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

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 _____

      _____

      _____

      _____

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	$ 0.00

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
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF CONSERVATORSHIP OF

Case No. _____

NEXT OF KIN OF PROPOSED CONSERVATEE

[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.	☐	Name _____	_____	_____
		Address _____ Zip		_____
2.	☐	Name _____	_____	_____
		Address _____ Zip		_____
3.	☐	Name _____	_____	_____
		Address _____ Zip		_____
4.	☐	Name _____	_____	_____
		Address _____ Zip		_____
5.	☐	Name _____	_____	_____
		Address _____ Zip		_____
6.	☐	Name _____	_____	_____
		Address _____ Zip		_____
7.	☐	Name _____	_____	_____
		Address _____ Zip		_____
8.	☐	Name _____	_____	_____
		Address _____ Zip		_____
9.	☐	Name _____	_____	_____
		Address _____ Zip		_____
10.	☐	Name _____	_____	_____
		Address _____ Zip		_____

_____ _____

Date Applicant

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

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ of _____

_____
(address)

do hereby authorize: (1) Adult Protective Services in Butler County and surrounding counties to release to the Butler County Probate Court, for an *in camera* inspection by the Court, any reports that may involve me that concern allegations of abuse, neglect, or the exploitation of an adult, (2) Butler County Sheriff and surrounding counties and municipalities to release to the Butler County Probate Court copies of any records of arrest and/or conviction concerning any criminal charges that I may have, and (3) Butler County Probate Court to obtain from Ohio Courts Network (OCN) current and previous residences, civil and criminal history records, driving records, birth records, public records or any criminal justice agency records that I may have in any federal, state, county, and municipal jurisdictions.

Date of Birth	
Social Security Number	
Drivers License Number/State Issued	
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		No Record Located	

_____
Adult Protective Services

Record Located		No Record Located	

_____
Sheriff's Department

Record Located		No Record Located	

_____
Ohio Courts Network (OCN)

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

IN THE MATTER OF GUARDIANSHIP OF _____

CASE NO. _____

JUDGMENT ENTRY
SETTING HEARING ON APPLICATION FOR APPOINTMENT OF CONSERVATOR

This day (guardian 2) _____ (guardian 1) _____ 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
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF CONSERVATORSHIP OF _____

Case No. _____

FIDUCIARY'S ACCEPTANCE
CONSERVATOR
[R.C. 2111.021]

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 CONSERVATOR OF THE ESTATE, I WILL:

1. Make and file an inventory of the real and personal estate of the conservatee 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 conservatorship is terminated.
6. Inventory any safe deposit box of the conservatee.
7. Preserve any and all Wills of the conservatee as directed by the Court.
8. Expend funds only upon written approval of the Court.
9. Make and file a conservator's report biennially, or as directed by the Court.

AS CONSERVATOR OF THE PERSON, I WILL:

1. Protect and control the person of my conservatee, and make all decisions for the conservatee based upon the best interest of the conservatee.
2. Provide suitable maintenance for my conservatee when necessary.
3. Provide such maintenance and education for my ward as the amount of his estate justifies if the conservatee 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 conservator's report biennially, or as directed by the Court.
5. Obey all orders and judgments of the Court pertaining to the conservatorship.
6. Obtain written approval of the Court before executing a caretaker power of attorney authorized by R.C. 3109.52

If I change my address or the conservatee'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
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF CONSERVATORSHIP OF _____

Case No. _____

CONSERVATOR'S BOND
[R.C. 2109.04(A)(1)]

Amount of this bond $ _____

The undersigned conservator, 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 conservator has accepted in writing the duties of fiduciary in conservatee's estate, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the conservator performs such duties as required.

This obligation remains in force if the conservator fails to perform such duties, or performs them tardily, negligently, or improperly, or if the conservator 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	Conservator
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
JOHN M. HOLCOMB, JUDGE

CONSERVATORSHIP OF _____

CASE NO. _____

OATH OF CONSERVATOR

[R.C. 2111.02(C)]

[To be taken on Appointment of Conservator]

I, _____ , Conservator of

_____ , will faithfully and completely fulfill my duties as Conservator, 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 the conservatee.
- ☐ To file timely and accurate reports.
- ☐ To file timely and accurate accounts.
- ☐ To, at all times, protect the conservatee's interests and to make all decisions based on the best interest of the conservatee.
- ☐ 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 conservatorships.

_____
Conservator

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

_____ , _____ .

_____
Judge/Magistrate

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

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
JOHN M. HOLCOMB, JUDGE

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
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF CONSERVATORSHIP OF _____

Case No. _____

CONSERVATOR'S INVENTORY
[2111.14(A)]

of the real and personal estate of the conservatee 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 . . . . . $ 0.00

_____
Guardian

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

IN THE MATTER OF CONSERVATORSHIP OF _____

Case No. _____

APPLICATION TO RELEASE FUNDS TO CONSERVATOR

FORM MUST BE TYPEWRITTEN

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

	$
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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

_____
Conservator

_____

ORDER AUTHORIZING RELEASE OF FUNDS

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

_____
Probate Judge

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

IN THE MATTER OF CONSERVATORSHIP OF _____

Case No. _____

APPLICATION FOR AUTHORITY TO EXPEND FUNDS

Now comes the undersigned, conservator of the estate of the above-named ☐ minor ☐ adult conservatee for authority to expend funds for the best interest of the conservatee as follows:

[State amount requested, nature of expenditure, and the frequency and duration of authority requested. Attach additional explanation, documentation, or estimates as needed. Be sure to include any outstanding court costs.]

_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
_____	$ _____
Check payable to Butler County Probate Court for Court Costs in the Amount of	$ _____
	$ 0.00

_____
Guardian

ORDER AUTHORIZING EXPENDITURE OF FUNDS

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

_____
Probate Judge

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

IN THE MATTER OF THE CONSERVATORSHIP OF _____

Case No. _____

CONSERVATOR'S ACCOUNT
[R.C. 2109.30]

_____ Account

Page _____ Of _____ From _____ To _____

20 _____ (Balance from previous account) $ _____ $

Date	Description of Item	Voucher No.	Receipts	Disbursements

Page of _____

CASE NO. _____

RECAPITULATION

Total Receipts _____ $ _____

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

Balance Remaining _____ $ 0.00

ITEMIZED STATEMENT OF ALL FUNDS, ASSETS AND INVESTMENTS

ITEM	$
TOTAL	$0.00

_____ _____

Attorney Conservator

Attorney Registration No. _____ _____

Typed or Printed Name

_____

Address of Conservator

_____

ENTRY SETTING HEARING

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

_____ _____

Probate Judge

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

IN THE MATTER OF CONSERVATORSHIP 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
Nature of Deposit

the estate of _____

_____

_____
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 Hamilton, Ohio,

the sum of $ _____ on _____ to the credit of
Nature of Deposit

the estate of _____

_____

_____
Bank

Dated _____ By _____ Cashier

_____
Fiduciary

Attach to Conservator's account form 15.8C

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)]