

# PROBATE COURT OF FRANKLIN COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

## APPLICATION FOR APPOINTMENT OF GUARDIAN OF INCOMPETENT

[R.C.2111.03]

Initial Appointment       Successor Appointment

Applicant alleges that \_\_\_\_\_ is incompetent and is in need of a guardian. Applicant further states:

Note: If the space allotted is inadequate to respond, write "See Exhibit" in the space and attach the exhibit containing the information requested.

### 1. TYPE OF GUARDIANSHIP FOR WHICH APPLICATION IS MADE:

- A.  Non-Limited       Limited       Interim       Emergency
- B.  Person and Estate       Estate Only       Person Only

### 2. IF THE APPLICATION IS FOR A LIMITED GUARDIANSHIP:

A. The requested length of time of the guardianship is:  
 Indefinite       Definite from \_\_\_\_\_ 20\_\_ to \_\_\_\_\_ 20\_\_

B. The limited powers requested to be granted to the guardian are:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### 3. IF THE APPLICATION IS FOR A GUARDIANSHIP OF THE ESTATE:

A. The whole estate of the prospective ward is:	Probable Value
Personal Property .....	\$ _____
Real Property .....	_____
Annual Rents and income from every source .....	_____
Other .....	_____

**TOTAL \$** \_\_\_\_\_

B. A bond in the amount of \$ \_\_\_\_\_  is attached or  will be filed.

### 4. A LIST OF THE NEXT OF KIN, FORM 15.0, OF THE ALLEGED INCOMPETENT IS ATTACHED.

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**5. INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN / APPLICANT:**

A. Name and AKA \_\_\_\_\_

Home Address \_\_\_\_\_

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

Telephone Number: Home \_\_\_\_\_ Work \_\_\_\_\_

D.O.B. \_\_\_\_\_ Relationship to Alleged Incompetent \_\_\_\_\_

Do you currently act as any of the following for the proposed ward?

Physician       Attorney       Landlord       Caregiver       Custodian

Creditor       Power of Attorney       Durable Power of Attorney for Health Care

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

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

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
_____	_____	_____
_____	_____	_____
_____	_____	_____

**6. INFORMATION CONCERNING THE ALLEGED INCOMPETENT:**

A. Full Name and AKA \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Legal settlement or residence \_\_\_\_\_

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

in \_\_\_\_\_ County, Ohio Telephone Number \_\_\_\_\_

Length of time at that residence \_\_\_\_\_

B. If the alleged incompetent is living at an address different from the residence shown in Section 6-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. \_\_\_\_\_

Telephone Number \_\_\_\_\_ Best time to call \_\_\_\_\_

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D. In the event of the death or incapacity of the applicant/guardian, the Court should contact the nearest friends or relatives whose names and addresses are:

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

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

Address \_\_\_\_\_

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

**7. FURTHER INFORMATION CONCERNING THE ALLEGED INCOMPETENT:**

A. The present guardian is: (if "none" so state)

Name \_\_\_\_\_

Address \_\_\_\_\_

Are any of the following less intrusive measures in place?

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Living will                           | <input type="checkbox"/> Durable power of attorney | <input type="checkbox"/> Power of attorney    |
| <input type="checkbox"/> Limited guardianship                  | <input type="checkbox"/> Conservatorship           | <input type="checkbox"/> Representative payee |
| <input type="checkbox"/> Health care durable power of attorney |  |   |

B. Describe the prospective ward's alleged mental and/or physical incompetency.

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

C. The applicant believes the proposed ward should retain the following rights, if any:

- |  |                               |  |                                   |   |
|--|-------------------------------|--|-----------------------------------|---|
| <input type="checkbox"/> None                                      | <input type="checkbox"/> Vote | <input type="checkbox"/> Marry                   | <input type="checkbox"/> Contract | <input type="checkbox"/> Execute a will |
| <input type="checkbox"/> Obtain driver's license / drive a vehicle |                               | <input type="checkbox"/> Hold or convey property |                                   |   |
| <input type="checkbox"/> Other: (please specify) _____             |                               |  |                                   |   |

D. A Statement of Expert Evaluation, Form 17.1A, is attached.

E. Indicate names of any/all physicians and other related professionals who have treated or counseled the prospective ward within the last 2 years.

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

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F. To the best of your ability, list prescriptions and/or over the counter medication taken by the prospective ward. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G. List any problems the alleged incompetent may have in communicating.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

H. 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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I. If applicant is considering protective placement, complete the following:

a. The proposed ward suffers from the following disabilities:

- |   |   |
|---|---|
| <input type="checkbox"/> Infirmities of aging     | <input type="checkbox"/> Chronic mental illness |
| <input type="checkbox"/> Developmentally disabled | <input type="checkbox"/> 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.

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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Attorney for Applicant and registration number

\_\_\_\_\_  
Address

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

(            )  
\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Address

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

(            )  
\_\_\_\_\_  
Telephone