



IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
JUDGE TERRE L. VANDERVOORT

EMERGENCY GUARDIANSHIP OF AN INCOMPETENT ADULT

Initial Filing Fee

Court Costs: \$159.00 deposit

Requirements

The alleged incompetent adult must be a current resident of Fairfield County, Ohio. At the hearing on the application for appointment of guardian, the applicant bears the burden of proving, by clear and convincing evidence both of the following: (1) the ward's mental incompetence; and (2) that the appointment of an emergency guardian is the only feasible alternative for the necessary protection of the ward. (Fairfield County Local Rule 66.4(A)).

For more information on Emergency Guardianship requirements, please refer to Section 2111 of the Ohio Revised Code, and Fairfield County Local Rules 66.1 and 66.4.

Initial Filing

- Self-Representation Acknowledgment (Fairfield County Form 75.1(E)) – *If applicable*
 - This form **must** be filed if applicant is not represented by an attorney
- Contact Information Form (Fairfield County Form 75.3(E))
- Application for Appointment of Emergency Guardian (Form 17.0(E))
- Supplement for Emergency Guardian of Person (Form 17.11(E))
- Criminal Background Check Waiver (see Local Rule 66.1(B) for requirements)
- Affidavit (see Local Rule 66.4(B) for requirements)
- Statement of Expert Evaluation (Fairfield County Form 17.1(E))
- Judgment Entry Setting Non-Oral Hearing on Appointment of Emergency Guardian (Fairfield County Form 17.12 (E))
- Judgment Entry Appointing Emergency Guardian for Incompetent Person (Fairfield County Form 17.02(E))
- Letters of Emergency Guardianship (Fairfield County Form 15.4(E))

Filing for Extension (Must not be filed until Letters of Emergency Guardianship are granted)

- Motion to Extend Emergency Guardianship (Fairfield County Form 17.04(E))
- Entry of Hearing and Notice of Hearing
- Entry Continuing the Emergency Guardianship (Fairfield County Form 17.13(E))

**IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
JUDGE TERRE L. VANDERVOORT**

EMERGENCY GUARDIANSHIP OF: _____

CASE NO.: _____

SELF-REPRESENTATION ACKNOWLEDGMENT

I acknowledge that I have read, understand and agree with all of the following statements:

1. The Court strongly recommended that I hire an attorney to represent me in this case. Contrary to the Court's recommendation, I have chosen to proceed with this case on my own without the assistance of an attorney.
2. I have the time, knowledge and ability to handle all aspects of this case correctly without assistance from the Court or any other person.
3. The Court and its Deputy Clerks are prohibited by law from assisting me with any aspect of this case, including without limitation determining what forms I am required to file and how to complete those forms.
4. The Court and its Deputy Clerks cannot provide me with any information regarding how to properly handle this case beyond the information on the Court's website, <http://www.co.fairfield.oh.us>
5. I am responsible for understanding and correctly applying those portions of the Ohio Revised Code, Rules of Superintendence for the Courts of Ohio, Fairfield County Probate Court Local Rules of Practice, and all other rules, regulations, policies and case law that relate to this case.
6. The Court will hold me to the same standards that apply to attorneys and persons represented by attorneys in similar probate proceedings.
7. If I do not fulfill my responsibilities in this case properly and in a timely manner, I will be subject to the compliance.
8. I have a duty to act fairly, honestly, impartially and in the mutual best interest of all persons or entities that may have an interest in this case. I also have a duty to not do anything in my self-interest that is detrimental or harmful to others.
9. I may be personally liable to any person or entity that suffers financial damages as a result of anything I do in this case that does not comply with the legal requirements that apply to this case.
10. If I violate anything in this Self-Representation Acknowledgement, the Court may terminate my authority to proceed further with this case, or may require that I must be represented by an attorney to continue with this case.

Guardian

Typed or Printed Name

Address

City State Zip

Telephone Number (include area code)

Email Address

**IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
JUDGE TERRE L. VANDERVOORT**

EMERGENCY GUARDIANSHIP OF: _____

CASE NO.: _____

CONTACT INFORMATION FORM

Please check the applicable box:

- This is the original contact information for this case.
- This is amended contact information for this case. Only the information that has changed is shown on this form. All other information remains the same as shown on the original contact information form.

Attorney for Applicant(s):		
Attorney's Street Address:		
City:	State:	Zip:
Attorney's Phone No.:	Fax No:	
Attorney's Email:	Attorney's Registration No.:	

Applicant:		
Street Address:		
City:	State:	Zip:
Applicant's Phone No.:	Fax No:	
Applicant's Email:		

Co-Applicant's Name:		
Co-Applicant's Street Address:		
City:	State:	Zip:
Co-Applicant's Phone No.:	Fax No:	
Co-Applicant's Email Address:		

**IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
JUDGE TERRE L. VANDERVOORT**

EMERGENCY GUARDIANSHIP OF: _____

CASE NO.: _____

**APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN
[R.C.2111.02 (B)(3)]**

Applicant moves this Court for Appointment of an Emergency Guardian for _____
_____, an alleged incompetent whose address is:
_____ D.O.B. _____

Applicant States:

That an emergency exists because the alleged incompetent suffers from the following medical problems(s) (Specify) _____

That immediate action is required to prevent significant injury or harm to the alleged incompetent by reason of _____

That the alleged incompetent is unable to make informed decisions regarding medical care or treatment.

Therefore, applicant prays for an order of the court appointing _____
_____ as emergency guardian of the person of the alleged incompetent.

Attorney for Applicant

Applicant

Address

Address

City State Zip

City State Zip

Phone number (including area code)

Phone number (including area code)

Supreme Court Registration Number

IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
JUDGE TERRE L. VANDERVOORT

EMERGENCY GUARDIANSHIP OF: _____

CASE NO.: _____

SUPPLEMENT FOR EMERGENCY GUARDIAN OF PERSON

[R.C. 2111.49]

This supplement must be completed when there is a request for Emergency Guardianship. The following questions must be answered with specificity and item 1.C, page 1 of the Statement of Expert Evaluation, Form 17.11 must be checked.

A. Does the individual have a durable health care power of attorney? _____ If yes, why is it not being honored?

B. Exact nature of emergency: _____

C. Length of time emergency has existed, and why? _____

D. Specific action required to prevent significant injury to the person: _____

E. Ability of the alleged Incompetent to receive notice and give consent: _____

F. Medical prognosis in detail if immediate action, within 24 hours, is not taken: _____

G. Additional statements regarding condition, family, support services, etc: _____

Note: Any above answers may be supplemented by attachments.

Date and Time of Evaluation

Licensed Physician

Date of Report

**IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
JUDGE TERRE L. VANDERVOORT**

GUARDIAN BACKGROUND CHECK WAIVER

EMERGENCY GUARDIANSHIP OF: _____
CASE NO.: _____

NAME: _____

ADDRESS: _____

DATE OF BIRTH: _____

SOCIAL SECURITY NUMBER: _____

DRIVERS LICENSE NUMBER: _____

PHONE NUMBER: _____ **YEARS LIVED IN OHIO:** _____

The individual whose personal data appears here has indicated that he/she lives within your jurisdiction.

I, the undersigned, authorize the Fairfield County Juvenile Probate Court to access my background information. This authorization is void if not exercised by the Court within one (1) year from the date signed. I hereby agree to indemnify the Fairfield County Juvenile Probate Court and their representatives for any liability arising out of the improper use of the information provided.

I also recognize the right of the Fairfield County Juvenile Probate Court to treat as confidential certain sources of information, and to withhold the same from me or my agent.

SIGNATURE: _____ **DATE:** _____

-----DO NOT WRITE BELOW THIS LINE-----

CERTIFICATION OF PURPOSE

The Fairfield County Juvenile Probate Court certifies that the information applied for will be used only for the purpose for which it is requested, and agree that this information will be destroyed immediately after use of it or, if retained, will not be released outside our agency.

Type of record check: FULL OHIO BACKGROUND CHECK

IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
JUDGE TERRE L. VANDERVOORT

EMERGENCY GUARDIANSHIP OF : _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

[Sup. R. 66 & R.C. 2111.49]

Definition of Incompetent (R.C. 2111.01(D)): "Incompetent" means any person who is so mentally impaired as a result of a physical or mental illness or disability, or mental retardation, 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."

The Statement of Evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this 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 to be filed with or attached to:
- A. Guardianship Application: Completed by _____ Licensed Physician or _____ Licensed Clinical Psychologist prior to the filing and attached to the application.
 - B. Guardian's Report: Completed by Licensed Physician Licensed Clinical Psychologist
 Licensed Independent Social Worker Licensed Professional Clinical Counselor or
 Mental Retardation 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 Guardian: of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.

2. Statement completed by:
Name & Title/Profession: _____
Business Address: _____
Business Telephone Number: _____
3. Date(s) of evaluation: _____
Place(s) of evaluation: _____
Amount of time spent on evaluation: _____
Length of time the individual has been your patient: _____

4. Is the individual presently under 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 individual mentally impaired? Yes No If yes, indicate the diagnosis below:

Mental Retardation/Developmental Disabilities:

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 page 4):

6. During the examination, did you notice an impairment of the individual'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 identified in question six. (continue comments on page 4).

8. Is the individual physically impaired? Yes No If Yes: Description

9. Are there any special characteristics of the individual 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 of the individual? Yes No

If yes: Explain _____

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? Yes No

If no: Explain _____

12. Do you believe this individual is capable of managing the individual'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 guardian should be:

Established/Continued

Denied/Terminated

I certify that I have evaluated the individual on _____, 20_____.

Date _____

Signature of Evaluator _____

**IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
JUDGE TERRE L. VANDERVOORT**

EMERGENCY GUARDIANSHIP OF: _____

CASE NO.: _____

**JUDGMENT ENTRY
SETTING NON-ORAL HEARING ON APPOINTMENT OF EMERGENCY GUARDIAN**

This day _____ appeared in open Court, and filed an Application for Appointment of Guardian requesting that _____ is appointed as emergency guardian of _____ .

It is ordered that the _____ day of _____ , 20__ at _____ a.m. p.m., be and is hereby fixed as the time of the non-oral hearing on the appointment of emergency guardian before this Court.

JUDGE TERRE L. VANDERVOORT

**PROBATE COURT OF FAIRFIELD COUNTY, OHIO
TERRE L. VANDERVOORT, JUDGE**

EMERGENCY GUARDIANSHIP OF _____

CASE NO. _____

**JUDGMENT ENTRY APPOINTING EMERGENCY GUARDIAN
FOR INCOMPETENT PERSON**

This matter came before this Court on the _____ day of _____, 20____, on an application for appointment of emergency guardianship pursuant to ORC 2111.02 (B)(3).

Based upon the medical evidence, affidavit or Statement of Expert Evaluation of _____, the Court finds that _____, the ward herein, is in need of an emergency guardianship and that immediate action is required to prevent significant injury or harm to the person (and estate) of the ward.

The Court hereby appoints _____, as the emergency guardian of the person (and estate) of the ward with the authority to make decisions in the best interests of the ward. The Court makes the following additional specific orders, to wit _____

This order shall remain in effect for a period of seventy-two hours. For good cause shown, after hearing with notice to the ward and interested parties, or after consideration of waivers filed on behalf of the same, the Court may extend the emergency guardianship for a period of time not to exceed thirty (30) days.

It is further ordered that a copy of this order be served personally upon the ward and, by any means, upon all interested parties.

This order has been granted ex parte for the reasons that an emergency exists, and that immediate action is required at this time to prevent significant injury to the person or estate of the ward.

IT IS SO ORDERED.

JUDGE TERRE L. VANDERVOORT

**IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
JUDGE TERRE L. VANDERVOORT**

EMERGENCY GUARDIANSHIP OF: _____

CASE NO.: _____

LETTERS OF EMERGENCY GUARDIAN

_____ is appointed Emergency Guardian of
_____ an incompetent person who has not been
placed under guardianship.

As Emergency Guardian, his/her powers are limited to _____

Those guardianship powers are for a maximum period of seventy-two (72) hours, and will expire on
_____ 20___ , at _____ a.m./ p.m.

The above-named Emergency Guardian has the limited powers to do and to perform all the duties
above-stated, as described.

**JUDGE TERRE L. VANDERVOORT /
MAGISTRATE MICHELLE L. EDGAR**

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above document is a true copy of the original kept by me as custodian of this Court. It constitutes the appointment and letters of authority of the named **Emergency Guardian**, who is qualified and acting in such capacity.

(SEAL)

BY _____
DEPUTY CLERK

DATED

IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
JUDGE TERRE L. VANDERVOORT

EMERGENCY GUARDIANSHIP OF: _____

CASE NO. _____

MOTION TO EXTEND EMERGENCY GUARDIANSHIP

_____, Guardian, states that on the _____ day of _____, _____, he was appointed as Emergency Guardian of the person and estate of _____, an incompetent person, in the above-entitled matter.

APPLICANT STATES that all matters remain as set forth in his Motion to Establish Emergency Guardianship on the _____ day of _____, __, and that it is necessary to have said emergency guardianship continued for a period not to exceed thirty (30) days in order to protect the welfare of the ward.

WHEREFORE, your applicant prays that the Court extend the emergency guardianship appointment in this matter for a period of thirty (30) days.

EMERGENCY GUARDIAN

IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
JUDGE TERRE L. VANDERVOORT

EMERGENCY GUARDIANSHIP OF: _____

CASE NO. : _____

ENTRY SETTING HEARING

The Court orders that the above-captioned matter be set for an oral hearing on the motion to extend the emergency guardianship.

SET FOR		DATE	TIME
<input type="checkbox"/>	Scheduling Conference		
<input type="checkbox"/>	Status Conference		
<input type="checkbox"/>	Pre-Trial		
<input type="checkbox"/>	Telephonic Conference		
<input type="checkbox"/>	Mediation		
<input type="checkbox"/>	Oral Hearing		
<input type="checkbox"/>	Non-Oral Hearing		
<input type="checkbox"/>	Other:		

BY: _____
DEPUTY CLERK

NOTICE OF HEARING

This Notice Served By:

- Courthouse Mailbox _____
- Certified Mail _____
- Regular Mail _____
- Personal Service _____
- Other: _____

**IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION
JUDGE TERRE L. VANDERVOORT**

EMERGENCY GUARDIANSHIP OF: _____

CASE NO.: _____

ENTRY OF CONTINUANCE

This matter coming before the Court on the _____, day of _____ 20_____, with notice by written copy of order issued by the Court served upon the proposed ward as soon as possible after the issuance of the Letters, and upon any other interested parties necessary hereto, and for good cause shown, it is hereby ordered that the Letters of Emergency Guardian are extended for a period of thirty days from the expiration date show no the Letters of Emergency Guardian.

TERRE L. VANDERVOORT, JUDGE