



IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY,
OHIO PROBATE DIVISION

GUARDIANSHIP OF INCOMPETENT ADULT

Initial Filing Fee

Court Costs: \$229.00 deposit, \$99.00 deposit for indigent person-only

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 no less restrictive alternative exists to the proposed guardianship (Fairfield County Local Rule 66.3(B)).

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

Note: All paperwork must be typed; we will not accept handwritten documents.

Initial Filing

- Self-Representation Acknowledgment (Fairfield County Form 75.1) – *If applicable*
 - This form **must** be filed if applicant is not represented by an attorney
- Contact Information Form (Fairfield County Form 75.3)
- Application for Appointment of Guardian of Incompetent (Form 17.0)
 - Criminal background check of the applicant (see Local Rule 66.1(B) for requirements)
 - Copies of proposed ward's Powers of Attorney or Health Care Powers of Attorney currently in force
 - Bond commitment *If applicable*
- Ward's Supplement (Fairfield County Form 66.1-A)
- Applicant's Supplement (Fairfield County Form 66.1-B)
- Next of Kin of Proposed Ward (Fairfield County Form 15.0)
- Judgment Entry Setting Hearing on Application for Appointment of Guardian (Fairfield County Form 15.01)
- Notice to Prospective Ward of Application and Hearing (Fairfield County Form 17.3)
 - If the prospective ward is in a facility, the name of the facility **must** be on the Notice

- Waiver of Notice and Consent (Fairfield County Form 15.1)
 - All parties listed on the Next of Kin of Proposed Ward (Fairfield County Form 15.0), who are Ohio residents, must either sign this Consent or be served notice (see Fairfield County Form 17.4)
- Notice of Hearing for Appointment of Guardian of Alleged Incompetent (Form 17.4) – *If applicable*
 - All parties listed on the Next of Kin of Proposed Ward (Fairfield County Form 15.0), who are Ohio residents, must either Consent (see Fairfield County Form 15.1) or be served this notice.
- Statement of Expert Evaluation (Fairfield County Form 17.1)
- Judgment Entry Appointment of Guardian of Alleged Incompetent Person (Fairfield County Form 17.5)
- Oath of Guardian (Fairfield County Form 15.9 or 15.91 PO)
- Letters of Guardianship (Fairfield County Form 15.4)
- Fiduciary's Acceptance (Fairfield County Form 15.2)

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

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

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**

GUARDIANSHIP OF: _____

CASE NO.: _____

**APPLICATION FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT
[O.R.C.2111.03]**

INITIAL APPOINTMENT	SUCCESSOR APPOINTMENT
----------------------------	------------------------------

Applicant represents to the court that _____ resides or has a legal settlement at _____

In _____, **Ohio** and that the prospective ward is incompetent by reason of (R.C. 2111.01 (D))

_____ and is in need of a guardian.

The proposed ward's date of birth is _____.

1. The whole estate of the prospective ward is estimated as follows:

Personal Property: \$	Real Estate: \$
Annual Rents: \$	Other Annual Income: \$

2. Applicant represents that the applicant is not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

3. Applicant offers bond in the amount of \$_____ is attached is attached will be filed

4. Applicant further represents that a guardian of the alleged incompetent is necessary in order that:
 the ward the ward's property may be taken proper care of and asks that a guardian be appointed.

5. **TYPE OF GUARDIANSHIP APPLIED FOR IS:** *(Check the applicable boxes)*

- | | | |
|--|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Non-Limited | <input type="checkbox"/> Limited | <input type="checkbox"/> Interim |
| <input type="checkbox"/> Person and Estate | <input type="checkbox"/> Estate Only | <input type="checkbox"/> Person Only |

6. If limited guardianship is applied for, the limited powers requested are:

The time period requested is indefinite definite to

The applicant's relationship to the alleged incompetent is _____

7. INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN / APPLICANT:

A.

Name & AKA									
Home Address		City	State	Zip					
Home Phone:		Work Phone:	Cell Phone:						
DOB:		Relationship to Alleged Incompetent:							
Do you currently act as any of the following for the proposed ward?									
<input type="checkbox"/>	Physician	<input type="checkbox"/>	Attorney	<input type="checkbox"/>	Landlord	<input type="checkbox"/>	Caregiver	<input type="checkbox"/>	Custodian
<input type="checkbox"/>	Creditor	<input type="checkbox"/>		Power of Attorney		<input type="checkbox"/>			Durable Power of Attorney for Health Care
Occupation:				Work Address:					
City:				State:			Zip		

B. Applicant is is not an administrator, executor, or other fiduciary of an estate wherein the prospective ward has an interest, O.R.C. 2111.09.

C. Applicant has has not been charged with, or convicted of, a crime involving theft; physical violence; or sexual, alcohol, or substance abuse. If the Applicant has been so charged or convicted, list dates and places of the charge(s) or conviction(s), O.R.C. 2111.03(A).

CHARGE/CONVICTION DATE	PLACE	

8. INFORMATION CONCERNING THE ALLEGED INCOMPETENT:

A.

Full Name & AKA:		<input type="checkbox"/> Male		<input type="checkbox"/> Female	
Legal Settlement or Residence:					
City:				State:	Zip
County:			Home Phone:		Cell Phone:
Length of Time at That Residence:					

B. If the alleged incompetent is living at an address different from the residence shown in Section 10-A above, list that address: _____

C. Name of person, other than alleged incompetent, who may be contacted at the address where the alleged incompetent is living:

Phone Number: _____

Best time to call: _____

9. FURTHER INFORMATION CONCERNING THE ALLEGED INCOMPETENT:

A. Describe the prospective ward's alleged mental and/or physical incompetency.

B. To the best of your ability, list prescriptions and/or over the counter medication taken by the prospective ward.

C. List any problems the alleged incompetent may have in communicating.

D. List all agencies, public or private, who have knowledge of the alleged incompetent which may be of assistance in determining the need for the guardianship. Indicate the contact person at the agencies:

E. If applicant is considering protective placement, complete the following:

a) The proposed ward suffers from the following disabilities:

- Infirmities of Aging Chronic Mental Illness Developmentally Disabled Substance Abuse

b) The proposed ward has a primary need for residential care and custody because:

c) The proposed ward is totally incapable of providing for her/his own care or custody so as to create a substantial risk of serious harm to herself/himself for others.

1. The anticipated least restrictive placement for the proposed ward is:

2. An unlocked unit A locked unit is most appropriate

Applicant represents that the address provided is the applicant's permanent address and acknowledges the requirement that the court be notified of any change of address. Removal may result from a failure to comply with this requirement.

I hereby apply to the court to be appointed guardian of the above alleged incompetent person and certify that all the information and statements with this application and attached documents are correct to the best of my knowledge and belief.

Attorney or Applicant (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.

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

GUARDIANSHIP OF _____

CASE NO.: _____

WARD'S SUPPLEMENTAL INFORMATION FORM
[Local Rule 66.1(C)]

This is an application for appointment as the:

- Initial Guardian**
- Successor Guardian [Name of current or prior guardian]:** _____

Please complete the following information regarding the proposed ward.

1. Background

- A. Full legal name: _____
- B. Also known as: _____
- C. Age: _____ Date of birth: _____
- D. Marital status: Married Not married
- E. How would you describe the proposed ward's relationship with his or her family?
 Excellent Good Fair Poor
- F. How would you describe the relationship the proposed ward's family members have with each other?
 Excellent Good Fair Poor
- G. Is the prospective ward aware that the applicant is seeking the guardianship? Yes No

2. Ward's Location

- A. At the time of filing this Supplement, the proposed ward is physically residing at:
 The proposed ward's home Someone else's home
 An assisted living facility A nursing home
 Other: _____
- B. What is the address of the location where the proposed ward is physically residing?
Street: _____
City: _____ State: _____ Zip: _____
- C. How long has the proposed ward resided at this location? _____ Years _____ Months
- D. Does the proposed ward leave the above location on a regular basis during the day (i.e. for adult daycare, etc.)?
 Yes No

If "Yes", please explain when, how long and for what purpose:

E. What is the proposed ward's telephone number? _____

OR The proposed ward does not have a telephone.

3. Contacts

A. Please provide the name, address and daytime telephone number of the best person the Court can contact between 8:00 a.m. and 4:00 p.m. weekdays to arrange for the Court Investigator to visit the proposed ward before the hearing on your application to be appointed guardian.

Name: _____

Street: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____

IMPORTANT NOTE

The Court Investigator must be able to complete the in-person visit and report at least seven days before the hearing on appointment. If not, the hearing will be cancelled. You must notify the Court immediately if there is any change to the proposed ward's location.

B. If the person applying for appointment as guardian dies or becomes incapacitated, the Court may contact the following relatives or friends regarding the proposed ward.

1. Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____

2. Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____

3. Name: _____ Relationship: _____

Street: _____

City: _____ State: _____ Zip: _____

Daytime Telephone Number: _____

C. Please provide the following information regarding all public or private agencies that provide assistance to the proposed ward:

Agency Name	Contact Person	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

[Continue on separate sheet and attach to this Supplement, if necessary.]

4. Legal Information

- A. Does the proposed ward currently have a court-appointed conservator? Yes No

If "Yes," please provide the following information:

Conservator's Name: _____
 Conservator's Phone: _____
 Court: _____
 Case Number: _____

- B. Does the proposed ward currently have a court-appointed guardian? Yes No

If "Yes," please provide the following information:

Guardian's Name: _____
 Guardian's Phone: _____
 Court: _____
 Case Number: _____

- C. Please indicate whether the proposed ward has any of the following legal documents currently in place for his or her benefit.

	Yes	No	Not Sure
Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Health Care Power of Attorney	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Living Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Last Will and Testament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Revocable Living Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Irrevocable Trust	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Representative Payee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

IMPORTANT NOTE

You must file a complete and accurate copy of any above document to which you answered "Yes." If you are appointed guardian, you must also deposit the original of all versions of the ward's Last Will and Testament with the Court, if the ward has a Will. [See Local Rule 66.3(D)]

- D. Do you believe that the proposed ward is competent enough to retain and properly exercise any of the following rights on his or her own behalf?

	Yes	No	Not Sure
Marry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vote	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold Driver's License and Drive a Vehicle	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Execute a Will	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Contract	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hold or convey direct ownership of property	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Financial Information

- A. Is any person currently dependent on the proposed ward for financial support? Yes No
- B. Is any person currently providing financial support to the proposed ward? Yes No
- C. To the best of your knowledge, does the proposed ward currently receive income or financial support from any of the following sources?

	Yes	No	Not Sure
Social Security	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IRA	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
401k	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other private employee pension or retirement plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Annuity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
P.E.R.S.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
S.T.R. S	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Railroad Retirement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Federal Pension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Benefits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medicaid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Real estate rental	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Health Care Information

- A. Please provide the following information regarding all health care professionals who have treated the proposed ward within the last two years:

Physician Name	Medical Specialty	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

[Continue on separate sheet and attach to this Supplement, if necessary.]

- B. Does the proposed ward suffer from any of the following?
 - Developmental disability
 - Alcohol abuse
 - Dementia
 - Drug or other substance abuse
 - Other infirmities of aging
 - Mental illness
- C. Do you believe that the proposed ward is capable of living independently at his or her current home?
 - Yes No
- D. If you answered "No" to the preceding question, what do you believe is the least restrictive living arrangement that would adequately provide for the proposed ward's safe care?
 - Home health care services
 - Nursing home facility
 - Assisted living facility
 - Advanced care nursing facility (i.e. memory unit)
- E. Does the proposed ward have long-term care insurance coverage? Yes No Unknown

CASE NO. _____

I certify that all of the information in this Supplement and all attached documents are complete and correct to the best of my knowledge and belief.

Attorney for Applicant

Applicant's Signature

Typed or Printed Name

Typed or Printed Name

Attorney Registration No. _____

IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION

JUDGE TERRE L. VANDERVOORT

GUARDIANSHIP OF _____
CASE NO. _____

APPLICANT'S SUPPLEMENTAL INFORMATION FORM

[Local Rule 66.1(C)]

Please complete the following information regarding the person who is applying to be guardian.

1. Background

- A. Full legal name: _____
- B. Also known as: _____
- C. Age: _____ Date of birth: _____
- D. Marital status: Married Not married
- E. Have you ever filed bankruptcy? Yes No
- F. Have you ever been convicted of, or plead guilty or no contest to, any crime classified as a felony that is not disclosed in the Application for Appointment (Form 17.0)? Yes No

If you answered "Yes" to the preceding question, please provide the following information:

Felony Charge	Date of Conviction	Place (City & State)
_____	_____	_____
_____	_____	_____
_____	_____	_____

[Continue on separate sheet and attach to this Supplement, if necessary.]

- G. Attached to this Supplement are the results of a criminal background check, prepared within the past 30 days.
[See Local Rule 66.1(B)]

2. Work Information

- A. Are you currently employed? Yes No
- B. If you answered "Yes" to the preceding question, please provide the following information:
- Occupation: _____
- Full time Part time
- Name of Employer: _____
- Work Address: _____ Street: _____
- City: _____ State: _____ Zip: _____
- Work Phone Number: _____
- C. Will you have sufficient time to devote to your responsibilities as guardian? Yes No

3. Past Experience

- A. Have you ever served as guardian of any other ward before? Yes No
- B. Are you currently serving as guardian of any other ward? Yes No

C. If you answered "Yes" to the preceding question, please provide the following information:

In how many cases are you currently serving as guardian? _____

How many those cases are in Fairfield County, Ohio? _____

Have you ever been sanctioned for failing to perform your duties as guardian? Yes No

D. Please describe any special training, skills or experience you have that you believe will aid you in serving as guardian in this case:

4. Relationship with Proposed Ward

A. Are you named as, or do you currently serve as, agent for the proposed ward under a:

Power of Attorney Health Care Power of Attorney

B. If you checked either or both of the boxes in the preceding question, please provide the following information:

Submit a complete and accurate copy of the legal documents with this Supplement.

Have you ever encountered problems using, or has any person or entity ever denied you the right to use, these legal documents on behalf of the proposed ward? Yes No

If "Yes," please describe circumstances:

C. Do you currently act as any of the following for the proposed ward:

Physician Attorney Caregiver Landlord

D. Do you currently owe the proposed ward any money? Yes No

E. Does the proposed ward currently owe you any money? Yes No

F. Please describe any other circumstances that may create a potential conflict of interest in serving as guardian of the proposed ward: Check this box if no potential conflicts of interest exist

I certify that all of the information in this Supplement and all attached documents are complete and correct to the best of my knowledge and belief.

Attorney for Applicant

Applicant's Signature

Typed or Printed Name

Typed or Printed Name

Attorney Registration No. _____

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

GUARDIANSHIP OF: _____

CASE NO.: _____

NEXT OF KIN OF PROPOSED WARD

(R.C. 2111.04)

(NOTE: Specify age and birthdate 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.)

Service Waived		Relationship	Birthdate of Minor
1. <input type="checkbox"/>	Name _____ Address _____	_____	_____
2. <input type="checkbox"/>	Name _____ Address _____	_____	_____
3. <input type="checkbox"/>	Name _____ Address _____	_____	_____
4. <input type="checkbox"/>	Name _____ Address _____	_____	_____
5. <input type="checkbox"/>	Name _____ Address _____	_____	_____
6. <input type="checkbox"/>	Name _____ Address _____	_____	_____
7. <input type="checkbox"/>	Name _____ Address _____	_____	_____
8. <input type="checkbox"/>	Name _____ Address _____	_____	_____

Date

Applicant

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

GUARDIANSHIP OF _____

CASE NO. _____

**JUDGMENT ENTRY
SETTING HEARING ON APPLICATION FOR
APPOINTMENT OF GUARDIAN**

This day _____ appeared in open Court, and filed an application for the appointment of (limited) guardian of the (person and estate) of _____ . **IT IS ORDERED** that the _____ day of _____, 20 _____, at _____ a.m. p.m., be and is hereby fixed as the time of hearing said application before this Court. It is further ordered that written notice be served personally upon minors over fourteen (14) years of age and in the manner as is provided by law upon all others entitled to receive the same.

DATE

JUDGE TERRE L. VANDERVOORT

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

GUARDIANSHIP OF: _____

CASE NO.: _____

NOTICE TO PROSPECTIVE WARD OF APPLICATION AND HEARING

TO: _____

ADDRESS: _____

An application for appointment of _____ as
(limited) guardian for your (person and estate) has been filed with the Probate Court.

A hearing on that application will be held on _____,
at _____ a.m. p.m. in the Hall of Justice, 224 East Main Street, Lancaster, Ohio 43130. At that
hearing, Applicant must prove by clear and convincing evidence that, because of mental impairment, you
are unable to handle your own affairs.

1. You have the right to be present at the hearing to contest the application, and to be represented by an attorney of your choice;
2. The right to have a friend or family member of your choice present at the hearing;
3. The right to have evidence of an independent expert evaluation introduced at the hearing;
4. If you are indigent, upon your request, an attorney and an independent expert evaluator will be appointed at court expense;

If you are indigent, and you appeal the guardianship decision, you have the right to have an attorney appointed and necessary transcripts prepared at court expense.

Witness my signature and the seal of the Court this

_____ day of _____ 20 ____ A.D.

(Seal)

JUDGE TERRE L. VANDERVOORT, PROBATE DIVISION

BY: _____
Deputy Clerk

THE PROBATE COURT WILL ATTEMPT TO PROVIDE REASONABLE ACCOMMODATIONS FOR ANY DISABLED PERSON. REQUESTS FOR SPECIAL ACCOMMODATIONS ARE TO BE MADE TO THE PROBATE COURT 24 HOURS PRIOR TO THE TIME SUCH ACCOMMODATIONS ARE REQUIRED.

CASE NO: _____

RETURN

FAIRFIELD COUNTY, OHIO

Received this notice on the _____ day of _____, 20_____,
and on the _____ day of _____, 20_____,
I served the same by delivering a true copy thereof personally to _____
_____. I communicated with him/her in a language or method of
communication understandable to the alleged incompetent

Investigator

FEES IF SERVED BY OTHER THAN PROBATION OFFICER	
Investigator's Fee	\$
Miles @ _____	\$
TOTAL	\$

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

GUARDIANSHIP OF: _____

Case No. : _____

WAIVER OF NOTICE AND CONSENT

We, the undersigned, do each of us hereby waive the issuing and service of notice, and voluntarily enter our appearance herein.

We do hereby consent to the appointment of _____

or some suitable person as guardian of _____

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

GUARDIANSHIP OF: _____

CASE NO.: _____

**NOTICE OF HEARING FOR APPOINTMENT OF
GUARDIAN OF ALLEGED INCOMPETENT PERSON**
To Spouse and Known Next of Kin
(R.C. 2111.04)

TO: _____

ADDRESS: _____

TO: _____

ADDRESS: _____

TO: _____

ADDRESS: _____

TO: _____

ADDRESS: _____

NEXT OF KIN: _____, known to reside in this state.

You are hereby notified that on the _____ day of _____, 20____, filed in the Court an application for the appointment of a (limited) guardian of the (person and estate) of _____, an alleged incompetent.

The application will be for hearing before the Court located in the Hall of Justice, 224 East Main Street, Lancaster, Ohio 43130, on the _____ day of _____, _____, at _____ o'clock a.m. p.m.

However, you need not appear unless you have an objection.

Witness my signature and the seal of the Court this

_____ day of _____ A.D. 20 _____

(Seal)

JUDGE TERRE L. VANDERVOORT

By: _____
Deputy Clerk

THE PROBATE COURT WILL ATTEMPT TO PROVIDE REASONABLE ACCOMMODATIONS FOR ANY DISABLED PERSON. REQUESTS FOR SPECIAL ACCOMMODATIONS ARE TO BE MADE TO THE PROBATE COURT TWENTY-FOUR (24) HOURS PRIOR TO THE TIME SUCH ACCOMMODATIONS ARE REQUIRED.

RETURN

The State of Ohio, _____ County ,

Received this writ on the _____ day of _____, 20____, at _____ o'clock

a.m. p.m., and on the _____ day of _____, _____, I served the same by (insert, "delivering", "leaving" or "sending") _____ a true copy thereof (insert, "personally to", "at the usual place of residence", or "by certified mail to the last known address of") _____ .

FEES	
Service and return, 1 st name	\$
Additional names at	
Miles traveled at	
TOTAL	\$

Sheriff /Process Server

BY: _____

AFFIDAVIT OF SERVICE

The State of Ohio, _____ County.

_____, being duly sworn, says that on the _____ day of _____, 20____, he served the within notice by delivering a true copy thereof personally to _____

JUDGE TERRE L. VANDERVOORT

Sworn to before me and signed in my presence, this _____ day of _____, 20____

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

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 _____

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

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

GUARDIANSHIP OF: _____

CASE NO. _____

**JUDGMENT ENTRY
APPOINTMENT OF GUARDIAN FOR INCOMPETENT PERSON
(R.C. 2111.02)**

Upon hearing the application for appointment of guardian herein the Court finds that _____
_____ is incompetent by reason of _____
and therefore is incapable of taking proper care of _____ self and _____ property,
and that a guardianship is necessary.

The Court further finds that all persons who were entitled to notice of the hearing thereon were given or waived notice thereof; that the incompetent is a resident of this county or has legal settlement herein; and that this Court has jurisdiction.

It is therefore ordered that a (limited) guardian of the (person and estate) be appointed.

The Court therefore appoints _____
a suitable and competent person, (limited) guardian of the (person and estate) of _____
an incompetent, with the powers conferred as described, and limited to those powers contained in the Letters of Guardianship issued by this Court. This appointment is in compliance with R.C. 2111.09.

- The Court approves the bond as filed.
- The Court finds a record of the hearing was waived.
- The Court orders Letters of Guardianship issue to _____
as provided by law.

DATE

JUDGE TERRE L. VANDERVOORT

(Seal)

IN THE COURT OF COMMON PLEAS, FAIRFIELD COUNTY, OHIO
PROBATE DIVISION

JUDGE TERRE L. VANDERVOORT

GUARDIANSHIP OF: _____
CASE NO. _____

OATH OF GUARDIAN

(R.C. 2111.02(C))

(To be taken on Appointment of Guardian)

I, _____, Guardian of
_____, will faithfully and completely fulfill my duties as
Guardian, including the duty:

- To file, and continue to make diligent efforts to file, a true inventory in accordance with the Ohio Revised Code, and report all assets belonging to the estate of my ward.
- To file timely and accurate reports.
- To file timely and accurate accounts.
- To, at all times, protect my ward's interests and to make all decisions based on the best interest of my ward.
- To apply to the Court for authority to expend funds prior to so doing.
- To obey all orders and rules of this Court pertaining to guardianships.

Guardian

The above oath was taken and signed in my presence on this _____ day of _____, 20 ____.

JUDGE TERRE L. VANDERVOORT

By: _____
Deputy Clerk

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

GUARDIANSHIP OF _____

CASE NO.: _____

OATH OF GUARDIAN

(R.C. 2111.02(C))

(To be taken on Appointment of Guardian)
(PERSON ONLY)

I, _____ Guardian
of _____, will faithfully
and completely fulfill my duties as Guardian, including the duty:

1. Protect and control the person of my ward, and make all decisions for the ward based upon the best interest of the ward.
2. Provide suitable maintenance for my ward when necessary.
3. Provide such maintenance and education for my ward as the amount of his estate justifies if the ward is a minor and has no father or mother, or has a father or mother who fails to maintain or educate him/her
4. Make and file a guardian's report biennially, or as directed by the Court.
5. Obey all orders and judgments of the Court touching the guardianship.

If I change my address or the ward's address, I shall immediately notify the Probate Court in writing.

GUARDIAN

The above oath was taken and signed in my presence on this _____ day of _____, 20_____.

JUDGE TERRE L. VANDERVOORT

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

GUARDIANSHIP OF: _____

CASE NO: _____

LETTERS OF GUARDIANSHIP

(R.C. 2111.02)

_____ is appointed Guardian of
_____, an Incompetent Minor.

Guardian's powers are:

All powers conferred by the laws of Ohio and rules of this Court over the Ward's:

Person and Estate

Person Only

Estate Only

Limited to _____

Those guardianship powers, until revoked, are for an:

Indefinite time period

Definite time period to _____

The above-named Guardian has the power conferred by law to do and perform all the duties of Guardian as described.
No expenditures shall be made without prior Court authorization.

Date

JUDGE TERRE L. VANDERVOORT

NOTICE TO FINANCIAL INSTITUTIONS

Funds being held in the name of the within-named Ward shall not be released to Guardian without a Court order directing release of a specific fund and amounts thereof.

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

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

SEAL

JUDGE TERRE L. VANDERVOORT

By:

Deputy Clerk

Date

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

GUARDIANSHIP OF: _____

CASE NO.: _____

FIDUCIARY'S ACCEPTANCE

(R.C. 2111.14)

I, the undersigned, hereby accept the duties, which are required of me by law, and such additional duties as are ordered by the Court having jurisdiction.

AS GUARDIAN OF THE ESTATE, I WILL:

1. Make and file an inventory of the real and personal estate of the ward within 3 months after my appointment.
2. Deposit funds which come into my hands in a lawful depository located within this state.
3. Invest surplus funds in a lawful manner.
4. Make and file an account biannually, or as directed by the Court.
5. File a final account within 30 days after the guardianship is terminated.
6. Inventory any safe deposit box of the ward.
7. Preserve any and all Wills of the Ward as directed by the Court.
8. Expend funds only upon written approval of the Court.
9. Make and file a guardian's report biennially, or as directed by the Court.

AS GUARDIAN OF THE PERSON, I WILL:

1. Protect and control the person of my ward, and make all decisions for him/her based upon the best interest of the ward.
2. Provide suitable maintenance for my ward when necessary.
3. Provide such maintenance and education for my ward as the amount of his estate justifies if the ward is a minor and has no father or mother, or has a father or mother who fails to maintain or educate him/her.
4. Make and file a guardian's report biennially, or as directed by the Court.
5. Obey all orders and judgments of the Court pertaining to the guardianship.
6. Obtain the written approval of the Court before executing a caretaker power of attorney authorized by R.C. 3109.52.

If I change my address or the ward's address, I shall immediately notify Probate Court in writing. I acknowledge that I am subject to removal as such fiduciary if I fail to perform such duties. I also acknowledge that I am subject to possible penalties for improper conversion of the property which I hold as such fiduciary.

Date
