



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

**GUARDIANSHIP OF INCOMPETENT ADULT
FOR THE SOLE PURPOSE OF ESTABLISHING
A QUALIFIED INCOME TRUST**

Initial Filing Fee

Court Costs: \$99.00

Requirements

The alleged incompetent adult must be a current resident of Fairfield County, Ohio.

Required Documents

Application for Appointment of Guardian of Incompetent (FC Form 17.0(Q))

Next of Kin of Proposed Ward (FC Form 15.0)

Judgment Entry Setting Hearing on Application for Appointment of Guardian (FC Form 15.01)

Notice to Prospective Ward of Application and Hearing (FC Form 17.3)

Waiver of Notice and Consent (FC Form 15.1) and/or

Notice of Hearing for Appointment of Guardian of Alleged Incompetent (FC Form 17.4)

All parties listed on the Next of Kin of Proposed Ward (FC Form 15.0), who are Ohio residents, must either sign this Consent or be served notice

Statement of Expert Evaluation (FC Form 17.1)

Judgment Entry Appointment of Guardian of Alleged Incompetent Person (FC Form 17.5)

Letters of Guardianship (FC Form 15.4(Q))

**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
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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
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"/>
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)

Typed or Printed Name

Address

City, State, Zip Code

Telephone Number (include area code)

Attorney's Registration No.

Applicant's Signature

Typed or Printed Name

Address

City, State, Zip Code

Telephone Number (include area code)

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

ADDITIONAL COMMENTS

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: _____

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