

# 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