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.)

_____

_____

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_____

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.)

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[Attach additional pages if necessary]

_____ _____

Guardian's Printed Name Guardian's Signature

_____ _____

Street Phone Number

_____

City, State, Zip Code