Jeffrey D. Mackey, Judge
Franklin County Probate Court

Franklin County Probate Court
Guide to E-Filing Guardian's Annual Report

E-Filing Guardian's Annual Report

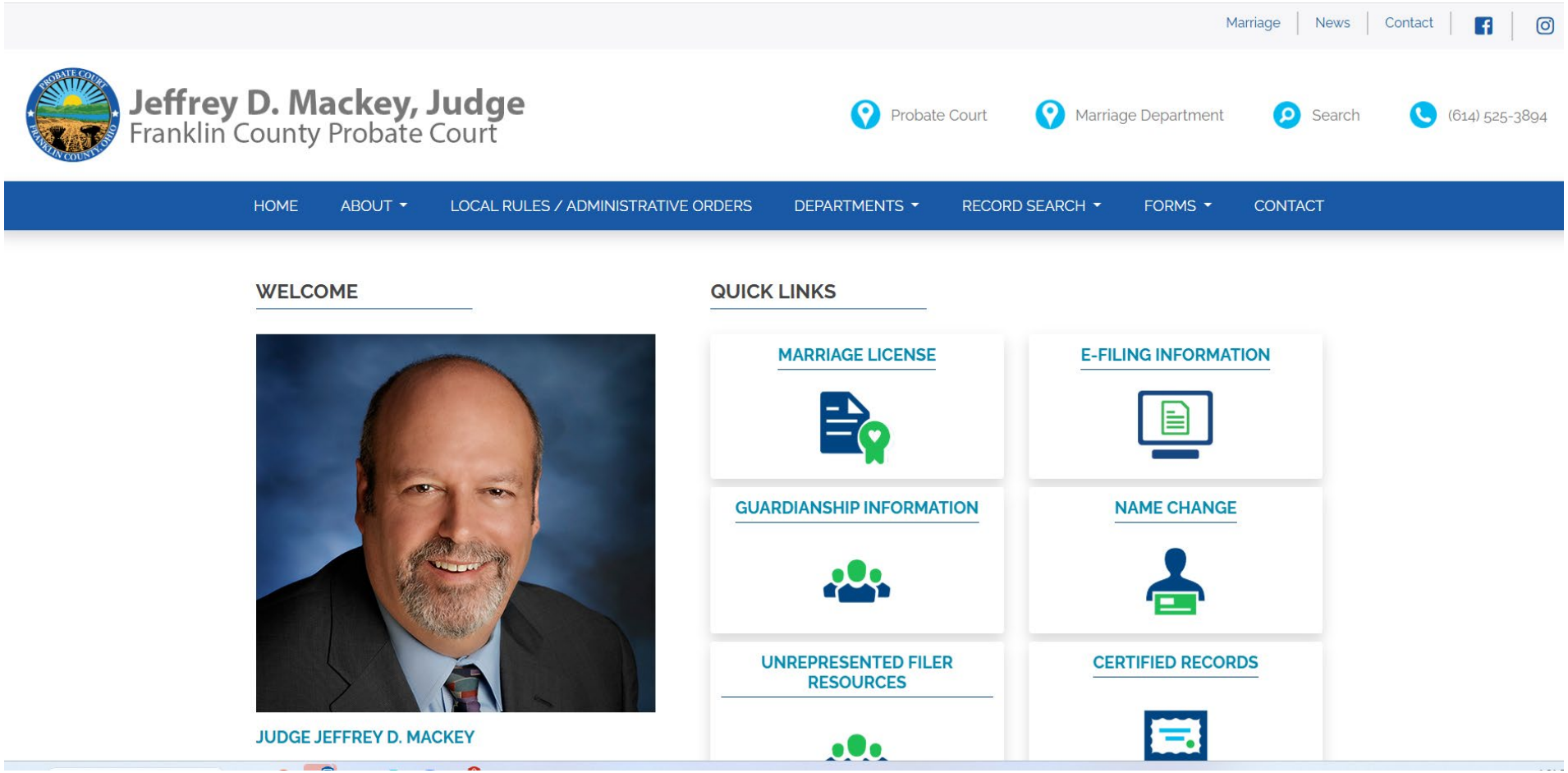
THIS PRESENTATION IS A GUIDE SHOWING HOW TO E-FILE GUARDIAN'S ANNUAL REPORT

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

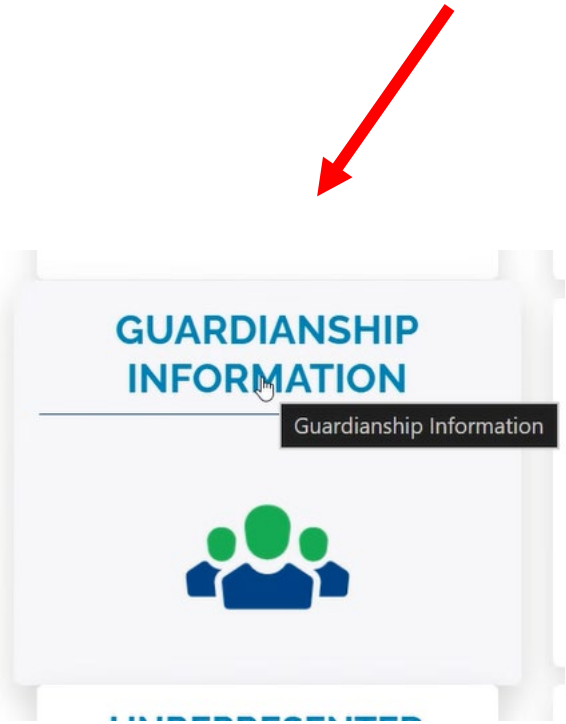
Connect to our website

https://probate.franklincountyohio.gov/home



Where to go

- Select Guardianship Information



- Then Select Guardianship Forms

- Scroll down and select Guardian's Annual Report

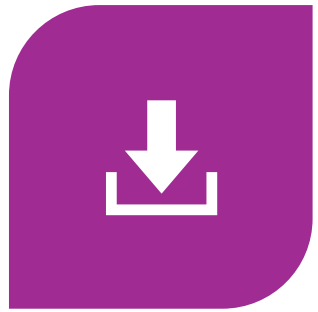
Form Number	Form Name
ePC-G-15.4C	Receipt-and-Release-of-All-Claims-(Custodial)
	GUARDIANSHIP - ANNUAL REPORTING
PC-G-17.7A	Guardian's Annual Report
PC-G-27.8	Annual Guardianship Plan - Estate
PC-G-27.7	Annual Guardianship Plan - Person
PC-G-27.5	Annual Registration Guardian Ten or More Wards
PC-G-27.6	Guardian with Ten or More Wards Annual Fee Schedule

Documents

SEE THE LIST OF GUARDIANSHIP FORMS

PRINT OUT GUARDIAN'S ANNUAL REPORT AND COMPLETE IT FULLY

PRINT OUT STATEMENT OF EXPERT EVALUATION AND HAVE THE APPROPRIATE MEDICAL PROFESSIONAL COMPLETE IT



SAVE AS (2) INDIVIDUAL PDF FILES

Guardian’s Annual Report

PC-G-17.7A (Rev. 4-2017)

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

IN THE MATTER OF
THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S ANNUAL REPORT
[R.C. 2111.49]

The undersigned, guardian of the above-named ward, states that my annual report to the Court is as follows:

Ward's age: _____ Ward's date of birth: _____

Ward's Address: _____
Name of Facility, if applicable
_____
Street
_____
City, State, Zip Code
_____
Telephone Number and Area Code

Ward's residence is:

☐ own home ☐ group home ☐ nursing home
☐ foster or boarding home ☐ guardian's home ☐ hospital or medical facility
☐ relatives home (list name and address): _____
_____
☐ other: _____

If the ward resides in a facility, the name and title of the administrator or person in charge is: _____
_____

The ward has resided in the present residence since _____

If the ward has moved within the last year, state the reason for the move: _____

Your ward is in a ☐ locked ☐ unlocked setting.

Is the ward restrained or has the need for restraints been presented within the past year? ☐ yes ☐ no

If yes, explain: _____

CASE NO. _____

Has your ward changed to a more or less restrictive environment in the past year?

☐ no change ☐ more restrictive ☐ less restrictive

Is the ward currently in the least restrictive environment for the ward's needs? ☐ yes ☐ no

It is my opinion that the ward's present care is: ☐ adequate ☐ inadequate

If inadequate, explain: _____

Do you have recommendations concerning the ward's welfare? ☐ yes ☐ no

If yes, explain: _____

How often do you personally visit your ward? ☐ daily ☐ weekly ☐ monthly ☐ yearly ☐ never

Do you contact your ward in other ways? ☐ telephone ☐ mail ☐ social worker ☐ other

If "other" please specify: _____

The date of your last visit was: _____

Are you kept informed of your ward's physical and mental condition by medical and/or human services staff? ☐ yes ☐ no

If yes, please specify: _____

During the past year, I believe the ward's physical condition has: ☐ remained the same ☐ improved ☐ deteriorated

if there has been a change in the ward's physical condition, describe the change: _____

Name of ward's physician: _____

Physicians address: _____

Date of ward's last visit to physician: _____

CASE NO. _____

List any public or private professionals actively involved with your ward within the past year: _____

Check one of the following:

☐ I believe that the continuation of the guardianship is necessary.

☐ I do not believe that the continuation of the guardianship is necessary for the following reasons:

Within the past year, have you developed any disabilities which hinder your duties as guardian? ☐ yes ☐ no

If yes, explain: _____

Do you currently serve as the guardian to ten or more wards ? ☐ yes ☐ no

Are you aware of any circumstances that may disqualify you from serving as a guardian for this ward? ☐ yes ☐ no

Are you able to continue to serve as guardian? ☐ yes ☐ no

My attorney is as follows:

_____
Attorney Name
_____
Address
_____
City, State, Zip Code
_____
Telephone Number (include area code)

Attached is a statement by a physician, clinical psychologist, licensed clinical social worker, or developmental disability team that has evaluated or examined the ward within three (3) months prior to the date of this report regarding the need for continuing the guardianship unless the court previously dispensed with the filing of a Statement of Expert Evaluation.

_____
Date

_____
Guardian's Signature
_____
Typed or Printed Name
_____
Address
_____
City, State, Zip Code
_____
Home Telephone Number (include area code)
_____
Business Telephone Number (include area code)

Knowingly giving false information on a probate document is a criminal offense.
[R.C. 2921.13(A)(11)]

Reset Form

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: _____

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

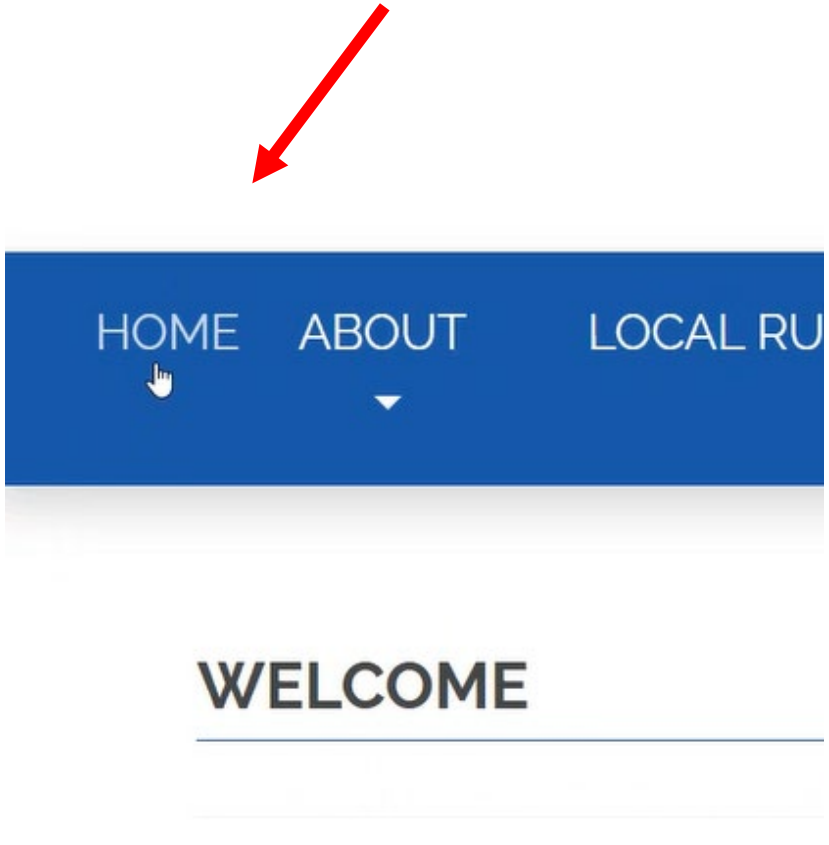
Date: _____ Signature of Evaluator _____

psoe

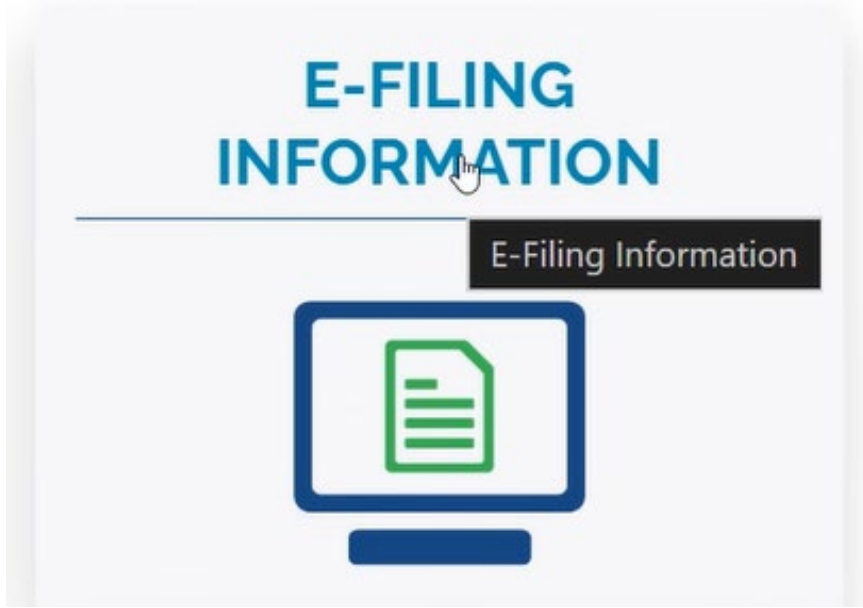
FRANKLIN COUNTY FORM G-17.1A - STATEMENT OF EXPERT EVALUATION
(PAGE 4)

Return To The Probate Website

- Return to the Probate Website and 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.

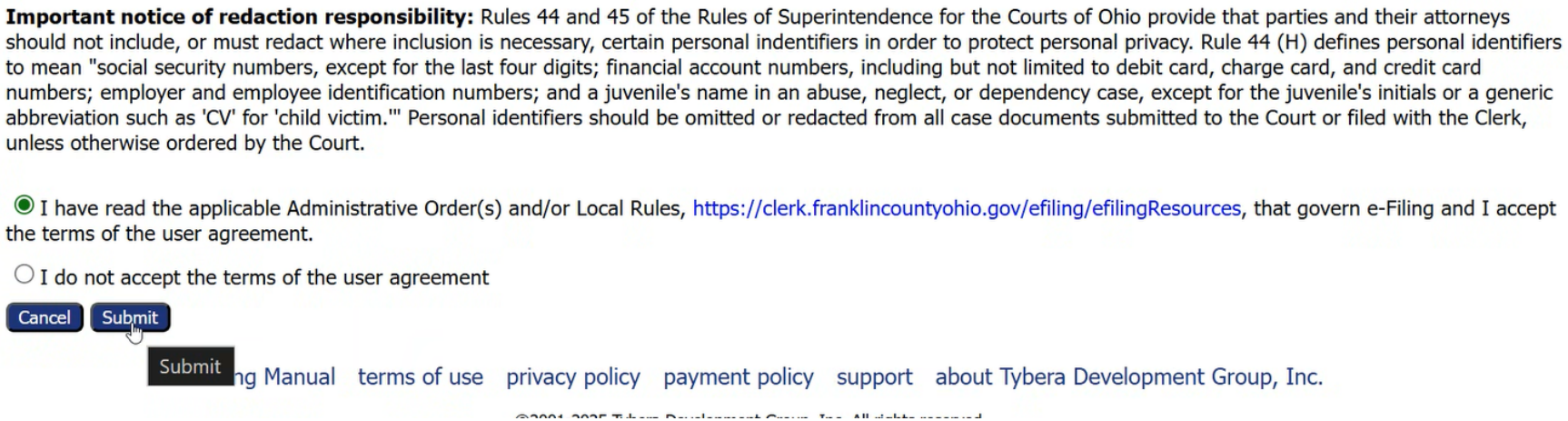
New Users

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

Request Account

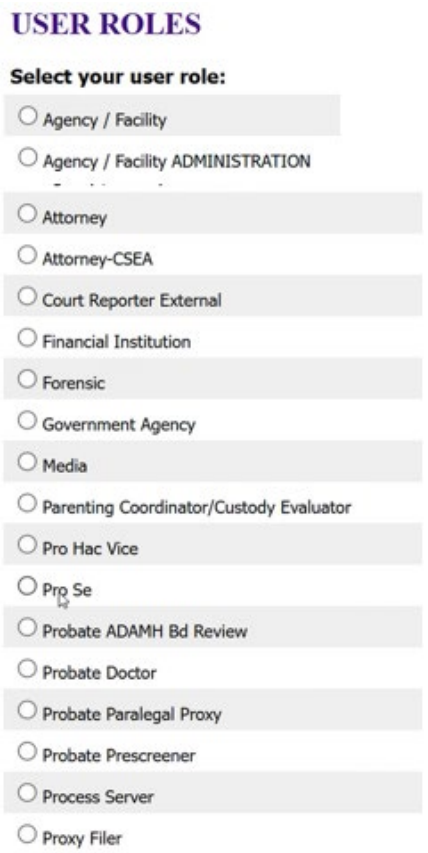
Creating an Account

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

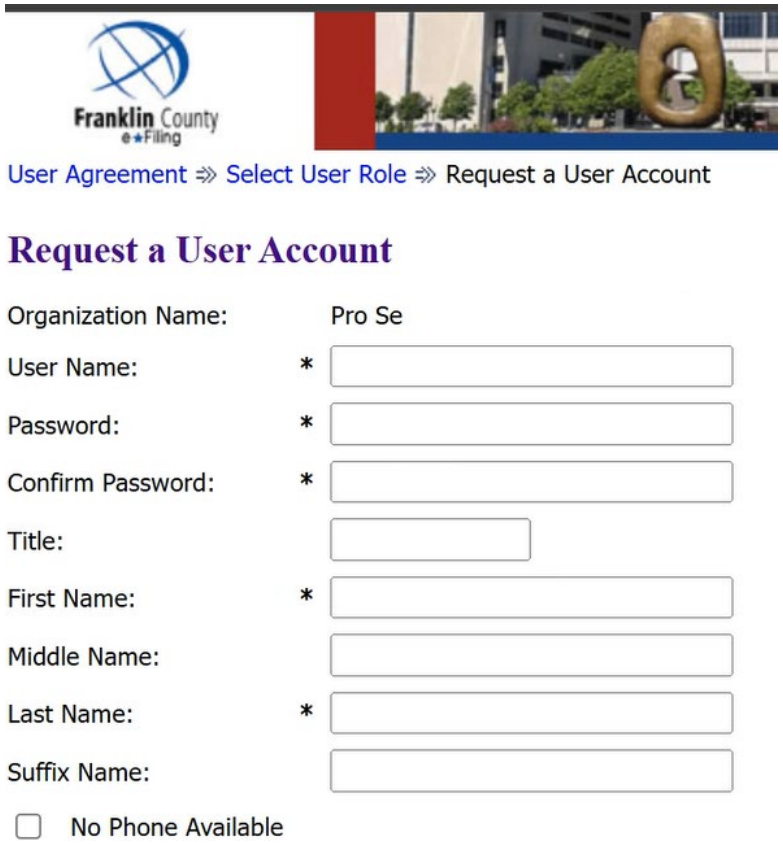


Creating an Account

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

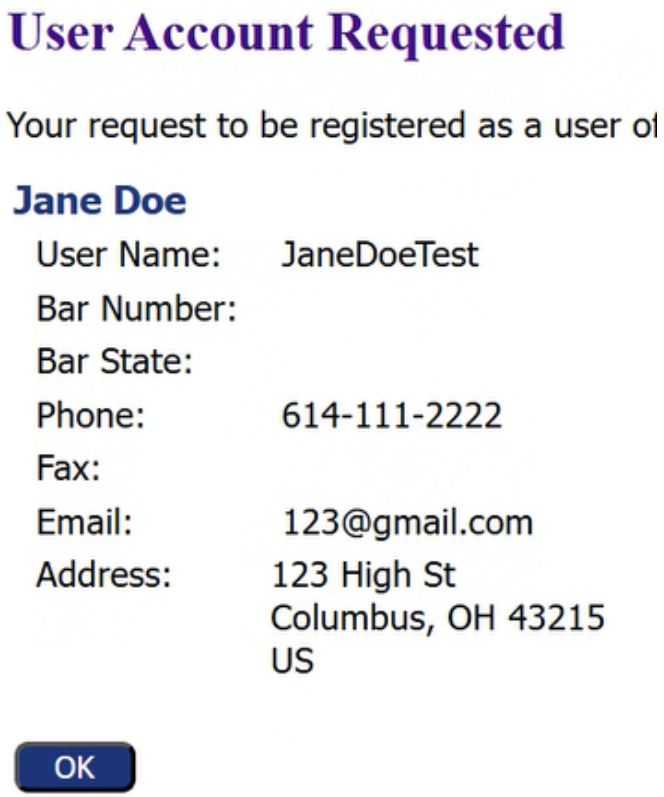


- Complete mandatory fields

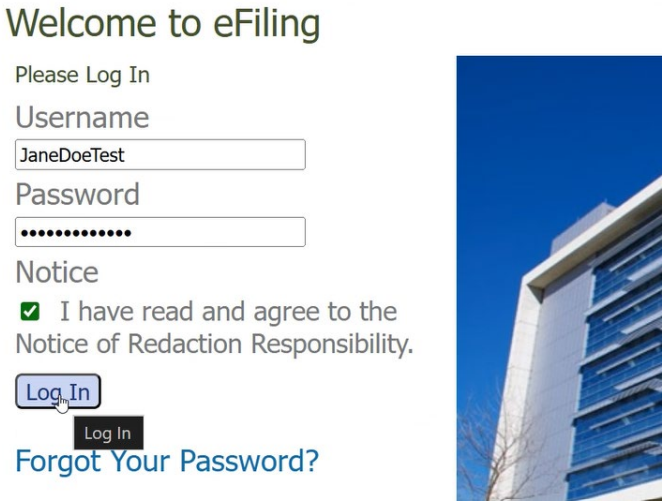


Logging In To eFile

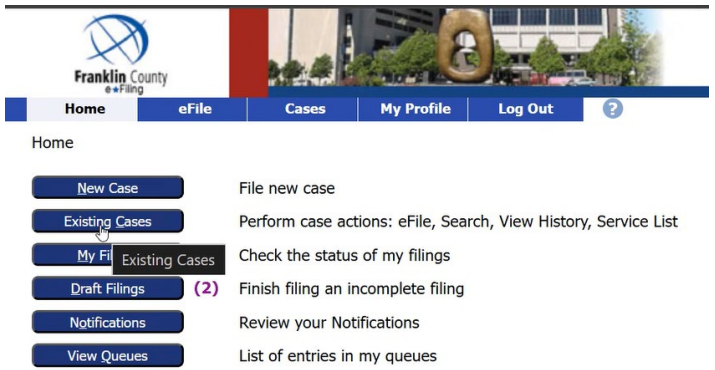
- Your account will be created



- You will log in

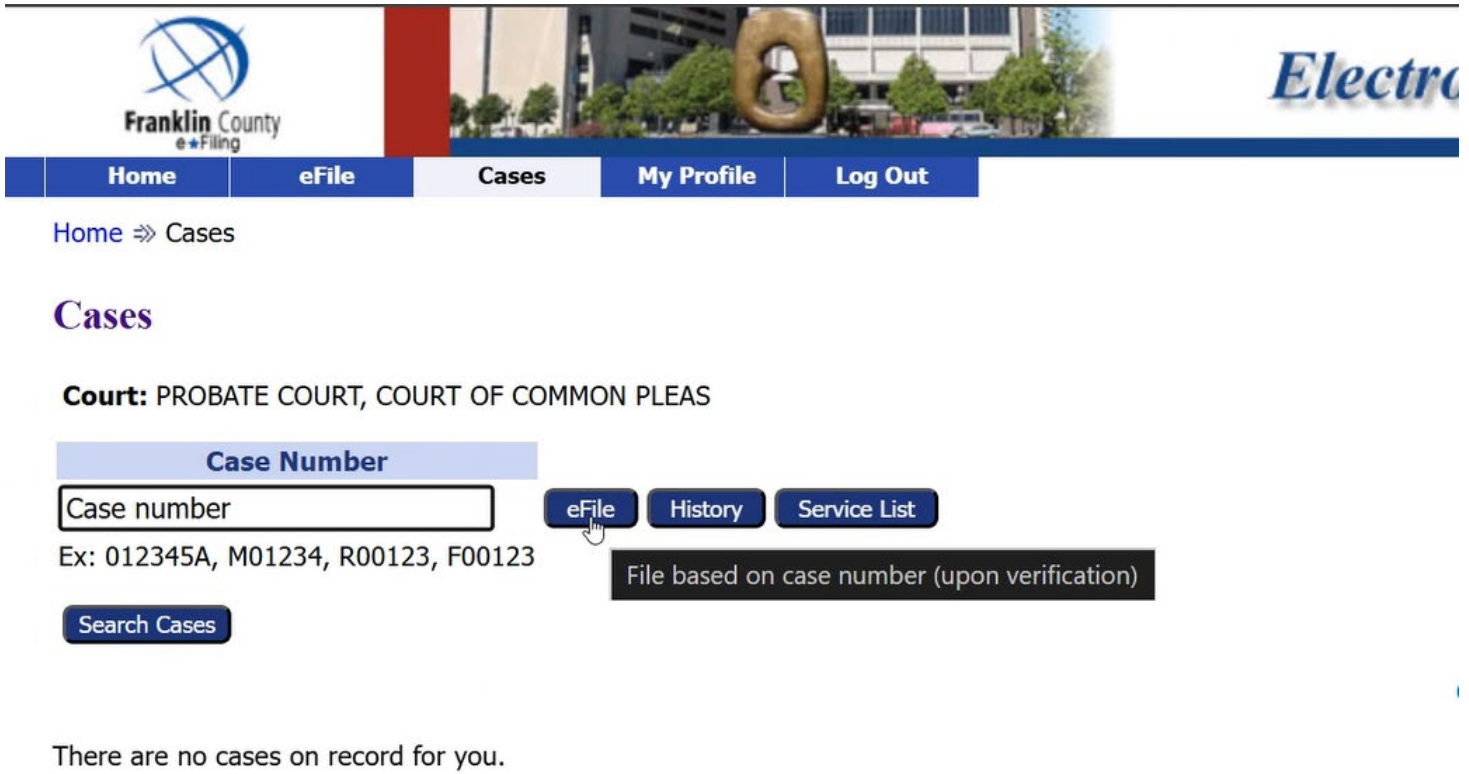


- Select Existing Case



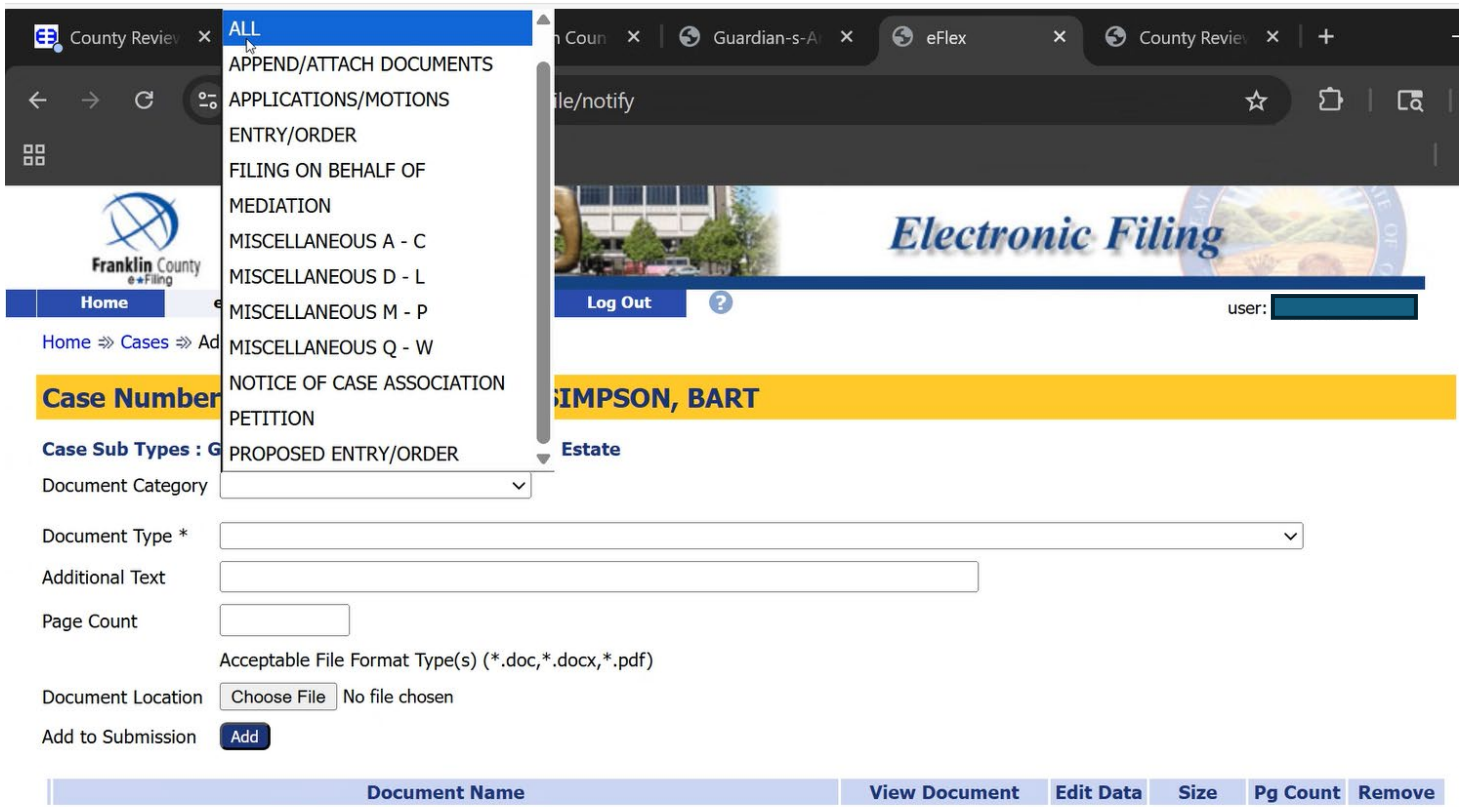
eFiling Documents

- Enter your Case Number
- Then select eFile



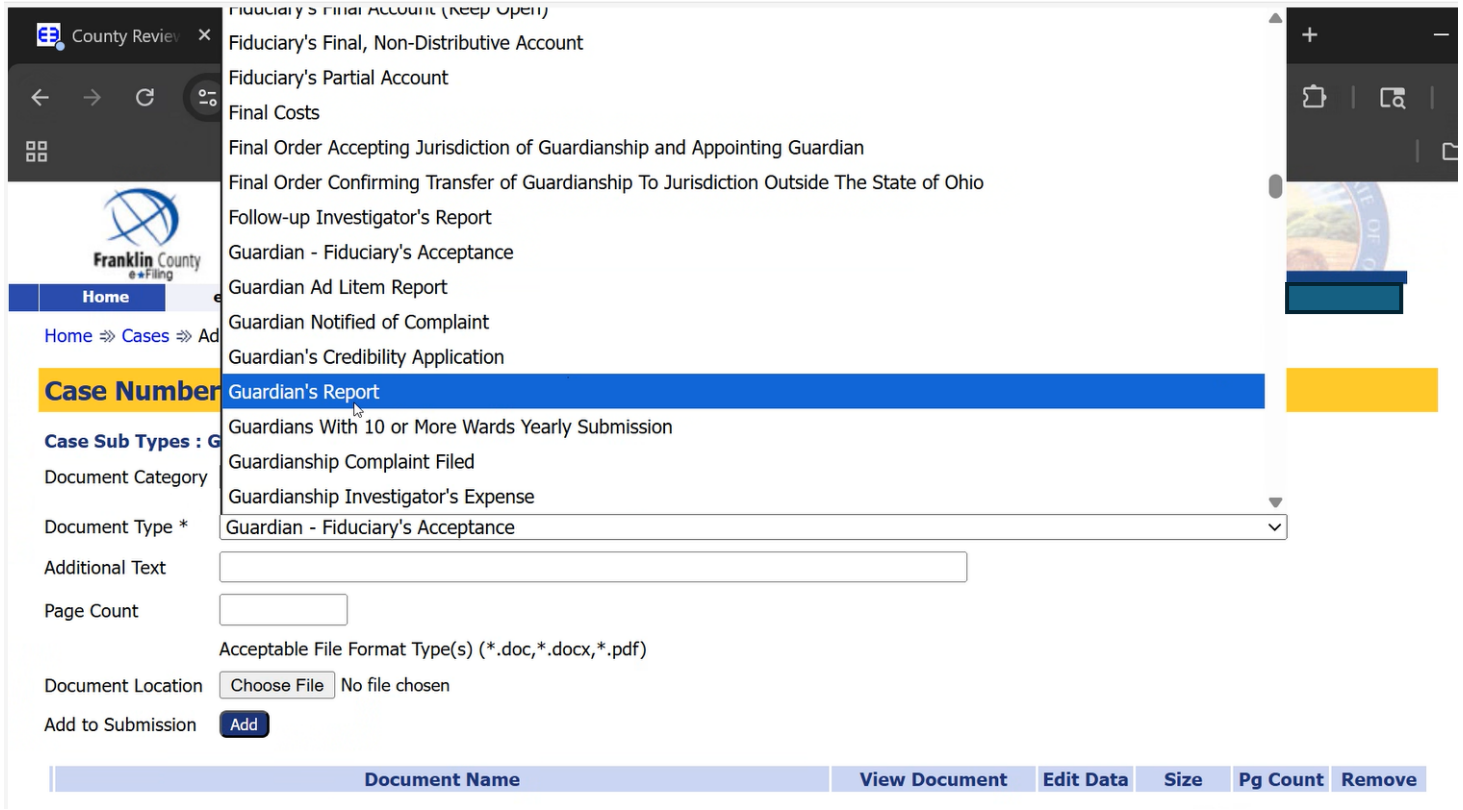
eFiling Documents

- In the Document Category you will select All



eFiling Document

In the Document Type you will select Guardian's Report



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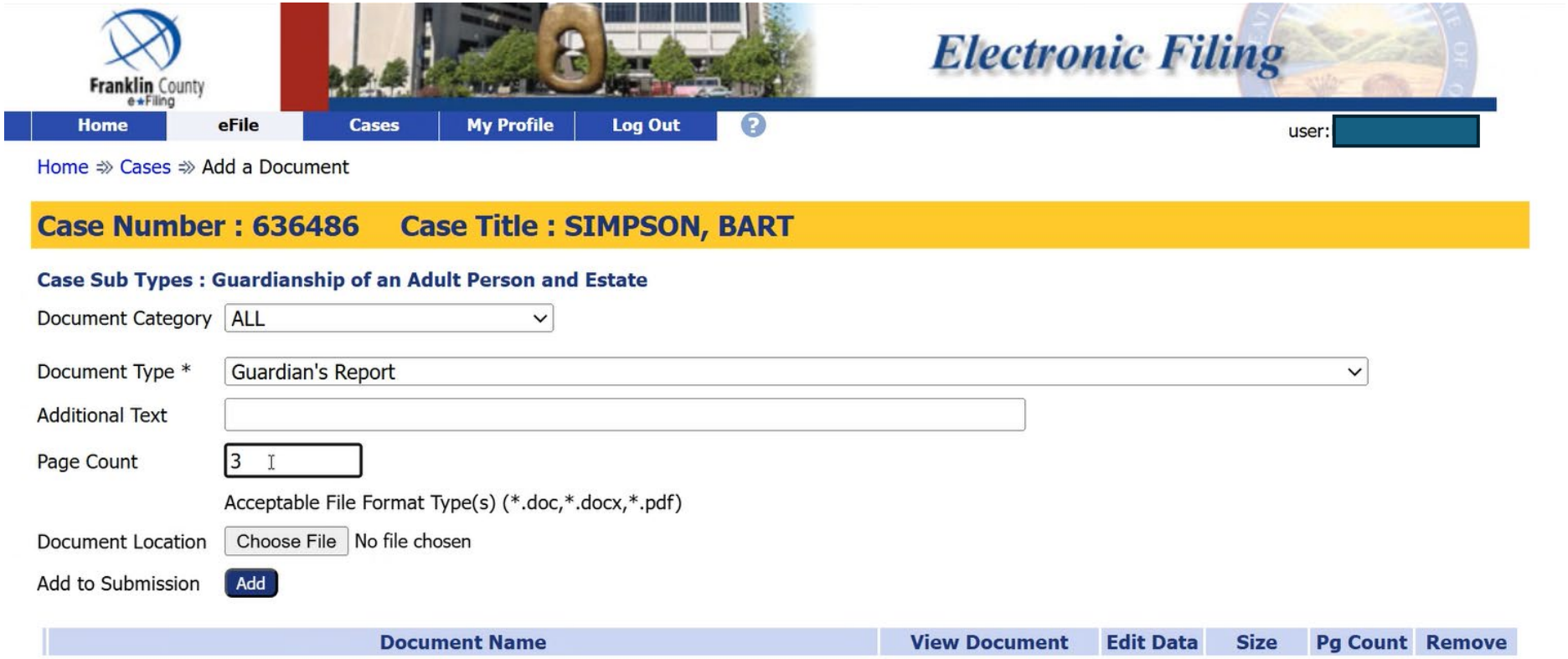
Put in the correct number of pages



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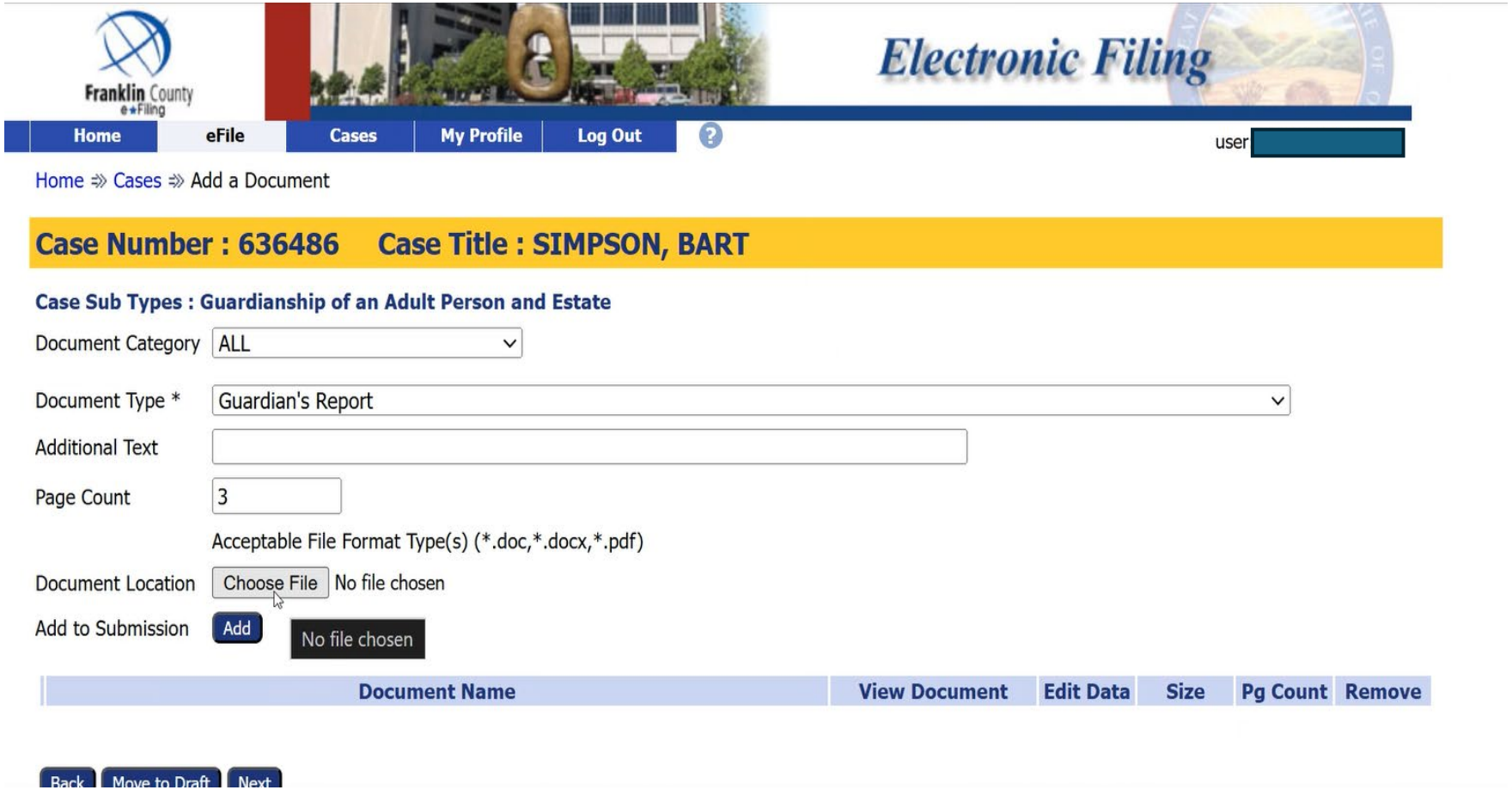
- Choose the File



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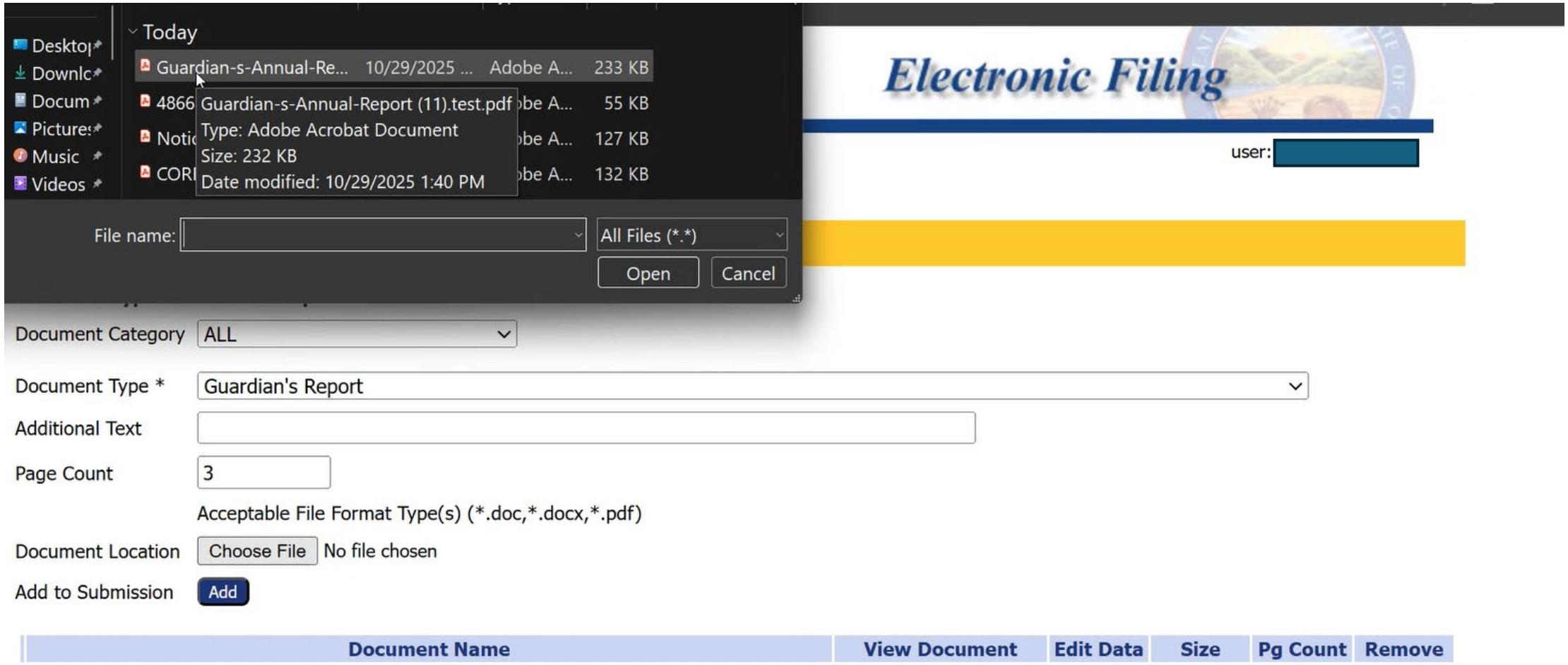

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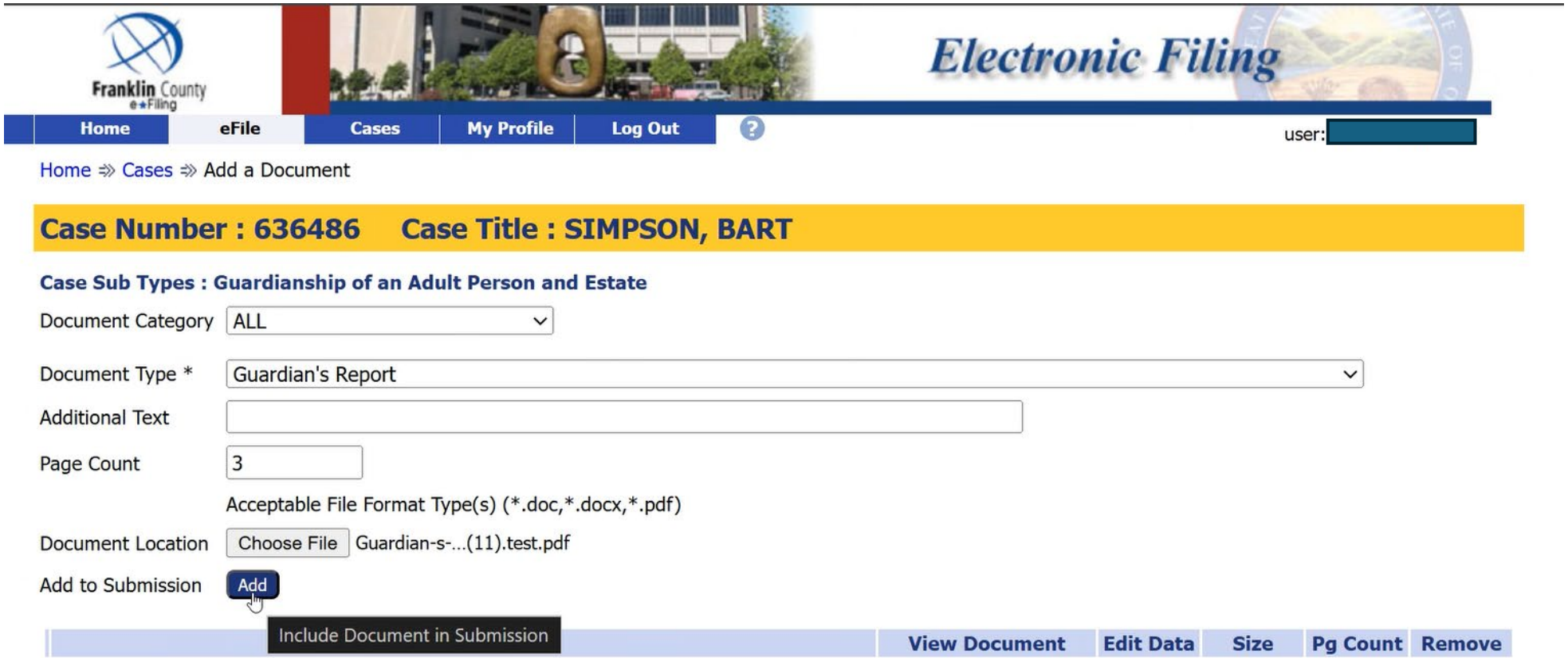
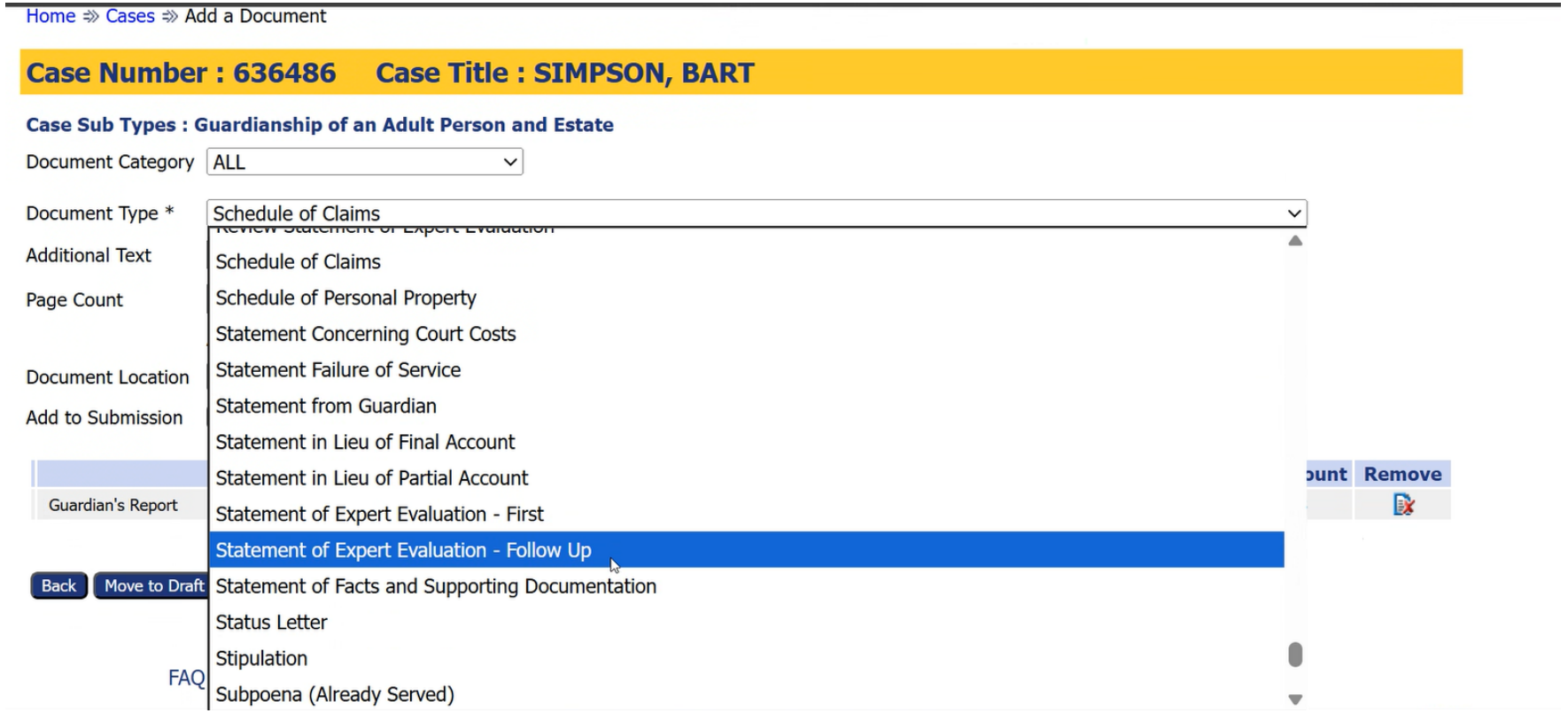
- Add the File



eFiling Documents

- You will also need to upload a current copy of the Statement of Expert Evaluation



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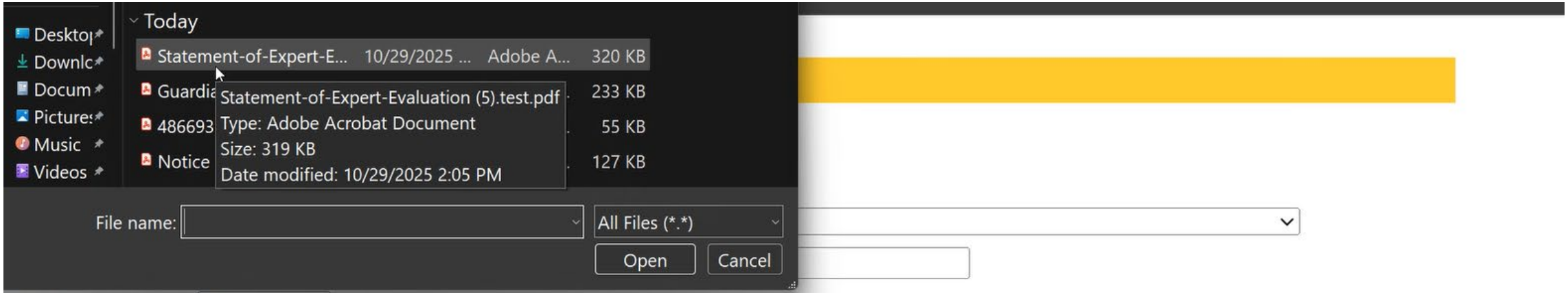


Page Count 4

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

Document Location Choose File No file chosen

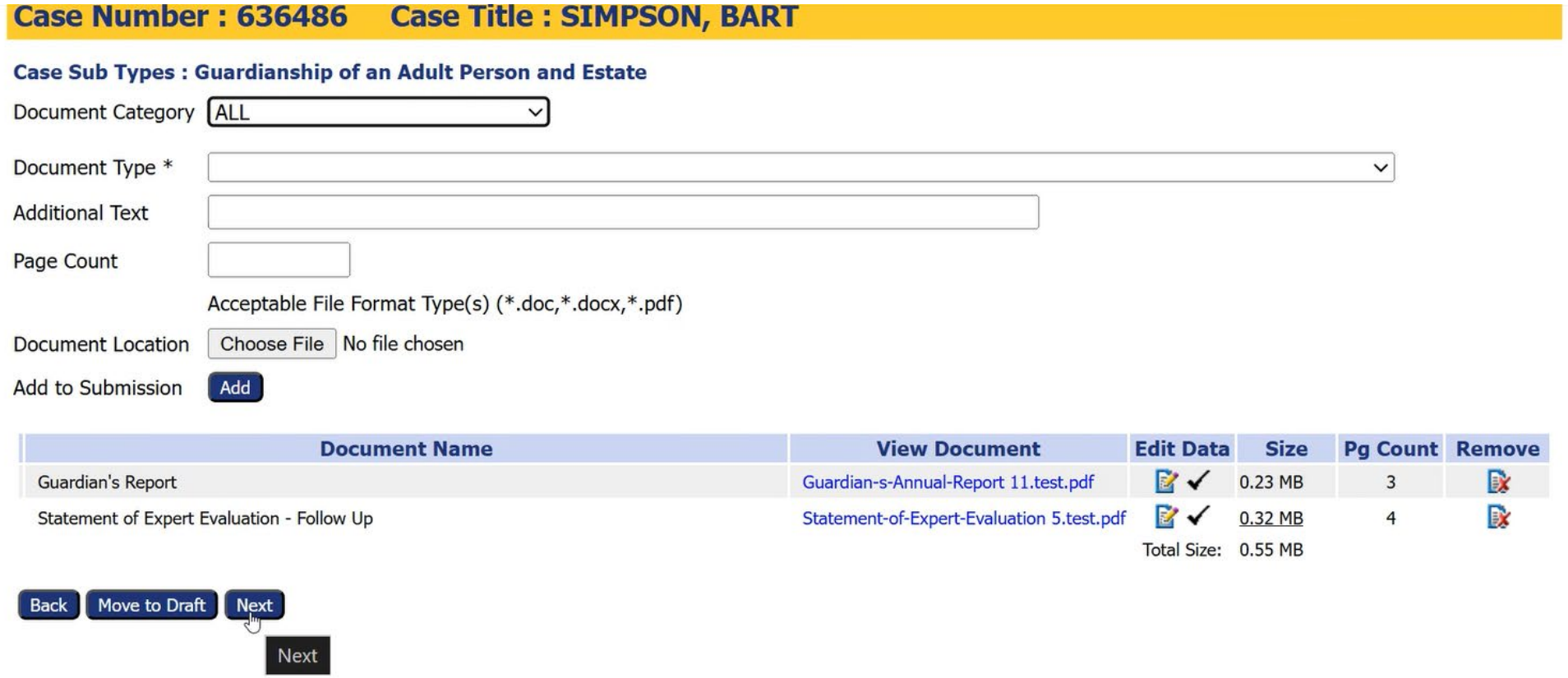
Add to Submission Add

Document Name	View Document	Edit Data	Size	Pg Count	Remove
Guardian's Report	Guardian-s-Annual-Report 11.test.pdf	✓	0.23 MB	3	
		Total Size:	0.23 MB		

Back Move to Draft Next

eFiling Documents

- Once both files are added you will select next



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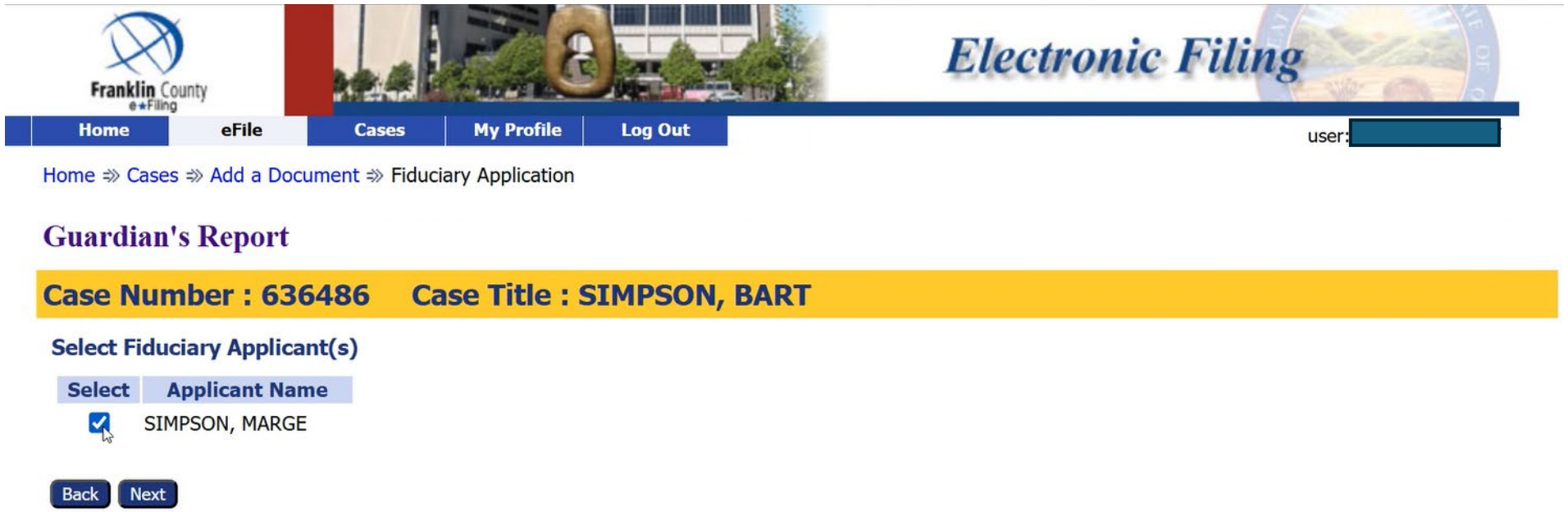
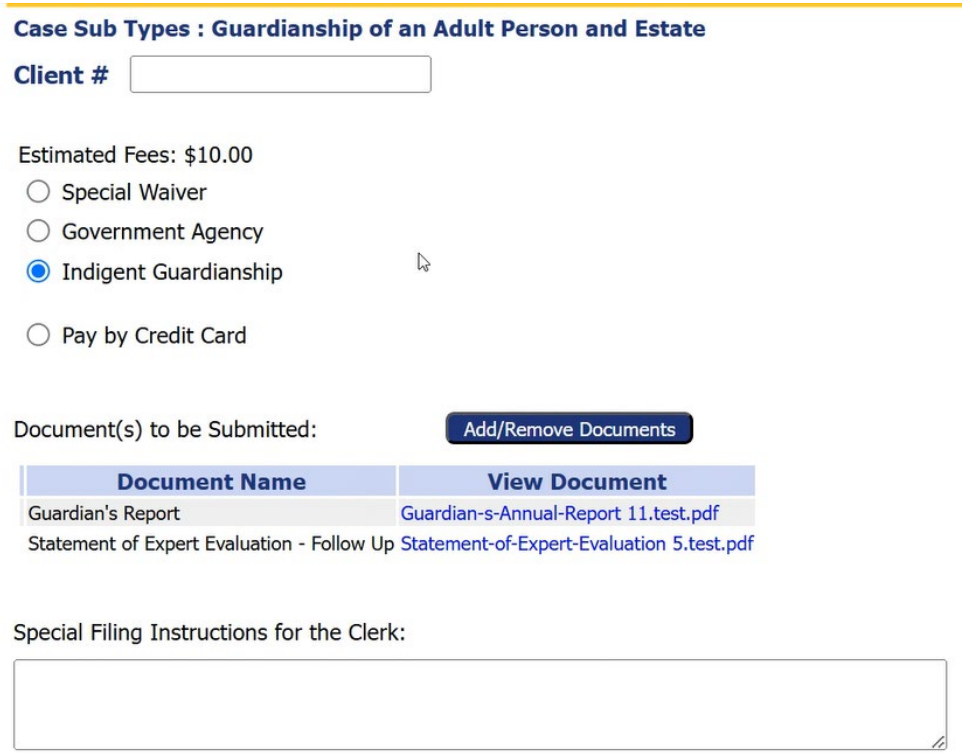
- The Guardian's name should appear as the Fiduciary
- You will click the box under Select
- Then click Next

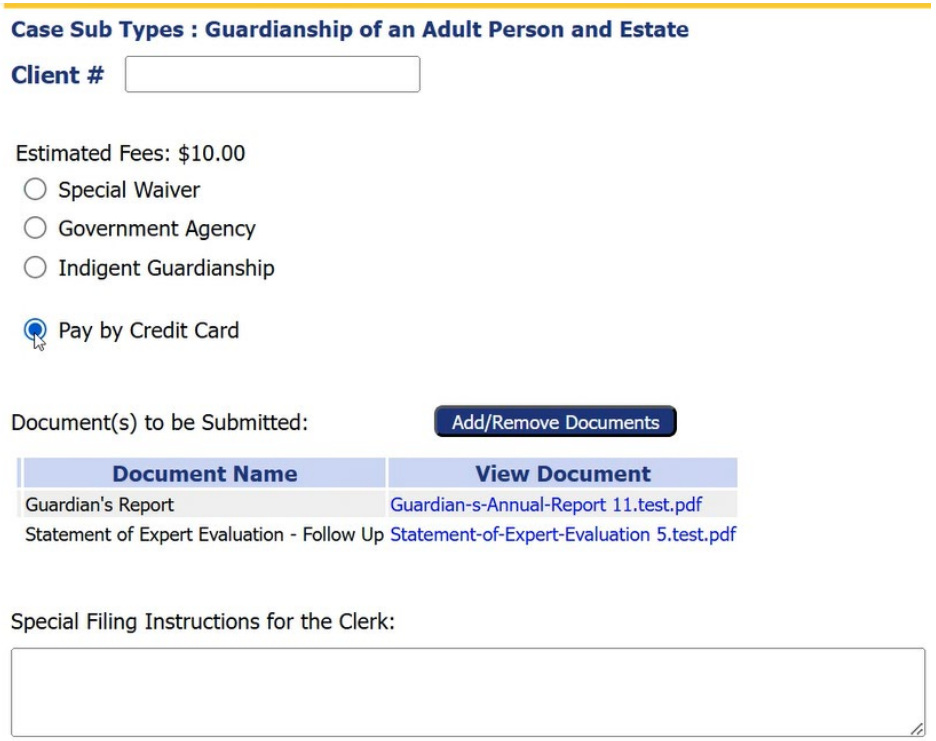


Documents

If your Ward is Indigent you will select Indigent



If you are not Indigent you will select to pay by Credit Card



Submit the Filing

Document(s) to be Submitted: Add/Remove Documents

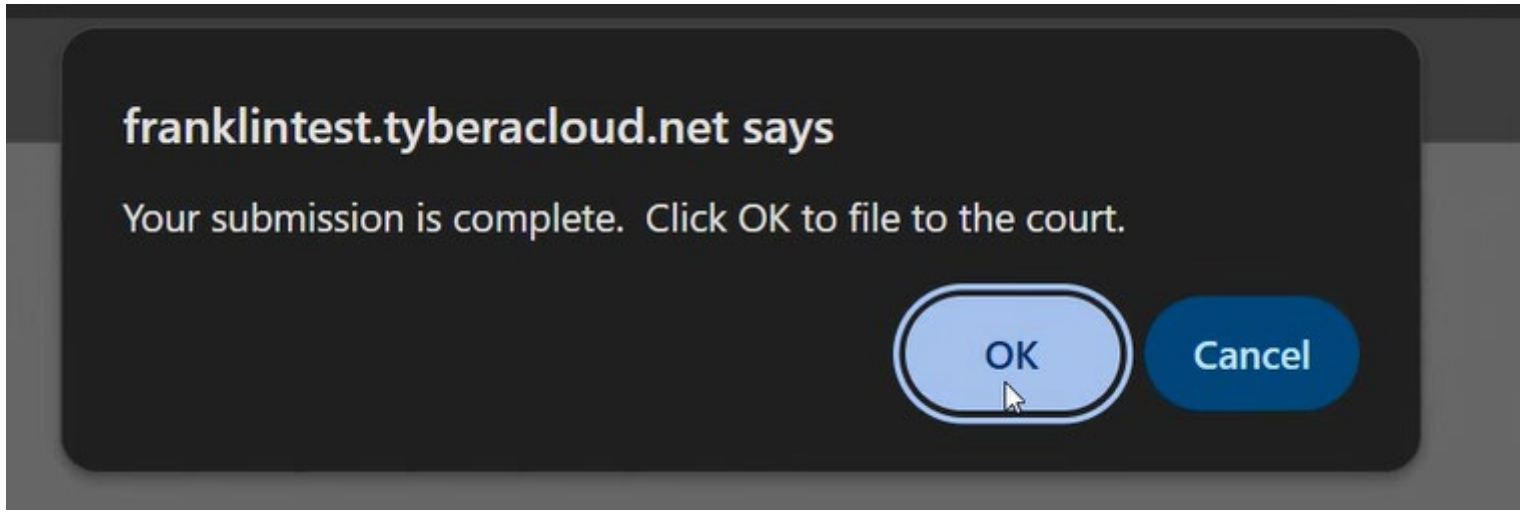
Document Name	View Document
Guardian's Report	Guardian-s-Annual-Report 11.test.pdf
Statement of Expert Evaluation - Follow Up	Statement-of-Expert-Evaluation 5.test.pdf

Special Filing Instructions for the Clerk:

Back | Cancel (Delete) | Move to Draft | Submit the Filing

Submit the Filing

You will see this when your Submission is Complete



Confirmation Page

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Filing ID: Court Case #: Client #: Status: All

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Filings per page:

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	Filing ID	Client #	Case Title	Court Case #	▼ Date Submitted	Document Type	Court Division	Status
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Number of Filings: 1

1

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Thank You

- 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

373 South High Street, 22nd Floor
probate@franklincountyohio.gov
615-525-3894
614-525-3841