

PROBATE COURT OF TRUMBULL COUNTY, OHIO
THOMAS A SWIFT, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF: _____

CASE NO: _____

APPLICANT QUESTIONNAIRE

Name: _____ D.O.B. _____

Address _____

Phone: _____ Occupation/Employment: _____

1. What is your relationship to the individual? _____
2. Are you a service provider to the individual? Yes ____ No ____ If yes, explain:

3. How long have you known the individual? _____
Describe the relationship with the individual, including how long you have known him/her,
how often you meet, and activities when you meet. _____

4. Did anyone recommend that a guardianship application be filed? Yes ____ No ____
If Yes, who recommended and why? _____

5. What do you believe are the behaviors that make the appointment of a guardian necessary?

6. What solutions to these problems have been tried before filing for guardianship? _____

7. Why do you want to become guardian of the individual? _____

8. Are you in sufficiently good health and with sufficient energy to meet guardianship
duties? Yes ____ No ____ Explain: _____

9. Do you know of anyone else who would also be interested in becoming the guardian or will be helping you fulfill guardianship responsibilities? Yes _____ No _____ Explain:

10. In general, what is your plan for overseeing the care of the individual? _____

a. Do you have sufficient time to fulfill guardianship duties? Yes _____ No _____

b. Are you familiar with her/his medical problems and medications? Yes _____ No _____

c. List the names of any community service providers and the nature of the services they provide. (APS, VNA, Senior Services, etc.) _____

d. Where will the individual live? _____

e. Is this an adequate setting? _____

f. Does this setting meet the needs of the individual? Yes _____ No _____

Explain: _____

g. What is the distance from your residence? _____

h. How often do you plan to visit, and how will you oversee these living arrangements?

i. Have social activities, recreation and entertainment been considered? Explain:

j. How will transportation for medical care, recreation, etc. be handled?

k. If individual will be living with you, what arrangements can you make to take time off from these responsibilities/care? _____

11. Mental Status Observation Checklist: Record your observational impressions on a scale of 1 for significant impairment to 5 for average/normal functioning. Comment where helpful. (Circle ratings)

	Comments
a) Orientation (Person, Place and Time)	_____
b) Speech -----	_____
c) Motor Behavior -----	_____
d) Thought Process -----	_____
e) Affect -----	_____
f) Memory-----	_____
g) Concentration & Comprehension---	_____
h) Judgment -----	_____

11. Is the individual aware of the plans for guardianship as outlined in the above information, and is he/she in agreement? Yes ___ No ___ Explain: _____

13. Do you currently have a power of attorney for the individual? Yes ___ No ___
 If yes, describe: _____

14. Do you now or have you ever assisted the individual with his/her finances? Explain

15. Have you been charged with or convicted of a crime? Yes ___ No ___

16. Is the individual a veteran? Yes ___ No ___

17. Have you ever filed for bankruptcy? Yes ___ No ___
 If Yes, explain: _____

Remarks:

 Date

 Completed By

 Title

 Printed Name