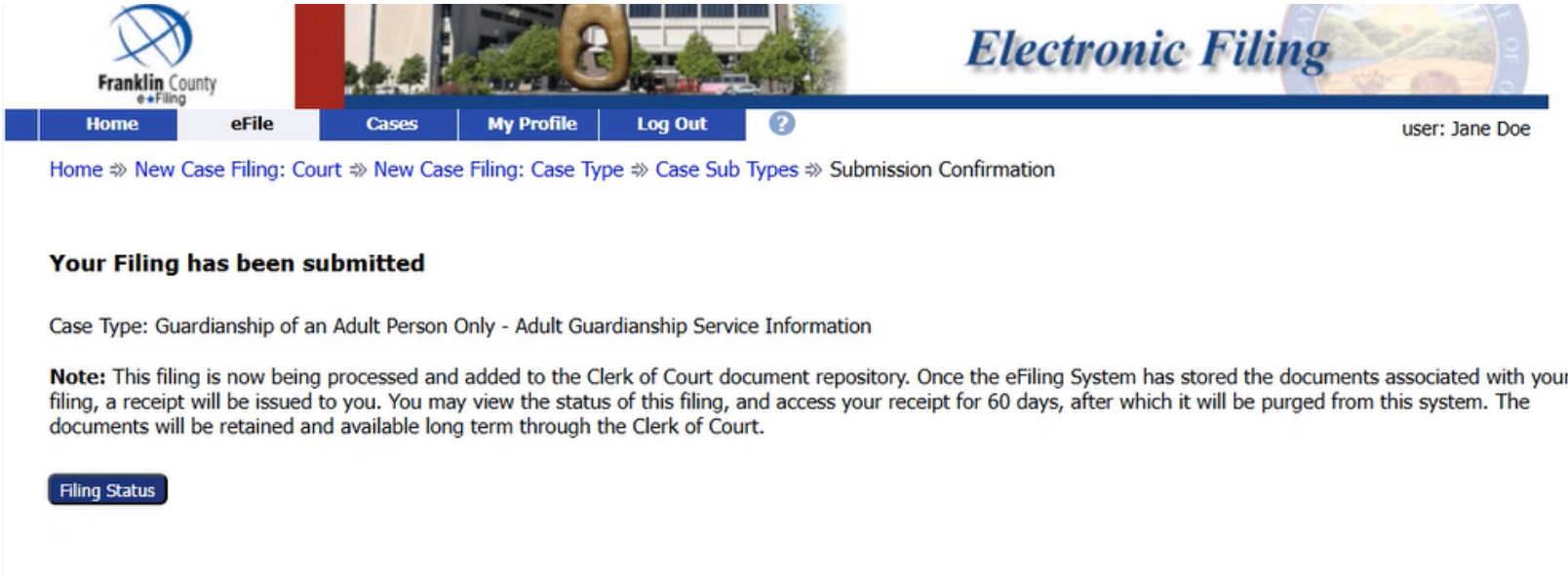


- Once you enter your payment information and click Make a Payment you will get a message if was a success or if there is something further to do



- If you are filing for Indigent status, you will get this message

- At this point, the Guardianship Department will contact you about your filing status



Thank You

373 South High Street, 22nd Floor

probate@franklincountyohio.gov

615-525-3894
614-525-3841

- Guardianship Clerks will reach out to you if there are any issues or messages associated with your filing
- If you have questions please feel free to call or email