

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

IN THE MATTER OF  
THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**ADULT GUARDIANSHIP INFORMATION SHEET**

At the time of the filing of the application for guardianship of the person or estate of an adult, you need the following:

1. A completed packet of forms, all forms must be signed in ink.
2. A photocopy of the Applicant's photo identification.
3. The original statement of expert evaluation completed and signed by a licensed physician or clinical psychologist.
4. Application fee of \$199.00 (includes investigator fee) via cashier's check, money order, or law firm check. No personal checks.
5. All applicants must provide a state of Ohio BCI background check prior to the hearing. More information on where to obtain a background check may be found at:  
[www.ohioattorneygeneral.gov/FAQ/Background-check-FAQs](http://www.ohioattorneygeneral.gov/FAQ/Background-check-FAQs)

If the applicant has not been an Ohio resident for the past five years, please also provide an FBI background check before the hearing. See [www.fbi.gov](http://www.fbi.gov) for more information.

After the guardianship hearing a guardianship clerk will contact you regarding outstanding court costs and filing fees due.

Ohio law requires that the subject of the guardianship application, the Prospective Ward, be visited by the court investigator and personally served notice of the application for guardianship. The visit from the probate court investigator must be completed at least 7 court days prior to the hearing date.

Franklin County Probate Court  
Judge Jeffrey D. Mackey  
373 South High Street, 22nd Floor  
Columbus, Ohio 43215

Website: [franklincountyohio.gov/probate](http://franklincountyohio.gov/probate)  
Guardianship Department Phone (614) 525-3841

**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: \_\_\_\_\_

Prospective Ward

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 ..... \$ \_\_\_\_\_

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 \_\_\_\_\_

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

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**ROBERT G. MONTGOMERY, JUDGE**

ESTATE OF  
GUARDIANSHIP OF  
TRUST OF \_\_\_\_\_

INCOMPETENT  
, DECEASED

CASE NO. \_\_\_\_\_

**ENTRY SETTING HEARING**

The Court orders that a hearing be set on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_ m.

to consider: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

as filed on the \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_. The hearing will be held in Probate Court, Franklin County Courthouse, 373 South High Street, 22nd Floor, Columbus, Ohio 43215-6311.

The Court orders the person requesting this hearing to serve notice as required and file the proof of service.

\_\_\_\_\_  
**Robert G. Montgomery, Judge**

Hearing requested by:

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Attorney's Registration No.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number (include area code)

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

| <b>Service Waived</b>                  | <b>Birth Date of Minor</b> | <b>Relationship to Prospective Ward</b> |
|--|----------------------------|---|
| <input type="checkbox"/> 1. Name _____ | _____                      | _____                                   |
| Address _____                          |                            | Zip _____                               |
| <input type="checkbox"/> 2. Name _____ | _____                      | _____                                   |
| Address _____                          |                            | Zip _____                               |
| <input type="checkbox"/> 3. Name _____ | _____                      | _____                                   |
| Address _____                          |                            | Zip _____                               |
| <input type="checkbox"/> 4. Name _____ | _____                      | _____                                   |
| Address _____                          |                            | Zip _____                               |
| <input type="checkbox"/> 5. Name _____ | _____                      | _____                                   |
| Address _____                          |                            | Zip _____                               |
| <input type="checkbox"/> 6. Name _____ | _____                      | _____                                   |
| Address _____                          |                            | Zip _____                               |
| <input type="checkbox"/> 7. Name _____ | _____                      | _____                                   |
| Address _____                          |                            | Zip _____                               |
| <input type="checkbox"/> 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.

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

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



**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
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IN THE MATTER OF  
 THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

**PROSPECTIVE WARD'S FINANCIAL INFORMATION**

Now comes the Applicant for appointment of guardian of the person and/or estate of the above captioned person and answers the following questions with respect to the Prospective Ward.

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

| <b>Type</b>             | <b>Name/Location</b> | <b>Amount Per Month</b> |
|-------------------------|----------------------|-------------------------|
| Social Security         | _____                | \$ _____                |
| P.E.R.S.                | _____                | \$ _____                |
| Veterans Administration | _____                | \$ _____                |
| R.R. Retirement         | _____                | \$ _____                |
| Employee's Pension      | _____                | \$ _____                |
| Insurance Benefits      | _____                | \$ _____                |
| Other                   | _____                | \$ _____                |

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

\_\_\_\_\_

\_\_\_\_\_

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

4. Cash?  Yes  No Amount: \$ \_\_\_\_\_

5. Bank, Savings and Loan, Brokerage and other financial accounts described below:

| Institution | Address | Account Type | Current Balance |
|-------------|---------|--------------|-----------------|
| _____       | _____   | _____        | \$ _____        |
| _____       | _____   | _____        | \$ _____        |
| _____       | _____   | _____        | \$ _____        |
| _____       | _____   | _____        | \$ _____        |

6. Securities?  Yes  No [if yes, describe below.]

| Issuer | Balance  |
|--------|----------|
| _____  | \$ _____ |
| _____  | \$ _____ |
| _____  | \$ _____ |

7. Rental income from real estate?  Yes  No [if yes, describe below.]

| Address Of Real Estate | Amt. Per Mo. |
|------------------------|--------------|
| _____                  | \$ _____     |
| _____                  | \$ _____     |

8. Interest in real estate?  Yes  No [if yes, describe below.]

| Address Of Real Estate |
|------------------------|
| _____                  |
| _____                  |

9. Income from any other source?  Yes  No [if yes, describe below.]

\_\_\_\_\_

\_\_\_\_\_

10. Other assets?  Yes  No [if yes, describe below.]

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Applicant's Signature

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
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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

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

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

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

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**ROBERT G. MONTGOMERY, JUDGE**

ESTATE OF  
GUARDIANSHIP OF  
TRUST OF \_\_\_\_\_

INCOMPETENT  
, DECEASED

CASE NO. \_\_\_\_\_

**FIDUCIARY'S BOND**

Amount of:

Bond \$ \_\_\_\_\_

Additional Bond \$ \_\_\_\_\_

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above amount, for payment of which we bind ourselves and our successors, heirs, executors and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in the above matter, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates the assets or improperly converts them to the fiduciary's use or the use of another.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Surety

by \_\_\_\_\_  
Attorney in Fact

by \_\_\_\_\_  
Attorney in Fact

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State Zip

\_\_\_\_\_  
City, State Zip

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



**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**ROBERT G. MONTGOMERY, JUDGE**

IN THE MATTER OF  
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CASE NO. \_\_\_\_\_

**INFORMATION ON CUSTODIAL ACCOUNT FUNDS**  
**ADULT GUARDIANSHIP**

If the Applicant doesn't qualify for a bond, funds of the Prospective Ward may be ordered into a custodial account. However, custodial accounts are not meant to be used when a guardian must pay on-going monthly bills for a ward. This means an Applicant may not be appointed guardian of the estate if the Prospective Ward has the need for a guardian to pay on-going monthly bills, and the Applicant does not qualify for a bond.

When a guardianship of an estate, or a guardianship of a person and estate, is established, and funds are ordered placed into a custodial account, the following information MUST be available before the Court will grant a motion for release of assets to be deposited with a custodian in lieu of bond.

Please bring or supply the below items from the following funding sources.

1: If funds are from an insurance company:

- Name of insurance company
- Policy number
- Name of insured

2: If funds are from an estate:

- Decedent's name
- Court case number
- County
- State

3: If funds are from the Ohio Court of Claims, Victims of Crime:

- Victim's name

4: If funds are from existing accounts to be placed in Custodial:

- Original certificate and/or passbooks

**PROBATE COURT OF FRANKLIN COUNTY, OHIO**  
**ROBERT G. MONTGOMERY, 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]

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



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

ESTATE OF  
GUARDIANSHIP OF  
TRUST OF \_\_\_\_\_

INCOMPETENT  
, DECEASED

CASE NO. \_\_\_\_\_

**BOND APPROVAL ENTRY**

\_\_\_\_\_, an applicant for appointment as fiduciary, has given initial bond in the amount of \$ \_\_\_\_\_, with \_\_\_\_\_ as surety.

Initial bond is hereby approved, effective as of the date of the applicant's appointment as fiduciary.

Date: \_\_\_\_\_

\_\_\_\_\_  
**Jeffrey D. Mackey, Judge**