

**PROBATE COURT OF BUTLER COUNTY, OHIO  
JOHN M. HOLCOMB, JUDGE**

**GUARDIANSHIP OF:** \_\_\_\_\_

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

**ANNUAL GUARDIANSHIP PLAN – PERSON**

[Sup. R. 66.08(G)]

[Attach as addendum to Form 17.7 – Guardian’s Report]

I am the guardian of the person for the above – named ward. I have identified the following goal(s) for the next year and how I intend the goal(s) to be met.

**For the Person**

**Goal** – (for example: address medication issues; obtain assistance devices; secure medical and rehab services; meet mental health service needs; secure personal care services; enhance nutrition; improve social skills, etc.)

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

**Means to Meet the Goal** – (for example: educate on benefits of medications and compliance; obtain walker, wheelchair, hearing aid; schedule semi-annual checkups/exams; secure outpatient examinations and mental health counseling; arrange for shopping and/or meals on wheels; enroll in sheltered workshop/socialization programs, etc.)

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

[Attach additional pages if necessary]

\_\_\_\_\_  
Guardian’s Printed Name

\_\_\_\_\_  
Guardian’s Signature

\_\_\_\_\_  
Street

\_\_\_\_\_  
Phone Number

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