

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
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<https://probate.franklincountyohio.gov/home>

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 **Jeffrey D. Mackey, Judge**
Franklin County Probate Court

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JUDGE JEFFREY D. MACKEY

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MARRIAGE LICENSE



E-FILING INFORMATION



GUARDIANSHIP INFORMATION



NAME CHANGE



UNREPRESENTED FILER RESOURCES

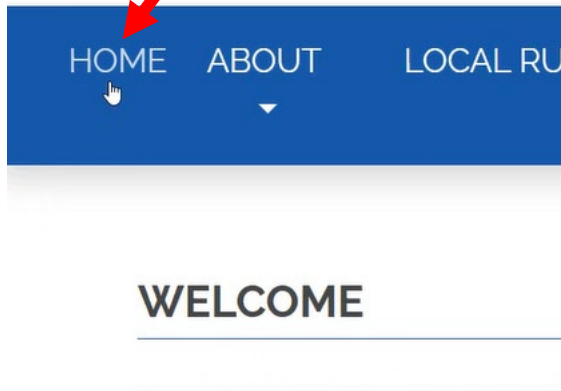


CERTIFIED RECORDS





- 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 _____ 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 \$ _____

7.0

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 fiduciary 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

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



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

FRANKLIN COUNTY FORM G-16.1A - ADULT JURISDICTION AFFIDAVIT

16.1



Prospective Ward's Financial Information

PC-G-17.0F (Rev.

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

MATTER OF
GUARDIANSHIP OF _____

O. _____

PROSPECTIVE WARD'S FINANCIAL INFORMATION

As the Applicant for appointment of guardian of the person and/or estate of the above captioned ward, I declare the following questions with respect to the Prospective Ward.

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

	Name/Location	Amount Per Month
Security	_____	\$ _____
Life Insurance	_____	\$ _____
Disability Administration	_____	\$ _____
Retirement	_____	\$ _____
Employee's Pension	_____	\$ _____
Unemployment Benefits	_____	\$ _____
Other	_____	\$ _____

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

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

☐ Yes ☐ No Amount: \$ _____

CASE NO. _____

Loan, Brokerage and other financial accounts described below:

Address	Account Type	Current Balance
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

☐ No [if yes, describe below.]

Balance

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

state	Amt. Per Mo.
_____	\$ _____
_____	\$ _____

Is there a vehicle? ☐ Yes ☐ No [if yes, describe below.]

state

What is the source of the income? ☐ Yes ☐ No [if yes, describe below.]

Is there any other income? ☐ Yes ☐ No [if yes, describe below.]

Applicant's Signature _____



Guardian - Fiduciary's Acceptance

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



Statement Concerning Court Cost

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

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



Change of Information for Guardianships

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



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

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



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 to 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: _____

ps06 FRANKLIN COUNTY FORM G-17.1A - STATEMENT OF EXPERT EVALUATION (PAGE 1)

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]

ps06 FRANKLIN COUNTY FORM G-17.1A - STATEMENT OF EXPERT EVALUATION (PAGE 2)



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 _____
License # _____

Signature of Evaluator _____
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 _____
License # _____

Signature - Licensed Physician/Clinical Psychologist _____
Printed Name _____

ps00 FRANKLIN COUNTY FORM G-17.1A - STATEMENT OF EXPERT EVALUATION (PAGE 3)

CASE NO. _____

ADDITIONAL COMMENTS

Date: _____

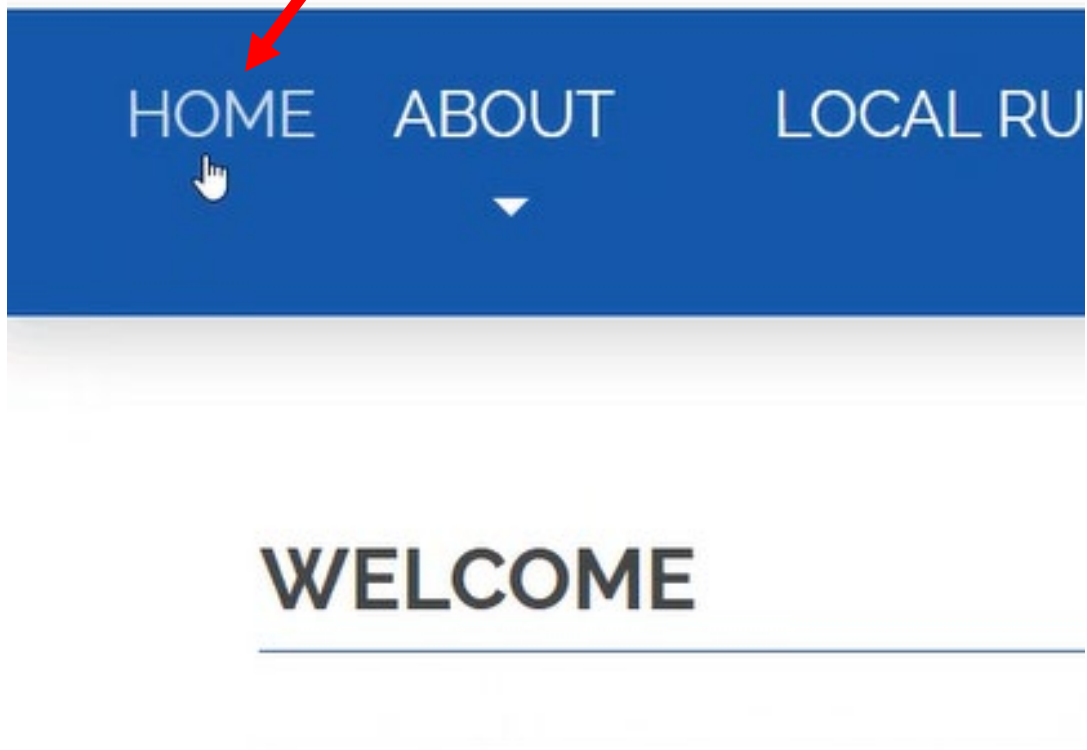
Signature of Evaluator _____

ps00 FRANKLIN COUNTY FORM G-17.1A - STATEMENT OF EXPERT EVALUATION (PAGE 4)

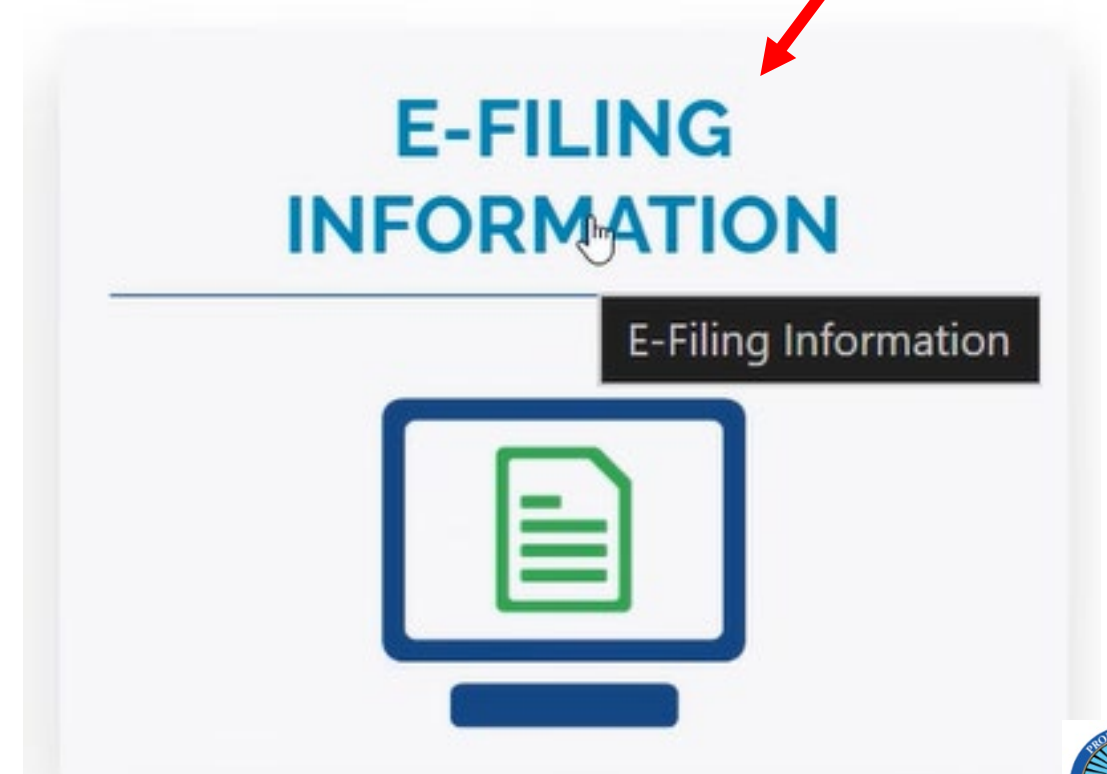


E-Filing

- 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](#)

Electronic Filingpowered by eFlex from Tybers

Welcome to eFiling

Please Log In

Username

Password

Notice
☐ I have read and agree to the Notice of Redaction Responsibility.

[Log In](#)

[Forgot Your Password?](#)

[Forgot Your User Name?](#)

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

[Request Account](#)



We encourage you to stay informed about our eFiling updates and explore the new interface. For the latest information, [visit our resources page](#). For probate specific information, please visit [their website](#).

Effective October 28, 2022, all pdf file uploads must be formatted no larger than legal size (8.5" X 14") and must be portrait oriented. Uploads not adhering to this format will not be accepted.

To ensure that your organization continues to receive electronic email notifications about filings, please work with your IT department to prevent those email notifications from being flagged as spam or junk.

System maintenance occurs nightly beginning at midnight and may last up to one hour. Access to submit electronic filings may not be available



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

Important notice of redaction responsibility: Rules 44 and 45 of the Rules of Superintendence for the Courts of Ohio provide that parties and their attorneys should not include, or must redact where inclusion is necessary, certain personal identifiers in order to protect personal privacy. Rule 44 (H) defines personal identifiers to mean "social security numbers, except for the last four digits; financial account numbers, including but not limited to debit card, charge card, and credit card numbers; employer and employee identification numbers; and a juvenile's name in an abuse, neglect, or dependency case, except for the juvenile's initials or a generic abbreviation such as 'CV' for 'child victim.'" Personal identifiers should be omitted or redacted from all case documents submitted to the Court or filed with the Clerk, unless otherwise ordered by the Court.

☒ I have read the applicable Administrative Order(s) and/or Local Rules, <https://clerk.franklincountyohio.gov/efiling/efilingResources>, that govern e-Filing and I accept the terms of the user agreement.

☐ I do not accept the terms of the user agreement

Cancel

Submit

Submit

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

USER ROLES

Select your user role:

☐ Agency / Facility
☐ Agency / Facility ADMINISTRATION
☐ Attorney
☐ Attorney-CSEA
☐ Court Reporter External
☐ Financial Institution
☐ Forensic
☐ Government Agency
☐ Media
☐ Parenting Coordinator/Custody Evaluator
☐ Pro Hac Vice
☐ Pro Se
☐ Probate ADAMH Bd Review
☐ Probate Doctor
☐ Probate Paralegal Proxy
☐ Probate Prescreener
☐ Process Server
☐ Proxy Filer

- Complete mandatory fields



[User Agreement](#) ⇒ [Select User Role](#) ⇒ Request a User Account

Request a User Account

Organization Name: Pro Se

User Name: *

Password: *

Confirm Password: *

Title:

First Name: *

Middle Name:

Last Name: *

Suffix Name:

☐ No Phone Available



- Your account will be created

User Account Requested

Your request to be registered as a user of

Jane Doe

User Name: JaneDoeTest

Bar Number:

Bar State:

Phone: 614-111-2222

Fax:

Email: 123@gmail.com

Address: 123 High St
Columbus, OH 43215
US

OK

- You will log in

Welcome to eFiling

Please Log In

Username

JaneDoeTest

Password

••••••••••

Notice

☒ I have read and agree to the
Notice of Redaction Responsibility.

Log In

Log In

[Forgot Your Password?](#)



- Select New Case



Home

eFile

Cases

My Profile

Log Out



Home

New Case

File new case

Existing Cases

Perform case actions: eFile, Search, View History, Service List

My Filings

Check the status of my filings

Draft Filings

Finish filing an incomplete filing

Notifications

Review your Notifications



Home ⇒ New Case Filing: Court

Court

Description
DOMESTIC RELATIONS AND JUVENILE, COURT OF COMMON PLEAS
GENERAL DIVISION, COURT OF COMMON PLEAS
PROBATE COURT, COURT OF COMMON PLEAS
TENTH DISTRICT COURT OF APPEALS

- Select Probate Court
- Then Select Guardianship Adult

Home ⇒ New Case Filing: Court ⇒ New

Case Type

Description
Adoption
Birth Correction
Civil
Delayed Birth Registration
Estates
Guardianship Adult
Guardianship Minor
Mental Health
Minor's Settlement
Miscellaneous
Name Change
Name Conformity - Adult
Name Conformity - Minor
Protective Services
Restricted Cases
Structured Settlement Transfer
Trust

- Select Applicable Case Sub Type



HomeeFileCasesMy ProfileLog Out?

Home » New Case Filing: Court » New Case Filing: Case Type » Case Sub Types

Case Sub Types

Description

Conservatorship

Guardianship of an Adult Dispense With

Guardianship of an Adult Estate Only

Guardianship of an Adult Foreign Record

Guardianship of an Adult Ltd Guardianship for Mental Health

Guardianship of an Adult Person and Estate

Guardianship of an Adult Person Only

Back

- Add your information in My Parties



HomeeFileCasesMy ProfileLog Out

Home » New Case Filing: Court » New Case Filing: Case Type » Case Sub Types » Case Initiation

Case Initiation: Guardianship of an Adult Person Only

Add Case ParticipantsAdd My PartiesAdd Other Parties (Any party to be served must be added as a distinct party.)

RemoveParticipant NameTypeAttorney/Agent for Party

BackSave to DraftNext

Electronic Filing

user: Jane Doe



- Add your information

- Then click Next

  **Electronic Filing**

Home eFile Cases My Profile Log Out user: Jane Doe

Home » New Case Filing: Court » New Case Filing: Case Type » Case Sub Types » Case Initiation » Add a Party

Add a Party: Guardianship of an Adult Person Only

Applicant

Party Type: Applicant ▾

First Name: I

Middle Name:

Last Name: *
(or Business Name)

Name Suffix:
(Jr, Sr, ...)

SSN: *
XXXX-XX-XXXX
(If no SSN, please enter 111-11-1111)

Phone: (000) 000-0000

Email: 123@gmail.com

Address Line 1: * 123 HIGH ST

Address Line 2:

Address Line 3:

City: * COLUMBUS

State: * OHIO ▾

Country: * UNITED STATES ▾

Zip / Postal Code: * 43215

Back Next

Next

Add an Attorney for this Party

Last Name	Middle Name	First Name	Bar Number	Type
Add				

Add Additional Addresses

Type	Address
Add	



- Click Add Other Parties
- Add Ward's Information





[Home](#)
[eFile](#)
[Cases](#)
[My Profile](#)
[Log Out](#)

user: Jane Doe

[Home](#) ⇒ [New Case Filing: Court](#) ⇒ [New Case Filing: Case Type](#) ⇒ [Case Sub Types](#) ⇒ [Case Initiation](#)

Case Initiation: Guardianship of an Adult Person Only

Add Case Participants
Add My Parties
Add Other Parties

(Any party to be served must be added as a distinct party.)

Remove	Participant Name	Type	Attorney/Agent for Party
	 JANE DOE	Applicant	

[Back](#)
[Save to Draft](#)
[Next](#)



- 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.

Add a Party: Guardianship of an Adult Person Only

Ward

Party Type:

First Name:

Middle Name:

Last Name: *
(or Business Name)

Name Suffix:
(Jr, Sr, ...)

SSN: *
(If no SSN, please enter 111-11-1111)

Date of Birth: *

Phone:

Address Line 1: *

Address Line 2:

Address Line 3:

Add an Attorney for this Party

Add Aliases (AKA)

Add Additional Addresses



- Once the Ward's information is entered click Next

eFiling

Home eFile Cases My Profile Log Out user: Jane Doe

Home ⇒ New Case Filing: Court ⇒ New Case Filing: Case Type ⇒ Case Sub Types ⇒ Case Initiation

Case Initiation: Guardianship of an Adult Person Only

Add Case Participants [Add My Parties](#) [Add Other Parties](#) (Any party to be served must be added as a distinct party.)

Remove	Participant Name	Type	Attorney/Agent for Party
	+ JANE DOE	Applicant	
	+ JAME DOE	Ward	

[Back](#) [Save to Draft](#) [Next](#)



- Document Category will always be All




[Home](#)
[eFile](#)
[Cases](#)
[My Profile](#)
[Log Out](#)
user: Jane Doe

Home ⇒ New Case Filing: Court ⇒ New Case Filing: Case Type ⇒ Case Sub Types ⇒ Case Initiation ⇒ Add a Document

Case Sub Types : Guardianship of an Adult Person Only

Document Category:

Document Type *:

Additional Text:

Page Count:

Document Location: MISCELLANEOUS A - C

Add to Submission: MISCELLANEOUS D - L

MISCELLANEOUS M - P

MISCELLANEOUS Q - W

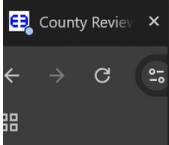
PETITION

PROPOSED ENTRY/ORDER

	View Document	Edit Data	Size	Pg Count	Remove
Case Data			0.01 MB		

Total Size: 0.0 MB

- Document Type is the form you are uploading



[Home](#)
[Draft Filings](#)

Case Sub Type

Document Category:

Document Type *:

Additional Text:

Page Count:

Acceptable File Format Type(s) (*.doc,*.docx,*.pdf)

Document Location: No file chosen

Add to Submission:

Document Name	View Document	Edit Data	Size	Pg Co
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





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

Home ⇒ New Case Filing: Court ⇒ New Case Filing: Case Type ⇒ Case Sub Types ⇒ Case Initiation ⇒ Add a Document

Case Sub Types : Guardianship of an Adult Person Only

Document Category

Document Type *

Additional Text

Page Count

Acceptable File Format Type(s) (*.doc,*.docx,*.pdf)

Document Location No file chosen

Add to Submission

Document Name	View Document	Edit Data	Size	Pg Count	Remove
Case Data			0.01 MB		
			Total Size:	0.0 MB	



- 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.

[Home](#) ⇒ [New Case Filing: Court](#) ⇒ [New Case Filing: Case Type](#) ⇒ [Case Sub Types](#) ⇒ [Case Initiation](#) ⇒ [Add a Document](#)

Case Sub Types : Guardianship of an Adult Person Only

Document Category

Document Type *

Additional Text

Page Count

Acceptable File Format Type(s) (*.doc,*.docx,*.pdf)

Document Location No file chosen

Add to Submission No file chosen

Document Name	View Document	Edit Data	Size	Pg Count	Remove
Case Data			0.01 MB		
			Total Size:	0.0 MB	

[Home](#) ⇒ [New Case Filing: Court](#) ⇒ [New Case Filing: Case Type](#) ⇒ [Case Sub Types](#) ⇒ [Case Initiation](#) ⇒ [Add a Document](#)

Case Sub Types : Guardianship of an Adult Person Only

Document Category

Document Type *

Additional Text

Page Count

Acceptable File Format Type(s) (*.doc,*.docx,*.pdf)

Document Location No file chosen

Add to Submission

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	
			Total Size:	0.08 MB	



- 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		<u>0.18 MB</u>	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”

Review and Submit Filing

Case Title : DOE, JAME

Case Sub Types : Guardianship of an Adult Person Only

Client #

Estimated Fees: \$199.00

- ☒ Pay by Credit Card
- ☐ Special Waiver
- ☐ Government Agency

Generated Case Data:

[Change Case Data](#)

Document(s) to be Submitted:

[Add/Remove Documents](#)

Document Name	View Document
Adult Guardianship Service Information	Test 04 Adult GDN Service Info.pdf
Application for Appointment of Guardian	Test 01 Application for Appointment.pdf
Next of Kin	Test 02 Next of Kin.pdf
Affidavit of Additional Information	Test 03 Prospective Wards Financial Information.pdf
Statement of Expert Evaluation - First	Test 05 SOEE.pdf
Guardian - Fiduciary's Acceptance	Test 06 GDN Diduciarys Acceptance.pdf
Affidavit of Custody	Test 07 Adult Jurisdiction Affidavit.pdf

Special Filing Instructions for the Clerk:

[Back](#) [Cancel \(Delete\)](#) [Move to Draft](#) [Submit the Filing](#)

[Submit the Filing](#)

Review and Submit Filing

Case Title : DOE, JAMES

Case Sub Types : Guardianship of an Adult Person Only

Client #

Estimated Fees: \$199.00

- ☐ Pay by Credit Card
- ☒ Special Waiver
- ☐ Government Agency

Generated Case Data:

[Change Case Data](#)

Document(s) to be Submitted:

[Add/Remove Documents](#)

Document Name	View Document
Adult Guardianship Service Information	Test 04 Adult GDN Service Info.pdf
Application for Appointment of Guardian	Test 01 Application for Appointment.pdf
Next of Kin	Test 02 Next of Kin.pdf
Guardian - Fiduciary's Acceptance	Test 06 GDN Diduciarys Acceptance.pdf
Statement of Expert Evaluation - First	Test 05 SOEE.pdf
Application Requesting Indigency Status	test 08-Application-Requesting-Indigent-Status 1.pdf
Affidavit of Additional Information	Test 03 Prospective Wards Financial Information.pdf
Affidavit of Custody	Test 07 Adult Jurisdiction Affidavit.pdf

Special Filing Instructions for the Clerk:

[Back](#) [Cancel \(Delete\)](#) [Move to Draft](#) [Submit the Filing](#)



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

efile.franklincountyoh.tyberacloud.net says

If fees are associated with this filing, you will be automatically prompted to enter a credit card or check payment. Payment of all fees is required before the filing will be submitted to the court.

Please be patient as this may take a few moments.

OK

Cancel



- 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

OHIO-FRANKLIN COUNTY - PROBATE COURT

Your Pay Location Code is PLC#2946

(614) 525-3894

Pay Location Code 2946

CUSTOMER ACCOUNT INFORMATION:

PAYMENT INFORMATION:

Payment Type

Credit Card

Billing Phone Number

Email

Payment Amount

Fee Amount (Non Refundable): \$5.97 Total Amount: \$204.97

First Name

Last Name

Billing Address

City

State

Zip

Card Number

Exp Date

CVV



[Terms and conditions](#)

☐ Customer Accepts

Make Payment



Success!



- 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



[Home](#) [eFile](#) [Cases](#) [My Profile](#) [Log Out](#) [?](#)

user: Jane Doe

[Home](#) » [New Case Filing: Court](#) » [New Case Filing: Case Type](#) » [Case Sub Types](#) » Submission Confirmation

Your Filing has been submitted

Case Type: Guardianship of an Adult Person Only - Adult Guardianship Service Information

Note: This filing is now being processed and added to the Clerk of Court document repository. Once the eFiling System has stored the documents associated with your filing, a receipt will be issued to you. You may view the status of this filing, and access your receipt for 60 days, after which it will be purged from this system. The documents will be retained and available long term through the Clerk of Court.

[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

