

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

**GUARDIANSHIP OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

**INCIDENT REPORT FORM**  
[Local Rule 66.1(E)]

The undersigned has reasonable cause to believe that the ward in this case is being abused, neglected, exploited or otherwise subjected to danger of emotional, physical or financial harm.

The nature of the wrongdoing to which the ward is being subjected is: (Check all that apply)

- Abuse                       Neglect                       Exploitation                       Other danger

The type of harm the ward is subjected to is: (Check all that apply)

- Emotional                       Physical                       Financial

The name of the person or persons who are alleged to have committed, or who are committing, the wrongdoing is:

Name(s): \_\_\_\_\_

Date you first became aware of the incident: \_\_\_\_\_

Was the incident:       A single instance                       Multiple instances

Is the incident still continuing?       Yes                       No

To your knowledge, did anyone report the incident to the police?       Yes                       No

If yes, please attach a copy of the police report, if available.

To your knowledge, did anyone report the incident to the Adult Protective Services or any other agency?

- Yes                       No

If yes, please briefly describe the action the agency has taken, if known:

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

Please describe the incident in detail (continue on extra sheets, if necessary):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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Please identify any other persons who have knowledge of this incident, or who may have information that would be helpful in investigating this incident:

Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____
Name: _____	Telephone Number: _____

Do you believe this situation is an emergency that requires the Court's immediate intervention?  Yes  No

Please attach any additional documentation you believe may be helpful in investigating this incident.

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Signature of person making report

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Printed name

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Title (if applicable)

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Phone number

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Email