

**PROBATE COURT OF FAIRFIELD COUNTY, OHIO**  
*Terre L. Vandervoort, Judge*

IN THE MATTER OF THE CONSERVATORSHIP OF: \_\_\_\_\_

Case No. \_\_\_\_\_

**CONSERVATOR'S REPORT**  
(R.C. 2111.49)

**NOTE:** If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit letter sequence, then attach exhibit containing information requested for that space.

1. This is the (circle one): 1st, 2nd, 3rd, 4th, 5th, 6th, or \_\_\_\_\_, Conservator's Report.

2. Conservatee's present address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

3. Conservatee's living arrangements at the above address are best described as:

a. His or her own apartment or home (includes assisted living facilities).

b. Private home or apartment of:

(1) the conservator.

(2) a relative of the conservatee, whose name is \_\_\_\_\_  
relationship is \_\_\_\_\_

(3) a non-relative whose name is \_\_\_\_\_

c. A foster group or boarding home.

d. A nursing home.

e. A medical facility or state institution.

f. Other (describe) \_\_\_\_\_

g. If c, d, e, or f is checked, complete the following:

(1) The name of the home, facility or institution \_\_\_\_\_

(2) The name of an individual at the home, facility or institution who has knowledge and is authorized to give information to the Court about the conservatee. \_\_\_\_\_

Name \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

4. The conservatee will be at the address given in Item 2:

a. Indefinitely.

b. Temporarily, the new address and telephone number is:

(1) Unknown. I will provide this information when known.

(2) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_

5. Conservator's contact with the conservatee:

- a. Approximate number of times the conservator had contact with the conservatee during the period covered by this report: \_\_\_\_\_
- b. The nature of those contacts (phone, personal, or other): \_\_\_\_\_
- c. Date the conservatee was last seen by the conservator: \_\_\_\_\_

6. Have you observed any major change in the conservatee's physical or mental condition during the period covered by this report?  Yes  No

If "Yes" is checked, briefly describe the changes: \_\_\_\_\_  
\_\_\_\_\_

7. The care given to the conservatee is:  Adequate  Not Adequate

If "Not Adequate" is checked, explain: \_\_\_\_\_  
\_\_\_\_\_

8. The conservatorship should be:  Continued  Not Continued

If "Not Continued" is checked, explain: \_\_\_\_\_  
\_\_\_\_\_

9. During the period covered by this report, the conservatee  has  has not been seen by a physician. If the conservatee has been seen, the last date was and for the purposes of \_\_\_\_\_

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation team, that has evaluated or examined the conservatee within three months prior to the date of this report regarding the need for continuing the conservatorship. [R.C. 2111.49 (A)(1)(I)] - (Form 17.1)

If an attorney has been consulted on this report:

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

\_\_\_\_\_  
Attorney's Signature

\_\_\_\_\_  
Conservator's Signature

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

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

Address:  
\_\_\_\_\_  
\_\_\_\_\_

Address:  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Attorney Registration Number