

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

**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. \_\_\_\_\_