



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

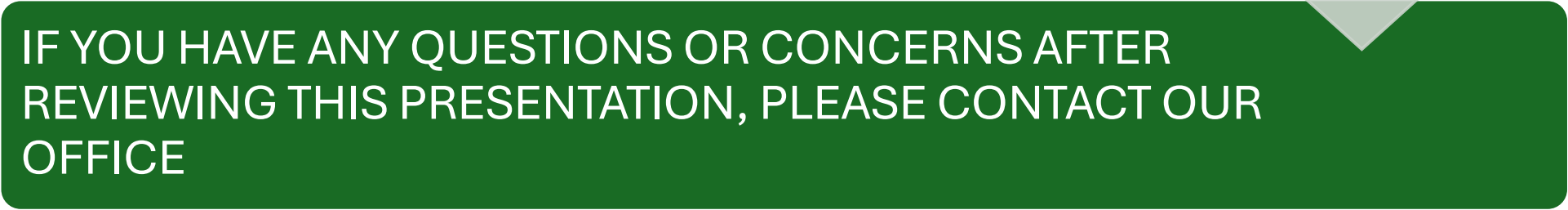
THIS PRESENTATION IS A GUIDE SHOWING HOW TO E-FILE
GUARDIAN'S ANNUAL REPORT



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>

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

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WELCOME



JUDGE JEFFREY D. MACKEY

QUICK LINKS

[MARRIAGE LICENSE](#)

[GUARDIANSHIP INFORMATION](#)

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[E-FILING INFORMATION](#)

[NAME CHANGE](#)

[CERTIFIED RECORDS](#)



Where to go

- Select Guardianship Information



- Then Select Guardianship Forms



- Scroll down and select Guardian's Annual Report

Form Number	Form Name
PC-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



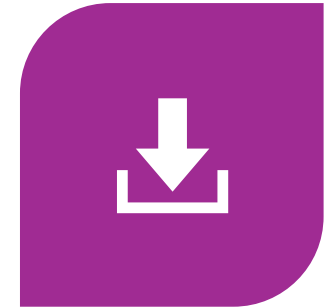
SEE THE LIST OF GUARDIANSHIP
FORMS



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: _____

FRANKLIN COUNTY FORM 17.7A - GUARDIAN'S ANNUAL REPORT
(PAGE 1)

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: _____

FRANKLIN COUNTY FORM G-17.7A - GUARDIAN'S ANNUAL REPORT
(PAGE 2)

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)]
FRANKLIN COUNTY FORM G-17.7A - GUARDIAN'S ANNUAL REPORT
(PAGE 3)

Reset Form



Statement of Expert Evaluation

PG-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: _____

PS00 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]

PS00 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 _____ 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 _____

CASE NO. _____

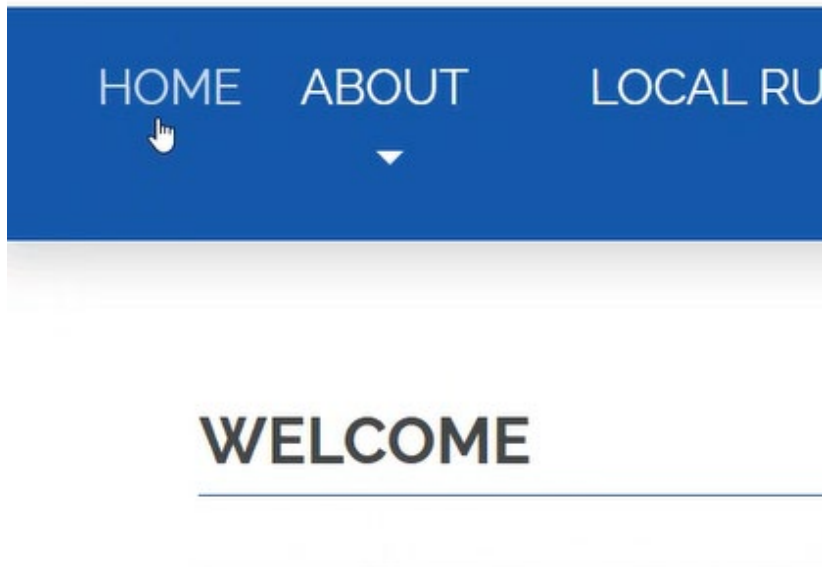
ADDITIONAL COMMENTS

Date _____ Signature of Evaluator _____

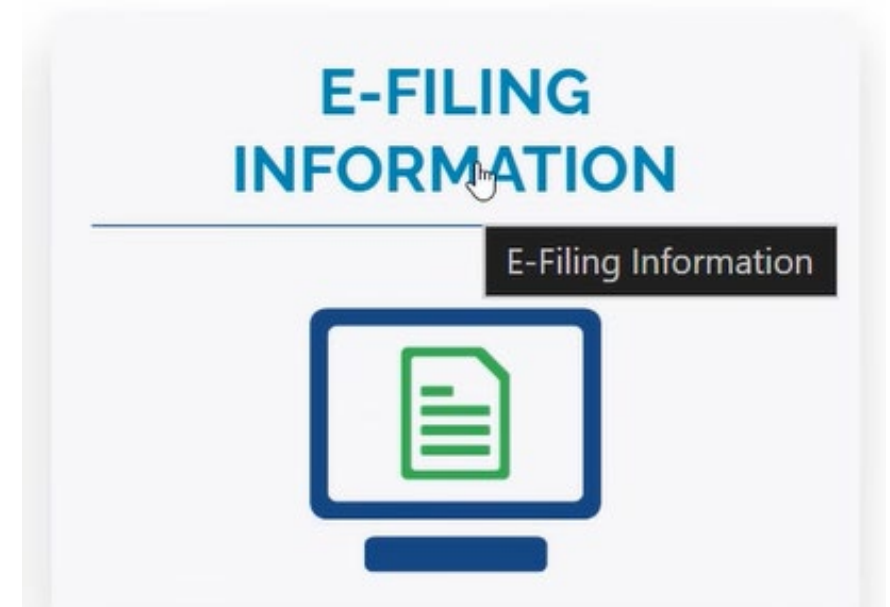


Return To The Probate Website

- 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](#)



powered by eFlex from Hyland

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



Creating an Account

- 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

[Filing Manual](#) [terms of use](#) [privacy policy](#) [payment policy](#) [support](#) [about Tybera Development Group, Inc.](#)

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Creating an Account

- 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	



Logging In To eFile

- 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.

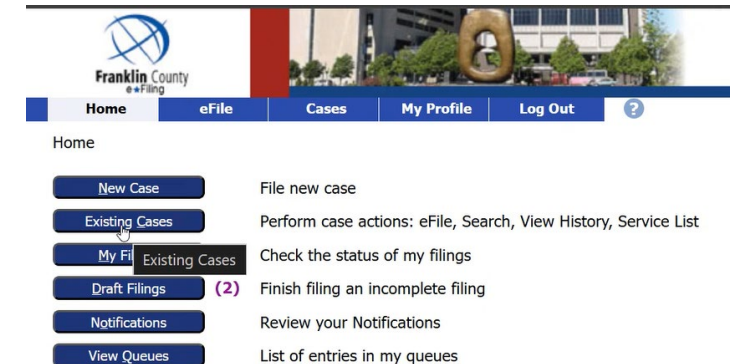
Log In

Log In

[Forgot Your Password?](#)



- Select Existing Case



The screenshot shows the Franklin County eFiling website. At the top is a navigation bar with links: Home, eFile, Cases, My Profile, Log Out, and a help icon. Below the navigation bar is a 'Home' section with a grid of buttons and descriptions:

Button	Description
New Case	File new case
Existing Cases	Perform case actions: eFile, Search, View History, Service List
My Fil Existing Cases	Check the status of my filings
Draft Filings (2)	Finish filing an incomplete filing
Notifications	Review your Notifications
View Queues	List of entries in my queues



eFiling Documents

- Enter your Case Number
- Then select eFile



The screenshot shows the Franklin County eFiling website. At the top is a banner with the Franklin County eFiling logo, a photograph of a building, and the word "Electro". Below the banner is a navigation bar with links: Home, eFile, Cases, My Profile, and Log Out. The "Cases" link is highlighted. Below the navigation bar, the text "Home ⇒ Cases" is displayed. The main heading is "Cases". Underneath, it says "Court: PROBATE COURT, COURT OF COMMON PLEAS". There is a section titled "Case Number" with a text input field labeled "Case number". Below the input field, it says "Ex: 012345A, M01234, R00123, F00123". To the right of the input field are three buttons: "eFile", "History", and "Service List". A tooltip is visible over the "eFile" button, stating "File based on case number (upon verification)". Below the input field and buttons is a "Search Cases" button.

Franklin County eFiling

Home eFile Cases My Profile Log Out

Home ⇒ Cases

Cases

Court: PROBATE COURT, COURT OF COMMON PLEAS

Case Number

Case number

Ex: 012345A, M01234, R00123, F00123

eFile History Service List

File based on case number (upon verification)

Search Cases

There are no cases on record for you.



eFiling Documents

- In the Document Category you will select All

County Review x

Franklin County eFiling

Home

Home » Cases » Ad

Case Number

Case Sub Types : G

Document Category

Document Type *

Additional Text

Page Count

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



eFiling Document

In the Document Type you will select Guardian's Report

The screenshot displays the Franklin County eFiling web application. The left sidebar contains navigation links: Home, Cases, and Ad. The 'Cases' link is active, and the 'Case Number' field is highlighted. Below this, the 'Case Sub Types : G' section is visible. The 'Document Category' dropdown is set to 'Guardian's Report'. The 'Document Type *' dropdown is open, showing a list of document types, with 'Guardian's Report' selected. The 'Additional Text' field is empty. The 'Page Count' field is also empty. The 'Document Location' section shows a 'Choose File' button and the text 'No file chosen'. The 'Add to Submission' button is labeled 'Add'. At the bottom, a table header is visible with columns: Document Name, View Document, Edit Data, Size, Pg Count, and Remove.

County Review

Franklin County eFiling

Home

Home ⇒ Cases ⇒ Ad

Case Number

Case Sub Types : G

Document Category

Document Type *

Additional Text

Page Count

Document Location

Add to Submission

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

Choose File No file chosen

Add

Guardian's Report

Guardians With 10 or More Wards Yearly Submission

Guardianship Complaint Filed

Guardianship Investigator's Expense

Guardian - Fiduciary's Acceptance

Guardian's Final Account (Keep Open)

Fiduciary's Final, Non-Distributive Account

Fiduciary's Partial Account

Final Costs

Final Order Accepting Jurisdiction of Guardianship and Appointing Guardian

Final Order Confirming Transfer of Guardianship To Jurisdiction Outside The State of Ohio

Follow-up Investigator's Report

Guardian - Fiduciary's Acceptance

Guardian Ad Litem Report

Guardian Notified of Complaint

Guardian's Credibility Application

Document Name View Document Edit Data Size Pg Count Remove



eFiling Documents

Put in the correct number of pages



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

user:

[Home](#) ⇒ [Cases](#) ⇒ Add a Document

Case Number : 636486 Case Title : SIMPSON, BART

Case Sub Types : Guardianship of an Adult Person and Estate

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
---------------	---------------	-----------	------	----------	--------



eFiling Documents

- Choose the File



Electronic Filing

Home eFile Cases My Profile Log Out ? user [redacted]

Home » Cases » Add a Document

Case Number : 636486 Case Title : SIMPSON, BART

Case Sub Types : Guardianship of an Adult Person and Estate

Document Category

Document Type *

Additional Text

Page Count

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

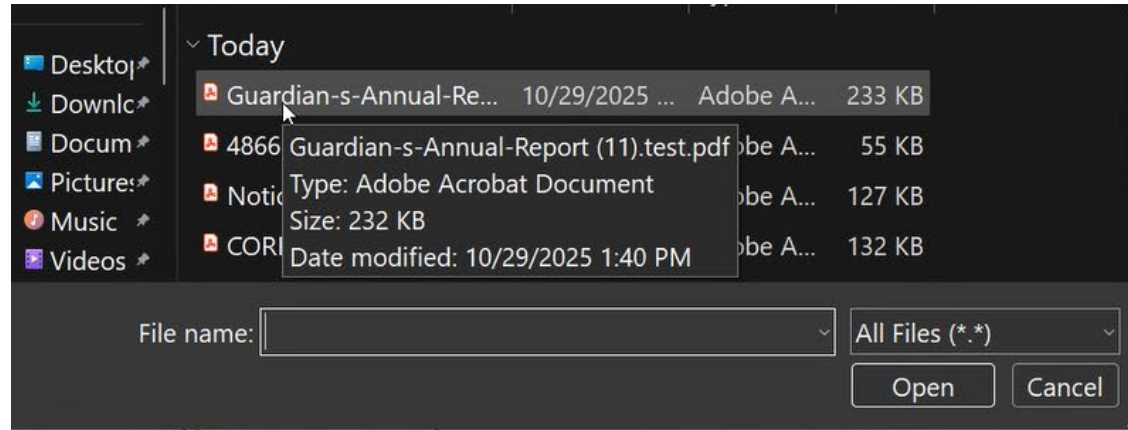
Document Location No file chosen

Add to Submission No file chosen

Document Name	View Document	Edit Data	Size	Pg Count	Remove
---------------	---------------	-----------	------	----------	--------



eFiling Documents



Electronic Filing

user:

Document Category ALL

Document Type * Guardian's Report

Additional Text

Page Count

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



eFiling Documents

- Add the File



Electronic Filing

Home eFile Cases My Profile Log Out ? user:

Home » Cases » Add a Document

Case Number : 636486 Case Title : SIMPSON, BART

Case Sub Types : Guardianship of an Adult Person and Estate

Document Category

Document Type *

Additional Text

Page Count

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

Document Location Guardian-s-...(11).test.pdf

Add to Submission

	Include Document in Submission	View Document	Edit Data	Size	Pg Count	Remove



eFiling Documents

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

[Home](#) » [Cases](#) » Add a Document

Case Number : 636486 Case Title : SIMPSON, BART

Case Sub Types : Guardianship of an Adult Person and Estate

Document Category

Document Type *

Additional Text

Page Count

Document Location

Add to Submission

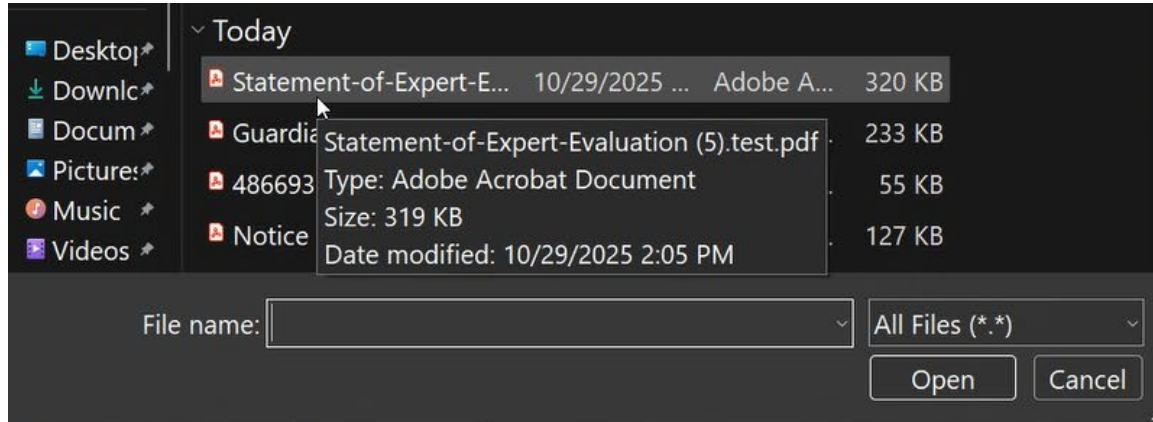
[Back](#) [Move to Draft](#)

[FAQ](#)

[Count](#) [Remove](#)



eFiling Documents



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
Guardian's Report	Guardian-s-Annual-Report 11.test.pdf		0.23 MB	3	
			Total Size:	0.23 MB	



eFiling Documents

- Once both files are added you will select next

Case Number : 636486 Case Title : SIMPSON, BART

Case Sub Types : Guardianship of an Adult Person and Estate

Document Category

Document Type *

Additional Text

Page Count

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

Document Location No file chosen

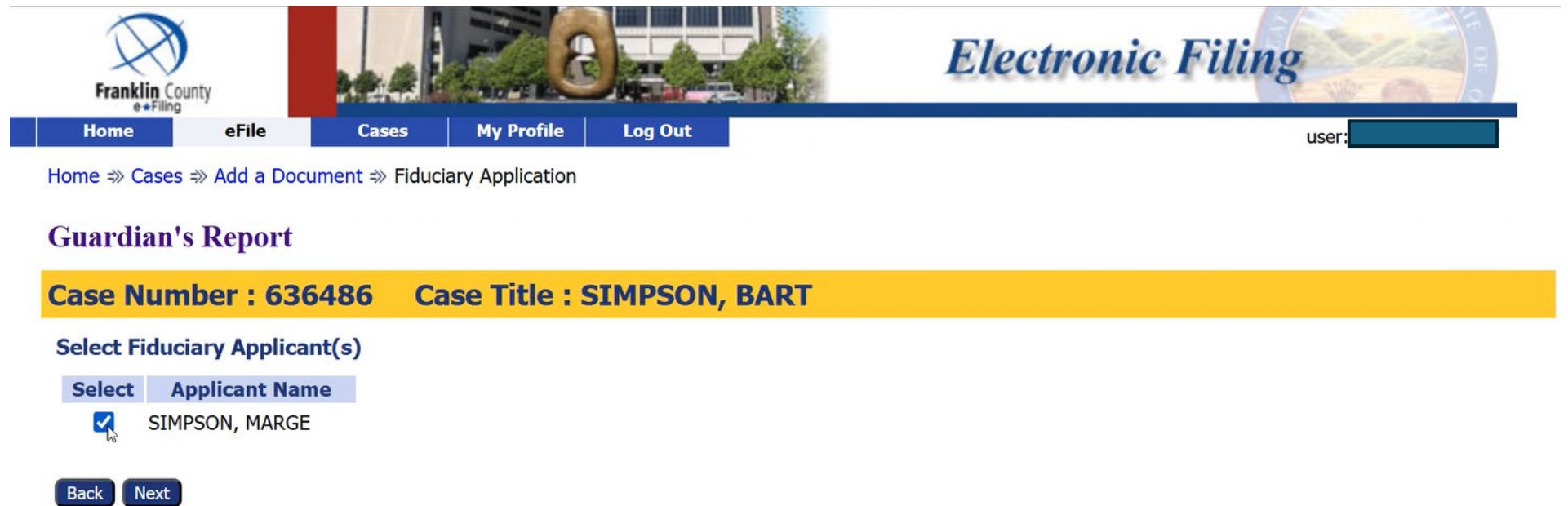
Add to Submission

Document Name	View Document	Edit Data	Size	Pg Count	Remove
Guardian's Report	Guardian-s-Annual-Report 11.test.pdf		0.23 MB	3	
Statement of Expert Evaluation - Follow Up	Statement-of-Expert-Evaluation 5.test.pdf		0.32 MB	4	
			Total Size:	0.55 MB	



eFiling Documents

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



The screenshot shows the Franklin County eFiling website interface. At the top, there is a header with the Franklin County eFiling logo on the left, a central image of a building, and the text "Electronic Filing" on the right. Below the header is a navigation bar with links: Home, eFile, Cases, My Profile, and Log Out. To the right of the navigation bar is a user login field labeled "user:". Below the navigation bar is a breadcrumb trail: Home » Cases » Add a Document » Fiduciary Application. The main content area is titled "Guardian's Report" in purple. Below this title is a yellow banner displaying "Case Number : 636486" and "Case Title : SIMPSON, BART". Underneath the banner is the section "Select Fiduciary Applicant(s)". This section contains a table with two columns: "Select" and "Applicant Name". In the "Select" column, there is a checked checkbox. In the "Applicant Name" column, the name "SIMPSON, MARGE" is listed. Below the table are two buttons: "Back" and "Next".

Franklin County eFiling

Electronic Filing

Home eFile Cases My Profile Log Out

user: []

Home » Cases » Add a Document » Fiduciary Application

Guardian's Report

Case Number : 636486 Case Title : SIMPSON, BART

Select Fiduciary Applicant(s)

Select	Applicant Name
☒	SIMPSON, MARGE

Back Next



Documents

If your Ward is Indigent you will select Indigent

Case Sub Types : Guardianship of an Adult Person and Estate

Client #

Estimated Fees: \$10.00

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

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:

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

Case Sub Types : Guardianship of an Adult Person and Estate

Client #

Estimated Fees: \$10.00

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

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:



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)

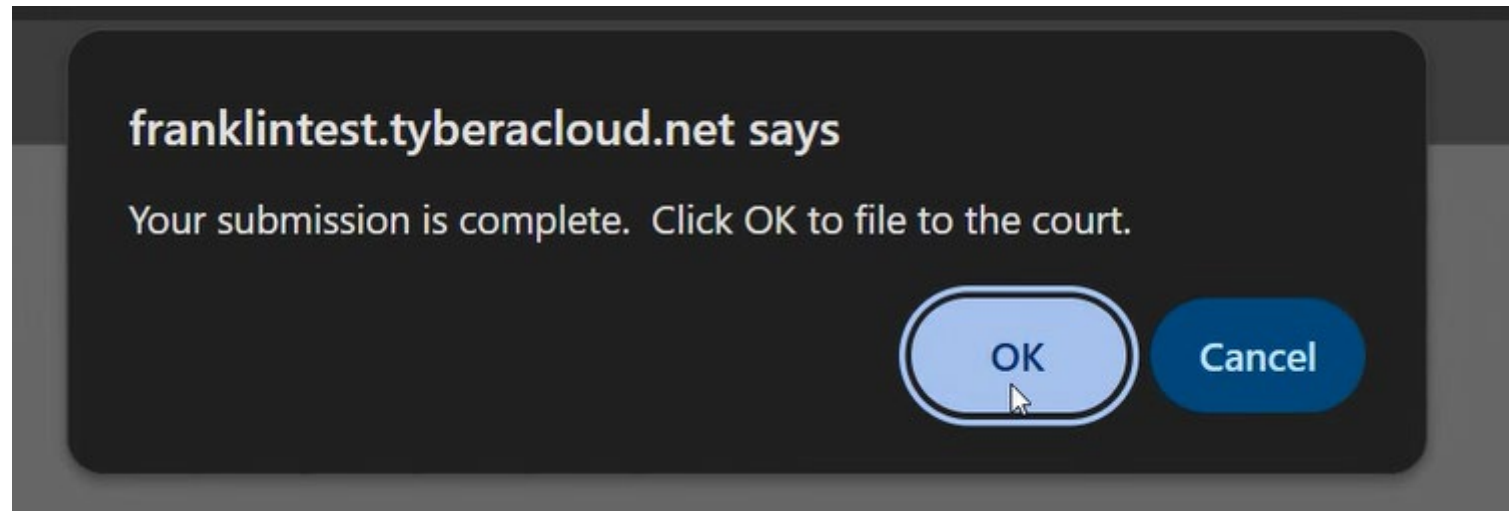
Move to Draft

Submit the Filing

Submit the Filing



You will see this when your Submission is Complete



Confirmation Page

*Electronic Filing*

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user:

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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

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