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

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

GUARDIAN'S REPORT
[R.C. 2111.49 and SUP.R. 66.05(B)(2)]

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

1. This is the **(circle 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 _____
10. ☐ I currently serve as the guardian to ten or more wards and certify to the Court that I am unaware of any circumstances that may disqualify me from serving as guardian for this ward.
11. ☐ I have completed the continuing education requirement. (Attach Certificate of Completion if applicable)
    ☐ The continuing education requirement was waived.

Attached is a statement by a licensed physician, a licensed clinical psychologist, a licensed social worker, or a developmental disability 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 for Guardian	Guardian's Printed Name
_____	_____
Street	Guardian's Signature
_____	_____
City, State, Zip Code	Street
_____	_____
Phone Number	City, State, Zip Code
_____	_____
Attorney Registration No.	Phone Number

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