

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE CONSERVATORSHIP OF _____

CASE NO. _____

APPLICATION FOR APPOINTMENT OF CONSERVATOR

(R.C. 2111.021)

I, _____, Petitioner, hereby state that I am a competent adult but am physically infirm. I request that:

1. Name of Proposed Conservator _____

Street _____

City _____, Ohio (Zip) _____ Telephone _____

be appointed conservator of my:

Person and Estate Person Only Estate Only

2. The length (time period) of the conservatorship is:

Indefinite Definite - to the _____ day of _____, _____

3. (If "Person Only" or "Person and Estate" is checked), I give the following power over my PERSON to the:

a. Conservator:

(1) All powers that a guardian would have under the guardianship laws of Ohio.

(2) Limited to the power to _____

b. Court:

(1) All powers that a Court would have under the guardianship laws of Ohio.

(2) Limited to the power to _____

4. (If "Estate Only" or "Person and Estate" is checked), I give the following power over my ESTATE to the:

a. Conservator:

(1) All powers that a guardian would have under the guardianship laws of Ohio.

(2) Limited to the power to _____

CASE NO. _____

b. Court:

(1) All powers that a Court would have under the guardianship laws of Ohio.

(2) Limited to the power to _____

c. The following of my property is subject to the foregoing powers:

(1) All property. (attach description of property)

(2) Only the property listed as follows:

5. If the application is for a conservatorship of the estate:

a. The estate to be placed under conservatorship is:

Personal Property	\$	_____
Real Property	\$	_____
Annual Rents	\$	_____
Other Annual Income	\$	_____
TOTAL	\$	_____

b. A bond in the amount of \$ _____ is attached. (R.C. 2109.04(A)(1)) (Form 15.3)

6. Service of notice of the conservatorship is to be given to:

None

Same as Guardianship

As Listed on Form 15.0

Based on the foregoing information, I do hereby petition the Court to appoint a Conservator for myself, and do so freely and of my own will. I certify that all information and statements contained in this application and the attached exhibits are correct to the best of my knowledge and belief.

Date

Attorney's Signature

Applicant's Signature

(Type or print Attorney's Name)

(Type or print Applicant's Name)

(Street)

(Street)

(City, State, Zip Code)

(City, State, Zip Code)

(Telephone Number--Include Area Code)

(Telephone Number--Include Area Code)

Supreme Court Registration Number

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF 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. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
2. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
3. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
4. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
5. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
6. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
7. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
8. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
9. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
10. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____

Date

Applicant

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ of _____

(address)

do hereby authorize the following Butler County agencies: Adult Protective Services, Job and Family Services, and the Sheriff's Department to release all information regarding any child neglect, child abuse, adult neglect, adult abuse or criminal records that I may have with the agencies to the Butler County Probate Court.

I understand that Butler County Probate Court has requested this information from your agency. I further understand that all information released by your agency will be considered confidential by the Butler County Probate Court to the extent that information is otherwise confidential according to law.

Date of Birth	
Social Security Number	
Marital Status	
Previous Address	
Maiden Name	
Spouse's Name	
Name of Former Spouse(s)	
Name(s) of Child(ren)	
A.K.A.	

Signature

Witness

TO BE COMPLETED BY EACH AGENCY

(Please check appropriate space and sign. If a record is located, attach record/information to this form.)

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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Butler County Adult Protective Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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Butler County Job and Family Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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Butler County Sheriff's Department

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

CASE NO. _____

**JUDGMENT ENTRY
SETTING HEARING ON APPLICATION FOR APPOINTMENT
OF GUARDIAN**

This day _____ appeared in open Court, and filed an application for the appointment of limited guardian guardian of the person estate person and estate of _____ .

It is ordered that the _____ day of _____ , _____ at _____ o'clock M., be and is hereby fixed as the time of hearing said application before this Court. It is further ordered that written notice be served personally upon minors over fourteen years of age and in the manner as is provided by law upon all others entitled to receive the same.

Date

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF 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.

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 of the property which I hold as such fiduciary.

Date

Fiduciary

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF 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 amount, for payment of which we bind ourselves and our successors, heirs, executors and administrators, jointly and severally.

The principal has 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 them 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 BUTLER COUNTY, OHIO

GUARDIANSHIP OF _____

CASE NO. _____

OATH OF GUARDIAN

[R.C. 2111.02(C)]

[To be taken on Appointment of Guardian]

I, _____, Guardian of

_____, will faithfully and completely fulfill my duties as Guardian, including the duty:

To file, and continue to make diligent efforts to file, a true inventory in accordance with the Ohio Revised Code, and report all assets belonging to the estate of my ward.

To file timely and accurate reports.

To file timely and accurate accounts.

To, at all times, protect my ward's interests and to make all decisions based on the best interest of my ward.

To apply to the Court for authority to expend funds prior to so doing.

To obey all orders and rules of this Court pertaining to guardianships.

Guardian

The above oath was taken and signed in my presence on this _____ day of

_____, _____.

Judge/Magistrate

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE CONSERVATORSHIP OF _____

CASE NO. _____

**JUDGMENT ENTRY
APPOINTMENT OF CONSERVATOR
(R.C. 2111.021)**

Upon hearing the application for appointment of a Conservator herein, the Court finds that the petitioner is a resident of this County, or has legal settlement herein; that this Court has jurisdiction; and that

_____ is a competent, but physically infirm adult, who has voluntarily petitioned for, and the Court does declare _____ as his/her Conservator, and grants to the Conservator powers fully described in the Letters of Conservatorship.

The Court further finds that powers of the Court shall be:

- 1. Full powers as proscribed in the Laws of Guardianship of the State of Ohio.
- 2. Limited to the following powers, but not limited to the power to set bond, and all powers in Section 2111.021 of the Ohio Revised Code.

The Court approves the bond as filed.

The Court orders Letters of Conservatorship issue to _____

_____ as provided by law.

Date

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE CONSERVATORSHIP OF _____

CASE NO. _____

LETTERS OF CONSERVATORSHIP

_____ is appointed Conservator of _____

As Conservator, his/her powers are:

1. All powers conferred by the Guardianship laws of Ohio and the Rules of this Court over the conservatee's:

- Person and Estate Person Only Estate Only

2. Those guardianship powers, until revoked, are for an:

- Indefinite time period
 Definite time period to _____, _____

3. The Conservator's powers are limited to:

4. The following property of the conservatee is subject to the above power of the conservator:

- All property.
 Only the property listed as follows:

The above-named Conservator has the power conferred by law to do and perform all the duties of Conservator as described.

Date

Probate Judge

NOTE TO FINANCIAL INSTITUTIONS

Funds being held in the name of the within-named Conservatee shall not be released to Conservator without a Court Order directing release of a specific fund and amounts thereof.

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

This document is a true copy of the original kept by me as custodian of this Court. It constitutes the appointment and letters of authority of the named Conservator, who is qualified and acting in such capacity.

(Probate Judge)

by _____
Deputy Clerk

(SEAL)

(Date)

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

GUARDIAN'S INVENTORY

[2111.114(A)]

of the real and personal estate of the ward with its value and the value of the yearly rent of the real estate

List any safety deposit box and date and location of any will. \$

RECAPITULATION

Total value of Personal Estate \$ _____
Total value of Real Estate \$ _____
Yearly rent of Real Estate \$ _____
Other annual income \$ _____
Total \$ _____

Guardian

FORM MUST BE TYPEWRITTEN

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

APPLICATION TO RELEASE FUNDS TO GUARDIAN

Now comes the guardian of the above-named ward and makes application for authority to secure the release of the following funds of the ward.

_____	\$ _____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

The applicant further states that it is for the best interest of the ward that this authority be granted.

Guardian

ORDER AUTHORIZING RELEASE OF FUNDS

This _____ day of _____, _____, this cause came on to be heard upon the application of the guardian of the above-named ward and the evidence, and the Court being fully advised in the premises, hereby authorizes the release of the above funds to the guardian.

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

APPLICATION FOR AUTHORITY TO EXPEND FUNDS

Now comes the undersigned, guardian of the estate of the above-named minor incompetent ward, and makes application for authority to expend funds for the best interest of the ward as follows:
[State amount requested, nature of expenditure, and the frequency and duration of authority requested. Attach additional explanation, documentation, or estimates as needed.]

Two columns of horizontal lines for text entry.

Guardian

ORDER AUTHORIZING EXPENDITURE OF FUNDS

This _____ day of _____, _____, this cause came on to be heard upon the application of the guardian of the estate of the above-named ward and the evidence, and the Court being fully advised in the premises, hereby authorizes the guardian to expend funds as set forth in the Application.

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF _____

Case No. _____

GUARDIAN'S ACCOUNT

[R.C. 2109.30]

_____ Account

Page _____ Of _____ From _____ To _____

20 _____ (Balance from previous account) \$ _____ \$ _____

Date Description of Item Voucher No. Receipts Disbursements

CASE NO. _____

RECAPITULATION

Total Receipts _____ \$ _____

Total Disbursements **ENTER AS A NEGATIVE NUMBER (-)** _____ \$ _____

Balance Remaining _____ \$ _____

ITEMIZED STATEMENT OF ALL FUNDS, ASSETS AND INVESTMENTS

ITEM _____ \$ _____

Attorney

Attorney Registration No. _____

Guardian

Typed or Printed Name

Address of Guardian

ENTRY SETTING HEARING

The Court sets _____ at _____ o'clock _____ .M., as the date and time for hearing the above account.

Date

Probate Judge

PROBATE COURT OF BUTLER COUNTY, OHIO

Case No. _____

GUARDIAN'S ACCOUNT
Continuation Sheet

Page _____ Of _____

Date	Description of Item	Voucher No.	\$ Receipts	\$ Disbursements
20				

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

BANK CERTIFICATE

N.B. must be executed when funds are on deposit.

I HEREBY CERTIFY that the within named fiduciary, on the date named below, had on deposit in

The _____ of _____, Ohio,

the sum of \$ _____ on _____ to the credit of

the estate of _____
Nature of Deposit

_____ Bank

Dated _____ By _____ Cashier

Fiduciary

BANK CERTIFICATE

N.B. must be executed when funds are on deposit.

I HEREBY CERTIFY that the within named fiduciary, on the date named below, had on deposit in

The _____ of _____, Ohio,

the sum of \$ _____ on _____ to the credit of

the estate of _____
Nature of Deposit

_____ Bank

Dated _____ By _____ Cashier

Fiduciary

Attach to Guardian account form 15.8

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

GUARDIAN'S REPORT

(R.C. 2111.49)

NOTE: If allotted space is inadequate to respond, write "See Exhibit" in the space and add appropriate exhibit number and letter sequence, then attach exhibit containing information requested for that space.

1. This is the (check one) 1st, 2nd, 3rd, 4th, 5th, 6th, or, _____ Guardian's Report.

2. Ward's present address: _____

City _____ State _____

Zip _____ Telephone _____

3. Ward's living arrangements at the above address are best described as:

- a. His or her own apartment or home (includes assisted living facilities).
- b. Private home or apartment of:
 - (1) the ward's guardian.
 - (2) a relative of the ward, whose name is _____

and relationship is _____

- (3) a non-relative whose name is _____
- c. A foster, group or boarding home
- d. A nursing home.
- e. A medical facility or state institution.
- f. Other (describe) _____

g. If c, d, e, or f is checked, complete the following:

(1) The name of the home, facility or institution _____

(2) The name of an individual at the home, facility or institution who has knowledge and is authorized to give information to the Court about the ward.

Name _____

Telephone Number (_____) _____

4. The ward will be at the address given in Item 2:

- a. Indefinitely.
- b. Temporarily. The new address and telephone number is:
 - (1) Unknown. I will provide this information when known.
 - (2) _____

City _____ State _____

Zip _____ Telephone (_____) _____

Case No. _____

5. Guardian's contact with the ward:

a. Approximate number of times the guardian had contact with the ward during the period covered by this report: _____

b. The nature of those contacts (phone, personal, or other): _____

c. Date the ward was last seen by the guardian: _____

6. Have you observed any major change in the ward's physical or mental condition during the period covered by this report? Yes No

If "yes" is checked, briefly describe the changes:

7. The care given to the ward is Adequate Not Adequate

If "Not Adequate" is checked, explain:

8. The guardianship should be Continued Not Continued

If "Not Continued" is checked, explain:

9. During the period covered by this report, the ward has has not

been seen by a physician. If the ward has been seen, the last date was _____

and for the purpose of _____.

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a mental retardation team, that has evaluated or examined the ward within three months prior to the date of this report regarding the need for continuing the guardianship. [R.C. 2111.49(A)(1)(i)] (Form 17.1)

If an attorney has been consulted on this report:

Date _____

Attorney's Signature

Guardian's Signature

(Type Attorney's Name)

(Type Guardian's Name)

(Street)

(Street)

(City, State, Zip Code)

(City, State, Zip Code)

(Telephone Number-Include Area Code)

Sup. Ct. Regis. No.

(Telephone Number-Include Area Code)

**(Knowingly giving false information on a Probate document is a criminal offense.)
[R.C. 2921.13(A)(11)]**