

IN THE COURT OF COMMON PLEAS OF FAIRFIELD COUNTY, OHIO

PROBATE DIVISION

TERRE L. VANDERVOORT, JUDGE

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]

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

Name \_\_\_\_\_

Address \_\_\_\_\_

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

next of kin of \_\_\_\_\_, known to reside in this state.

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

The application is set for an oral hearing before the Fairfield County Probate Court, 224 E. Main St. Room 308, Lancaster, OH 43130, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_. M. Your presence is not required unless you would like to contest the application. To contest the application, please file your objections prior to the above date. Should anyone contest the application, the matter will convert to a pretrial.

Witness my signature and the seal of the Court

Terre L. Vandervoort, Probate Judge

By: \_\_\_\_\_ Deputy Clerk

\_\_\_\_\_ Date

(Seal)

**RETURN**

\_\_\_\_\_ County, Ohio

\_\_\_\_\_, 20\_\_\_\_

Received this writ on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_\_. M., and on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I served the same by ( delivering  leaving, or  sending) a true copy thereof ( personally to  at the usual place of residence, or  by certified mail to the last known address of)

\_\_\_\_\_  
\_\_\_\_\_

|  |                 |
|--|-----------------|
| <b>Fees</b>                              |                 |
| Service and return, 1 <sup>st</sup> name | \$ _____        |
| _____ Additional names, at _____         |                 |
| _____ Miles traveled, at _____           |                 |
| _____                                    |                 |
| <b>Total</b>                             | <b>\$ _____</b> |
| _____                                    |                 |

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\_\_\_\_\_  
\_\_\_\_\_ Sheriff  
\_\_\_\_\_  
\_\_\_\_\_ Deputy

**AFFIDAVIT OF SERVICE**

The State of Ohio, \_\_\_\_\_ County.  
\_\_\_\_\_, being first duly sworn, says that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the within notice by delivering a true copy thereof personally to \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Sworn to before me and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_

\_\_\_\_\_  
Notary Public/Deputy Clerk