JAMES A. FREDERICKA, JUDGE
TRUMBULL COUNTY PROBATE COURT
161 High Street
Warren, Ohio 44481
(330) 675-2521
fax: 675-3024
www.trumbullprobate.org

GUARDIANSHIP OF AN INCOMPETENT ADULT

What it will cost: The court collects a deposit when the application is filed: person only: $161.00, estate only: $161.00, person & estate: $161.00.

****The Probate Court accepts payment by cash, check, and money order only. The Court does not accept payment by debit or credit cards.****

What to expect: The applicant will need to complete the packet of forms. Please note: The proposed ward must be a resident of Trumbull County. If applying for guardian of the estate, the applicant must be a resident of Ohio. Please type or print legibly in blue or black ink and sign where indicated; these are official court documents.

The Statement of Expert Evaluation must be completed and signed by either a licensed physician or a licensed clinical psychologist. (A statement of expert evaluation signed by an LSW, LISW, CNP, LPN or RN is not sufficient under Ohio law.)The statement of evaluation does not declare the subject incompetent, but is considered by the court as evidence of incompetency. Once this evaluation is filed with the court, it becomes confidential and accessible by court order only.

Once the application has been accepted for filing, the application is docketed and sent to the Assignment Clerk to schedule a hearing. A hearing is generally scheduled within three to four weeks. You will be notified by mail of the hearing date and time.

The applicant will need to submit to a criminal background check with the Trumbull County Sheriff's Department. The applicant must call the Sheriff's Department at 330-675-2540 for an appointment. The applicant will take the consent form and $35.00 to the Sheriff's Department at the scheduled time. Results will be sent to the probate court.

The Probate Court will appoint a court investigator to personally serve notice to the proposed ward. **All applicants for appointment of a guardian shall make arrangements to meet with the Court Investigator and review Courtwise, the Adult Guardianship Manual, the Ohio Guardianship Guide, the Guardian Dos and Don'ts and the "A Guardian's Helping Hands" video prior to the hearing on appointment. All are available on our website at www.trumbullprobate.org/guardianships.** The Court Investigator may discuss with the applicant lesser restrictive alternatives.

On the day of the hearing, the applicant should arrive 10 to 15 minutes early and check in with the Probate Court's receptionist at the front office.

At the hearing, the Judge or Magistrate will review the application and review the guardian's duties. If the application is granted, you will sign an Oath of Guardian and receive your Letters of Guardianship. (If the guardianship is contested by the proposed ward or another applicant, an evidentiary hearing will be needed.)

Dear Applicant:

In addition to completing the requested forms for Guardianship, an appointment with the Court Investigator **MUST** be scheduled at least two (2) weeks prior to the hearing date. Please call the Probate Court (330) 675-2521 and ask to speak with the Court Investigator.

Failure to schedule an appointment will result in the hearing being rescheduled for a later date or your application being dismissed.

WEBCHECKS/ BACKGROUND CHECKS

- If you are required to have a WEBCHECK/background check, you must go to the Trumbull County Sheriff's Department to have the check completed.
- The Trumbull County Sheriff's Department is a separate department from the Trumbull County Probate Court. The Trumbull County Sheriff's Department sets the hours for completing the checks.
- Please **call the Trumbull County Sheriff's Department at (330) 675-4040** for up to date information about when you can have your WEBCHECK/background check completed.
- The Trumbull County Sheriff's Department is located at the Trumbull County Jail, 150 High Street, Warren, Ohio 44481.
- The Trumbull County Sheriff reports that the cost for checks will range from $35.00 to $75.00, depending upon the type of check that must be performed.
- If you have questions or concerns about getting the WEBCHECK/background check completed or the transmission of your results, please call the Trumbull County Sheriff's Department at **(330) 675-4040**.

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

IN THE MATTER OF:	)	CASE NO.
	)	
	)	

CONSENT TO WEBCHECK CRIMINAL BACKGROUND CHECK
(Estates, Guardianships, Name Changes and Trusts)

I, the undersigned, hereby authorize the Trumbull County Sheriff's Department to perform a criminal background check using the WEBCHECK system, to have the results sent directly to the Trumbull County Probate Court to become a permanent part of the Court's file.

_____
Signature Date

_____
Printed Name

_____
Address

_____

_____
Telephone Number Date of Birth

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF_____

CASE NO._____

APPLICATION FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT

[R.C. 2111.03]

Applicant represents to the Court that _____ resides or has a legal settlement at _____ in _____ County, Ohio and that the prospective ward is incompetent by reason of (R.C. 2111.01(D)) _____ _____.

The proposed ward's date of birth is _____.

A Statement of Expert Evaluation is attached. (Form 17.1)

A list of Next of Kin of Proposed Ward is also attached. (Form 15.0)

The whole estate of the prospective ward is estimated as follows:

Personal Property……..$_____

Real Estate……..$_____

Annual Rents……..$_____

Other annual income……..$_____

Applicant represents that the applicant is not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

Applicant offers the attached bond in the amount of $ _____.

Applicant further represents that a guardian of the alleged incompetent is necessary in order that ☐ the ward ☐ ward's property may be taken proper care of and asks that a guardian be appointed.

TYPE OF GUARDIANSHIP APPLIED FOR IS **[check the applicable boxes]**

☐ non-limited ☐ limited ☐ person and estate ☐ estate only ☐ person only

If limited guardianship is applied for, the limited powers requested are _____ _____.

CASE NO._____

The time period requested is ☐ indefinite ☐ definite to _____
_____.

Applicant's relationship to alleged incompetent is _____
_____.

The Applicant has (not) been charged with or convicted of a crime involving theft, physical violence, or sexual, alcohol or substance abuse except as follows (if applicable, state date and place of each charge or each conviction.)

_____
_____.

☐ The Applicant represents that a guardian has been nominated in a writing pursuant to R.C. 1337.12(E) or R.C. 2111.121. The nominated person is _____.

☐ The nominated person's contact information is listed on Form 15.0 (Next of Kin).

☐ A copy of the document which nominates the guardian is attached.

☐ The Applicant represents that the proposed ward had military service.

Military I.D.:_____

Branch of service:_____

Dates of service:_____

☐ 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.

☐ Applicant is currently guardian for the following number of wards: _____ Person & Estate
_____ Person Only
_____ Estate Only

_____
Attorney for Applicant

_____
Typed or Printed Name

_____
Address

_____
City State Zip

_____
Telephone Number (include area code)

Attorney Registration No._____

_____
Applicant

_____
Typed or Printed Name

_____
Age

_____
Permanent Address

_____
City State Zip

_____
Telephone Number (include area code)

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____
CASE NO. _____

APPLICATION FOR APPOINTMENT OF GUARDIAN
OF AN ALLEGED INCOMPETENT
(ADDENDUM)

If the alleged incompetent is currently living at an address **different** from the residence stated please specify:

_____

_____

Names of a person **other than the alleged incompetent** who may be contacted at the address where the alleged incompetent is living:

_____
NAME PHONE NUMBER

List any agencies, either private or public, who may have knowledge of the alleged incompetent, and may be of assistance in determining the need for the guardianship:

_____

_____

List any problems the alleged incompetent may have in communicating:

_____

_____

_____ _____
DATE APPLICANT

_____
DAYTIME PHONE NUMBER

Reset

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, 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

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

IN THE MATTER OF THE 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. [ ]	Name _____	_____	_____
	Address _____		Zip _____
2. [ ]	Name _____	_____	_____
	Address _____		Zip _____
3. [ ]	Name _____	_____	_____
	Address _____		Zip _____
4. [ ]	Name _____	_____	_____
	Address _____		Zip _____
5. [ ]	Name _____	_____	_____
	Address _____		Zip _____
6. [ ]	Name _____	_____	_____
	Address _____		Zip _____
7. [ ]	Name _____	_____	_____
	Address _____		Zip _____
8. [ ]	Name _____	_____	_____
	Address _____		Zip _____
9. [ ]	Name _____	_____	_____
	Address _____		Zip _____
10. [ ]	Name _____	_____	_____
	Address _____		Zip _____

_____ _____

Date Applicant

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

IN THE MATTER OF THE 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 _____

_____

_____ _____

_____ _____

_____ _____

_____ _____

_____ _____

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

FIDUCIARY'S ACCEPTANCE

GUARDIAN

(R.C. 2111.14)

I, the undersigned, hereby accept the duties which are required of me by law, and such additional duties as are ordered by the Court having jurisdiction.

AS GUARDIAN OF THE ESTATE, I WILL:

1. Make and file an inventory of the real and personal estate of the ward within 3 months after my appointment.
2. Deposit funds which come into my hands in a lawful depository located within this state.
3. Invest surplus funds in a lawful manner.
4. Make and file an account biennially, or as directed by the Court.
5. File a final account within 30 days after the guardianship is terminated.
6. Inventory any safe deposit box of the ward.
7. Preserve any and all Wills of the Ward as directed by the Court.
8. Expend funds only upon written approval of the Court.
9. Make and file a guardian's report biennially, or as directed by the Court.

AS GUARDIAN OF THE PERSON, I WILL:

1. Protect and control the person of my ward, and make all decisions for the ward based upon the best interest of the ward.
2. Provide suitable maintenance for my ward when necessary.
3. Provide such maintenance and education for my ward as the amount of his estate justifies if the ward is a minor and has no father or mother, or has a father or mother who fails to maintain or educate him/her.
4. Make and file a guardian's report biennially, or as directed by the Court.
5. Obey all orders and judgments of the Court pertaining to the guardianship.
6. Obtain the written approval of the Court before executing a caretaker power of attorney authorized by R.C. 3109.52

If I change my address or the ward's address, I shall immediately notify Probate Court in writing. I acknowledge that I am subject to removal as such fiduciary if I fail to perform such duties. I also acknowledge that I am subject to possible penalties for improper conversion on the property which I hold as such fiduciary.

_____ _____

Date Fiduciary

In the Court of Common Pleas
Probate Division
Trumbull County, Ohio

AUTHORIZATION

I, the undersigned, hereby authorize the Court Investigator of the Trumbull County Probate Court to perform a police background check with any local, state or federal police department or agency as part of my application to be appointed guardian of

_____

_____
Signature Date

_____
Printed Name

_____
Date of Birth

_____
Social Security Number

_____

For Investigator's Use Only:

Verification: _____
Source **Date**

Findings: _____

PROBATE COURT OF TRUMBULL COUNTY, OHIO
JAMES A. FREDERICKA, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S BOND

(R.C. 2109.04 (A)(1))

Amount of this Bond $ _____

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above among, for payment of which we bind ourselves and our successors, heirs, executors, and administrators, jointly and severally.

The principal ha accepted in writing the duties of fiduciary in ward's estate, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates estate assets or improperly converts them to his own use or the use of another.

[check if personal sureties are involved.] the sureties certify that each of then owns real estate in this county, with a reasonable net value as stated below.

_____ Date	_____ Principal
_____ Surety	_____ Surety
By_____ Attorney in Fact	By_____ Attorney in Fact
_____ Typed or Printed Name	_____ Typed or Printed Name
_____ Address	_____ Address
_____ Net value of real estate owned in this county $_____	_____ Net value of real estate owned in this county $_____

PROBATE COURT OF TRUMBULL COUNTY, OHIO

JAMES A. FREDERICKA , JUDGE

GUARDIANSHIP OF: _____

CASE NO: _____

COURT INVESTIGATOR'S REPORT ON PROPOSED GUARDIANSHIP

[R.C. 2111.041]

GENERAL INFORMATION

[To be compiled by Probate Court Investigator]

Individual's age_____ Relationship to applicant_____

Individual's residence _____

Individual's highest level of education _____

Individual's marital status _____

Grounds for application (R.C.2111.01(D)):

The individual is alleged to be:

- ☐ mentally impaired as a result of a mental illness or disability.
- ☐ mentally impaired as a result of a physical illness or disability.
- ☐ mentally impaired as a result of intellectual disability.
- ☐ mentally impaired as a result of chronic substance abuse.
- ☐ any person confined to a correctional institution within this state.

so that

- ☐ the individual is incapable of taking proper care of the individual's self.
- ☐ the individual is incapable of taking proper care of the individual's property.
- ☐ the individual fails to provide for the individual's family or other individual for whom the person is charged by law to provide.

Documentation submitted and date of evaluation _____

Referral Source: _____

CASE NO. _____

INVESTIGATOR'S REPORT

I. Service of Notice

☐ Made at Individual's home

☐ Made in Hospital, Nursing Facility, or Community-Based Care Facility:

Name of Facility _____

Address of Facility _____

Administrator or representative served _____

☐ Other _____

Date of Service of Notice: _____

Others present during the contact (if yes, list name and relationship) _____

_____

A. Individual's understanding of the concept of guardianship:

☐ Good ☐ Fair ☐ Poor ☐ Unable to determine.

Explain _____

_____.

B. Individual's attitude to the concept of guardianship:

☐ Consenting ☐ Opposed ☐ Unable to Determine.

Explain _____

_____.

C. What is the individual's attitude towards the applicant serving as guardian?

☐ Consenting ☐ Opposed ☐ Unable to Determine.

Explain _____

_____.

CASE NO. _____

D. Is there someone other than the applicant that the individual would prefer as guardian?

☐ Yes _____ (name/relationship) ☐ No

Explain _____

_____.

E. Specific requests of the individual concerning enumerated rights

II. Mental and Physical Conditions of Individual

A. Individual's reported mental and physical diagnosis:_____

_____.

Individual's reported medications: _____

_____.

Reported by whom: _____

B. Mental Status Observations: During interview were impairments noted in the Individual's:

	Yes	No	Unable to Determine
1. Orientation (Person, Place and Time)	☐	☐	☐
2. Speech	☐	☐	☐
3. Thought Process	☐	☐	☐
4. Affect	☐	☐	☐
5. Memory	☐	☐	☐
6. Concentration & Comprehension	☐	☐	☐
7. Judgment	☐	☐	☐

Explain further if necessary:_____

_____.

CASE NO. _____

C. Describe the Physical Condition of Individual

1. Isolation _____

2. Eating Habits _____

3. Significant Weight Loss or Gain _____

4. Sleep Habits _____

5. Mobility _____

Explain further if necessary:_____

_____.

D. Describe the Environmental or Living Condition of the Individual:

1. Housing & Sanitation _____

2. Risk of Accidents _____

3. Physical Barriers _____

4. Resource Availability _____

Explain further if necessary:_____

_____.

III. Functional Capacities

Activities and Instrumental Activities of Daily Living

	Capable	Incapable	Unable to Determine
1. Eating	☐	☐	☐
2. Dressing	☐	☐	☐
3. Transfer from bed	☐	☐	☐
4. Toileting	☐	☐	☐

CASE NO. _____

5. Bathing	☐	☐	☐
6. Handling personal finances	☐	☐	☐
7. Shopping	☐	☐	☐
8. Driving	☐	☐	☐
9. Meal preparation	☐	☐	☐
10. Doing housework	☐	☐	☐
11. Using telephone	☐	☐	☐
12. Taking medications	☐	☐	☐

Explain further if necessary:

_____

_____.

IV. Additional Items Affecting Guardianship Plan Development

A. Are there any indications or allegations of substance abuse by the individual or significant others that could impact the guardianship issue? Yes ☐ No ☐ Explain and recommend actions needed:

_____

_____

_____.

B. Are there any special characteristics of the individual (including aggressive, violent, or sexual behaviors, or other vulnerabilities) that pose a risk to self or others, which should be considered as guardianship decisions on living arrangements and supervision are made? Yes ☐ No ☐ Explain the characteristics and make recommendations:

_____

_____

_____.

C. Are there any allegations or indications of abuse, neglect, or exploitation of the individual? Yes ☐ No ☐ Explain and recommend needed actions:

CASE NO. _____

_____

_____

_____.

D. Is there a need for additional medical, psychiatric, or psychological testing? Yes ☐ No ☐ If yes, give specific recommendations:

_____

_____

_____.

E. Are there inconsistencies between the Expert Evaluation and the Court Investigator's findings that need further review by the Court? Yes ☐ No ☐ If yes, identify the inconsistencies and make a recommendation(s) to the Court:

_____

_____

_____.

F. Are there unresolved issues/conflicts/ differences among the parties? Yes ☐ No ☐
If yes, would mediation be of assistance? Yes ☐ No ☐
Explain _____

_____.

G. Is there a power of attorney for financial affairs? Yes ☐ No ☐ Unknown ☐ If yes, where is it located?_____.

Who is the attorney-in-fact?_____.

H. Is there a last will and testament? Yes ☐ No ☐ Unknown ☐
If yes, where is it located? _____.

I. Is there a durable power of attorney for health care/living will? Yes ☐ No ☐ Unknown ☐ If yes, where is it located? _____.

Give name and address of attorney-in-fact: _____.

J. Is there an advance directive for mental health care? Yes ☐ No ☐ Unknown ☐ If yes, where is it located?_____.

CASE NO. _____

Give name and address of attorney-in-fact: _____

_____.

K. Is the individual a veteran? Yes ☐ No ☐

L. Does the individual have regular visitors? Yes ☐ No ☐

Source of the Information: _____.

M. If yes, who: _____.

Relationship of visitor(s) to individual: _____.

N. Did the individual express a desire to have visitors? Yes ☐ No ☐

If yes, who? _____.

If no, why not? _____.

V. RECOMMENDATIONS: Given the above information and Expert Evaluation(s):

A. IS A GUARDIANSHIP NECESSARY?

☐ Yes

__ Person Only
Estate Only
__ Person and Estate
Limited List Duties: _____

_____

_____

☐ No Explain and recommend a less restrictive alternative(s): _____

_____

B. NECESSITY FOR THE APPOINTMENT OF:

Attorney Independent Expert Evaluator

Are there special urgency needs? Explain: _____

_____

CASE NO. _____

C. VISITATION RECOMMENDATION: _____

Remarks:

I certify that I have served notice to the alleged incompetent as required by statute and I have communicated to the individual in a language and method best understandable by the individual the individual's right to be present at the hearing, the right to contest any application for the appointment of a guardian for his or her person, estate, or both, and the right to be represented by counsel.

_____ _____

Date Investigator

CASE NO._____

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 indication 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 guardianship 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

CASE NO._____

ADDITIONAL COMMENTS

Date _____

_____
Signature – Licensed Physician/Clinical Psychologist

PROBATE COURT OF TRUMBULL COUNTY, OHIO

JAMES A. FREDERICKA, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

SERVICE OF NOTICE INFORMATION FOR ADULT GUARDIANSHIPS

[R.C. 2111.04]

You are asking to be appointed guardian for an adult. Ohio law requires that the prospective ward be visited and personally served notice of the application by a Probate Court Investigator. The below information is required in order to assist the Court Investigator in this process.

Please provide the requested information with your application.

1. At the time of the filing of the Application for Guardianship, the proposed ward is physically at:
   ☐ Home ☐ Facility ☐ Other *(please check one)*

   Address (Do not answer unknown): _____

   _____

2. Does the proposed ward leave the above location on a regular basis (day care, etc.) during the day?
   ☐ Yes ☐ No

   If yes, explain: _____

   _____

3. Please provide a name and phone number of a person who can be contacted by the Court Investigator so that the Court Investigator may arrange a visit with the proposed ward (case manager, social worker, nurse, parent, applicant, or attorney)

   a. Contact person's name: _____

   b. Contact person's relation to proposed ward: _____

   c. Telephone number: _____

   d. Best time for Court Investigator to contact: _____

4. Has the proposed ward been told of the pending action? ☐ Yes ☐ No

5. To ensure safety, should the Court Investigator be accompanied by someone or require assistance?
   ☐ Yes ☐ No
   If yes, explain: _____

   _____

Date:_____ _____

Applicant's Signature

CAUTION: The hearing may not be held unless this visit is completed at least 7 days prior to the hearing date. If there is any change in the location of the proposed ward from the time the application is filed to the hearing date, please contact _____ at____ _____.