

*****PROBATE COURT OF HFI A6I @@COUNTY, OHIO
JAMES A. FREDERICKAŽJUDGE

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

 Applicant

 Typed or Printed Name

 Typed or Printed Name

 Address

 Age

 City State Zip

 Permanent Address

 Telephone Number (include area code)

 City State Zip

 Attorney Registration No.

 Telephone Number (include area code)