

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

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

**APPLICATION TO DISPENSE WITH THE APPOINTMENT OF  
A GUARDIAN FOR A MINOR**  
**[R.C. 2111.05, 2111.131, Sup. R. 67]**

Applicant states that the minor listed below is a resident of Fairfield County, Ohio, and entitled to the property described in this application. The Applicant moves the Court for an Order to dispense with the appointment of a Guardian of the Estate of the Minor as the assets total less than \$25,000.00. Consents of the Minor's parent(s) or legal custodian(s) are attached, or proper notice of the application will be served by the Applicant upon the filing. The Applicant further asserts the proposed distribution is in the best interest of the minor.

A copy of the Minor's birth certificate and an Acknowledgment of Responsibility are attached to this application.

**Minor's Information**

Name of Minor \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address of Minor \_\_\_\_\_

**Property to be distributed**

Value of Minor's estate: \$ \_\_\_\_\_  
Nature of property in the Minor's estate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent/Legal Custodian's Information**

Name of Parent/Legal Custodian \_\_\_\_\_  
Address (if different than minor) \_\_\_\_\_  
Telephone Number \_\_\_\_\_  Consent attached

Name of Parent/Legal Custodian \_\_\_\_\_  
Address (if different than minor) \_\_\_\_\_  
Telephone Number \_\_\_\_\_  Consent attached

**Proposed Distribution of Assets**

Deposited in a financial institution in the name of the Minor \$ \_\_\_\_\_  
 Delivered to the Minor's Parent/Legal Custodian \$ \_\_\_\_\_  
 Delivered to the person by whom the Minor is maintained \$ \_\_\_\_\_  
(if other than a Parent/Legal Custodian)

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

Delivered to the Minor \$ \_\_\_\_\_  
 Other (describe) \$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A Household Resource Worksheet (FC Form 66.2-A) must accompany this application if the proposed distribution is anything other than a custodial deposit of all assets into a financial institution.

**Statement in Support of Application**

Briefly give a statement in support of the proposed distribution:

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\_\_\_\_\_  
Attorney for Applicant  
  
\_\_\_\_\_  
Typed or Printed Name  
  
\_\_\_\_\_  
Address  
  
\_\_\_\_\_  
City State Zip  
  
\_\_\_\_\_  
Telephone Number (include area code)  
  
\_\_\_\_\_  
Email Address  
  
\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
Applicant's Signature  
  
\_\_\_\_\_  
Typed or Printed Name  
  
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