

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**ROBERT G. MONTGOMERY, 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: \_\_\_\_\_

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: \_\_\_\_\_

\_\_\_\_\_

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.**

[O.R.C. 2921.13(A)(11)]