FORM MUST BE TYPEWRITTEN

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

IN THE MATTER OF THE CONSERVATORSHIP OF _____

CASE NO. _____

CONSERVATOR'S REPORT

[R.C. 2109.302]

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 _____

   Conservator's Report.

2. Conservatee's present address: _____,

   City _____ State _____

   Zip _____ Telephone _____

3. Conservatee'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 conservator.

☐ (2) a relative of the conservatee, 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 is _____

_____.

☐ (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 conservatee is:

Name: _____

Telephone Number: (_____) _____

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

☐ a. Indefinitely.

☐ b. Temporarily. The new address and telephone number are:

☐ (1) Unknown. I will provide this information when known.

☐ (2) _____

City _____ State _____

Zip _____ Telephone _____

5. Conservator's contact with the conservatee:

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

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

c. Date the conservatee was last seen by the conservator: _____

6. Have you observed any major change in the conservatee'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 conservatee is ☐ ADEQUATE ☐ NOT ADEQUATE

If "NOT ADEQUATE" is checked, explain:

_____

_____

8. The conservatorship should be ☐ CONTINUED ☐ NOT CONTINUED

If "NOT CONTINUED" is checked, explain:

_____

_____

9. During the period covered by this report, the conservatee ☐ HAS ☐ HAS NOT been seen by a physician. If the conservatee 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 an intellectual disability support team that has evaluated or examined the conservatee within three months prior to the date of this report regarding the need for continuing the conservatorship.

If an attorney has been consulted on this report: Date _____

_____
Attorney's Signature

_____
Attorney's Typed Name

_____
Street Address

_____
City State Zip

_____ _____
Telephone Number (include area code) Attorney No.

_____
Conservator's Signature

_____
Conservator's Typed Name

_____
Street Address

_____
City State Zip

_____
Telephone Number (include area code)

KNOWINGLY GIVING FALSE INFORMATION ON A PROBATE DOCUMENT IS A CRIMINAL OFFENSE
[R.C. 2921.13(A)(11)]