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

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN OF ALLEGED INCOMPETENT

[R.C. 2111.02]

Applicant represents to the Court that _____

aged _____ years, resides or has a legal settlement at _____

_____, in BUTLER County, Ohio and that the prospective ward

is incompetent by reason of (R.C. 2111.01(D)) _____ .

Applicant further represents that an emergency exists and that it is reasonably certain that immediate action is required to prevent significant injury to the person or estate of the proposed ward. A Statement of Expert Evaluation is attached. (Form 17.1)

A List of Next of Kin of the Proposed Ward is also Attached (Form 15.0), however, applicant requests that the Court act ex parte, without notice because of the emergency existing.

The whole estate of the prospective ward is estimated as follows:

Personal property..... $ _____

Real estate..... $ _____

Applicant represents that he/she/they is/are not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

Applicant further represents that a guardian of the alleged incompetent is necessary in order that

☐ the ward ☐ ward's property may be taken proper care of and asks that a guardian be appointed.

PRESENT LOCATION OF WARD: _____

Name of Facility/Hospital

_____

Street

_____

City, State, Zip Code

TYPE OF GUARDIANSHIP APPLIED FOR IS EMERGENCY

☐ limited ☐ person and estate ☐ estate only ☐ person only

The limited powers requested are _____

_____

The time period requested is from _____ to _____ .

Applicant's relationship to alleged incompetent is _____ .

_____

Case No. _____

The Applicant has (not) been charged with or convicted of a crime involving theft, physical violence, or sexual, alcohol or substance abuse except as follows (if applicable, state date and place of each charge or each conviction):

_____

_____ .

_____
Attorney for Applicant

_____
Type or Print name

_____
Address

_____
City, State, Zip Code

_____
Phone number (include area code)

_____
Supreme Court Registration Number

_____
Applicant 1

_____
Type or Print name

_____
Age

_____
Address

_____
City, State, Zip Code

_____
Phone number (include area code)

_____
Applicant 2

_____
Type or Print name

_____
Age

_____
Address

_____
City, State, Zip Code

_____
Phone number (include area code)

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

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

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.	☐	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: _____

CASE NO. _____

STATEMENT OF PERMANENT ADDRESS

(R.C. 2109.21(F))

I, _____ , fiduciary of the _____ of _____ , declare the following to be my permanent address. I understand that I am required to notify the Court of any change in my address and that the Court is authorized to remove me if I fail to comply with this requirement.

Permanent Address:

_____
Full Name

_____
Address (Must be street address, no PO permitted)

_____
City, State, Zip

_____
Phone Number

_____
Email Address

I understand if I fail to comply with this requirement, I may be removed as fiduciary.

_____
Signature

_____
Typed Name & Title

FORM MUST BE TYPEWRITTEN OR CAN BE FILLED IN ONLINE USING THE FORM AT THE COURT'S WEBSITE

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

IN THE MATTER OF GUARDIANSHIP OF _____

CASE NO. _____

STATEMENT OF EXPERT EVALUATION

[Sup. R. 66; R.C. 2111.49]

Definition of Incompetent [R.C. 2111.01(D)]: "Incompetent" means any person "who is so mentally impaired, as a result of a mental or physical illness or disability, as a result of intellectual disability, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide[,]" or any person "confined to a correctional institution within this State."

The Statement of Evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation **WILL NOT** be paid by the Court. Each evaluator should secure payment from the Applicant/Guardian.

1. This Statement of Evaluation is to be filed with or attached to:

☐ **A.** **Guardianship Application:** Completed by ☐ Licensed Physician or ☐ Licensed Clinical Psychologist prior to the filing and attached to the application.

☐ **B.** **Guardian's Report:** Completed by ☐ Licensed Physician ☐ Licensed Clinical Psychologist ☐ Licensed Independent Social Worker ☐ Licensed Professional Clinical Counselor or ☐ Intellectual Disability Team.
The evaluation or examination shall be completed within three months prior to the date of the Report. R.C. 2111.49

☐ **C.** **Application for Emergency Guardian:** ☐ of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.

2. Statement completed by:

Name & Title/Profession: _____

Business Address: _____

Business Telephone Number: _____

3. Date(s) of evaluation: _____

Place(s) of evaluation: _____

Amount of time spent on evaluation: _____

Length of time the individual has been your patient: _____

Case No. _____

4. Is the individual presently under medication? ☐ Yes ☐ No If yes, what is the medication, dosage, and purpose? _____

Are there any signs of physical and/or mental impairments caused by the medications themselves?

5. Is the individual mentally impaired? ☐ Yes ☐ No If yes, indicate the diagnosis below:

☐ Intellectual Disability/Developmental Disabilities:

☐ Profound ☐ Severe ☐ Moderate ☐ Mild

☐ Mental Illness: Type and Severity _____

☐ Substance Abuse: Description _____

☐ Dementia: Description _____

☐ Other: Description _____

Please provide additional comments and test scores if available. (Continue comments on page 4):

6. During the examination did you note an impairment of the individual's:

a)	Orientation?	☐ Yes	☐ No	☐ Unknown
b)	Speech?	☐ Yes	☐ No	☐ Unknown
c)	Motor Behavior?	☐ Yes	☐ No	☐ Unknown
d)	Thought Process?	☐ Yes	☐ No	☐ Unknown
e)	Affect?	☐ Yes	☐ No	☐ Unknown
f)	Memory?	☐ Yes	☐ No	☐ Unknown
g)	Concentration and comprehension?	☐ Yes	☐ No	☐ Unknown
h)	Judgment?	☐ Yes	☐ No	☐ Unknown

7. Please describe any impairments identified in question six. (Continue comments on page 4)

Case No. _____

8. Is the individual physically impaired? ☐ Yes ☐ No If yes: Description

_____

_____

_____

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: ☐ Yes ☐ No If yes: Explain

_____

_____

_____

10. Are there any indications of abuse, neglect or exploitation of the individual? ☐ Yes ☐ No If yes: Explain

_____

_____

_____

11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? ☐ Yes ☐ No If no: Explain:

_____

_____

_____

12. Do you believe this individual is capable of managing the individual's finances and property?

☐ Yes ☐ No If no: Explain:

_____

_____

_____

13. Prognosis:

A. Is the condition stabilized? ☐ Yes ☐ No

B. Is the condition reversible? ☐ Yes ☐ No

14. In my opinion a guardianship should be:

☐ Established/Continued

☐ Denied/Terminated

I certify that I have evaluated the individual on _____ , _____ .

_____ _____

Date Signature of Evaluator

GUARDIAN'S REPORT ADDENDUM

(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty, that the mental capacity of this ward will not improve.

Date _____ _____

Signature - Licensed Physician/Clinical Psychologist

Case No. _____

ADDITIONAL COMMENTS

Date

Signature - Licensed Physician/Clinical Psychologist

FORM MUST BE TYPEWRITTEN OR CAN BE FILLED IN ON-LINE USING THE FORM AT THE COURT'S WEBSITE

PROBATE COURT OF BUTLER COUNTY, OHIO

JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF GUARDIANSHIP OF _____

CASE NO. _____

SUPPLEMENT FOR EMERGENCY GUARDIAN OF PERSON

[R.C. 2111.49]

This Supplement must be completed when there is a request for Emergency Guardianship. The following questions must be answered with specificity and item 1.C, page 1 of the Statement of Expert Evaluation, Form 17.1 must be checked.

A. Does the individual have a durable health care power of attorney? _____ If yes, why is it not being honored?

_____

_____

B. Exact nature of emergency: _____

_____

_____

_____

C. Length of time emergency has existed, and why? _____

_____

_____

_____

D. Specific action required to prevent significant injury to the person: _____

_____

_____

_____

E. Ability of the alleged Incompetent to receive notice and give consent:

_____

_____

_____

F. Medical prognosis in detail if immediate action, within 24 hours, is not taken:

_____

_____

_____

G. Additional statements regarding condition, family, support services, etc:

_____

_____

_____

Note: Any above answers may be supplemented by attachments.

_____ _____

Date and Time of Evaluation Signature - Licensed Physician

_____

Date of Report

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

GUARDIANSHIP OF _____

CASE NO. _____

STATE OF OHIO)
)
COUNTY OF BUTLER) SS:

AFFIDAVIT OF GUARDIAN APPLICANT

I, _____ affirm the following:
(Name)

☐ I have no pending misdemeanor or felony cases and have not been convicted of or pleaded guilty to any misdemeanor or felony offense; **OR**

☐ I have pending misdemeanor or felony cases or have been convicted of or pleaded guilty to a misdemeanor or felony offense. *(List below any pending cases or convictions that have not been sealed pursuant to R.C. 2953.31 – 2953.62)*

DATE	TYPE OF CHARGE	COURT NAME	PENDING/CONVICED/PLEADED GUILTY
_____	_____	_____	☐ Pending ☐ Convicted ☐ Pleaded Guilty
_____	_____	_____	☐ Pending ☐ Convicted ☐ Pleaded Guilty
_____	_____	_____	☐ Pending ☐ Convicted ☐ Pleaded Guilty
_____	_____	_____	☐ Pending ☐ Convicted ☐ Pleaded Guilty

I understand that I have a duty to notify Butler County Probate Court within seventy-two hours if the information contained in this affidavit should change.

_____
Signature of Applicant

SWORN TO BEFORE ME, and subscribed in my presence this _____ day of _____, _____.

_____
Notary Public/Deputy Clerk

_____
Printed Name of Notary Public

Commission Expiration Date: _____
(Affix seal here)

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

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.
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 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
JOHN M. HOLCOMB, JUDGE

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
JOHN M. HOLCOMB, JUDGE

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

EX PARTE JUDGMENT ENTRY
APPOINTMENT OF EMERGENCY GUARDIAN FOR INCOMPETENT PERSON

Upon hearing the application for appointment of an emergency guardian herein the Court finds that

_____

is incompetent by reason of _____

and further there exists emergency circumstances and that it is reasonably certain that immediate action is required to prevent significant injury to the person and/or estate of the proposed ward, that the proposed ward is incapable of taking proper care of ☐ himself ☐ herself and ☐ his ☐ her property, and that an emergency guardianship is necessary.

The Court further finds that notice of the hearing thereon cannot be given because of the emergency existing; that the incompetent is a resident of this county or has legal settlement herein; and that this Court has jurisdiction.

The Court therefore appoints _____, a suitable and competent person, emergency guardian of the person and estate of _____ incompetent, limited to the following: to authorize or approve the provision to the ward of medical, health, or other professional care, counsel, treatment, or services unless the ward or an interested party files objections with the probate court, or the court, by rule or order, provides otherwise.

The Court orders notice of the appointment of the emergency guardian be issued to the ward.

The Court orders Letters of Emergency Guardianship be issued to _____ as provided by law, for the limited period from _____ to _____.

_____ _____

Date Probate Judge

(Seal)

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

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

LETTERS OF GUARDIANSHIP
[R.C. 2111.02]

_____ is appointed Guardian of

_____, an ☐ Incompetent ☐ Minor.

Guardian's powers are:

All powers conferred by the laws of Ohio and rules of this Court over the ward's:

☐ Person and Estate ☐ Person Only ☐ Estate Only

Limited to _____

_____

_____

_____

Those guardianship powers, until revoked, are for an:

☐ Indefinite time period

☐ Definite time period to _____

The above-named Guardian has the power conferred by law to do and perform all the duties of Guardian as described. No expenditures shall be made without prior Court authorization.

_____ _____

Date Probate Judge

NOTICE TO FINANCIAL INSTITUTIONS

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

CERTIFICATE OF APPOINTMENT AND INCUMBENCY

The above 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 guardian, who is qualified and acting in such capacity.

_____
Probate Judge

(SEAL)

by _____
Deputy Clerk

_____
Date

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

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

NOTICE
[72 HOUR]

TO: _____

_____

_____

_____

On the _____ day of _____, _____, the Court appointed an emergency guardian for the above named ward. Said guardian _____ has powers limited to

to authorize or approve the provision to the ward of medical, health, or other professional care, counsel, treatment, or services unless the ward or an interested party files objections with the probate court, or the court, by rule or order, provides otherwise.

_____.

This guardianship is limited to 72 hours beginning _____, _____, unless extended by the Court.

JOHN M. HOLCOMB, JUDGE

By: _____
Deputy Clerk

RETURN

The above notice was served on _____ and _____ on the _____ day of _____, _____.

_____

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

IN THE MATTER OF _____

Case No. _____

MOTION FOR 30 DAY EXTENSION

Now comes _____, guardian of _____ and states that he/she was appointed of _____ on the _____ day of _____, _____. Applicant further states that the need for the guardianship still exists and therefore requests that the guardianship be continued for thirty (30) days.

_____	_____
Attorney for Applicant	Guardian Name
_____	_____
Type or Print name	Type or Print name
_____	_____
Address	Address
_____	_____
City, State, Zip Code	City, State, Zip Code
_____	_____
Phone number (include area code)	Phone number (include area code)
_____	
Supreme Court Registration Number	

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

IN THE MATTER OF _____

Case No. _____

ENTRY GRANTING 30 DAY EXTENSION

Upon the application of _____, the Court finds that it would be in the best interest of the ward that the guardianship be continued.

Therefore, the Court orders that the guardianship of _____ be extended for an additional thirty (30) days and new letters of guardianship be issued to _____ for the limited purpose of

to authorize or approve the provision to the ward of medical, health, or other professional care, counsel, treatment, or services unless the ward or an interested party files objections with the probate court, or the court, by rule or order, provides otherwise.

_____

Probate Judge

_____

Attorney for Applicant

Attorney Registration No. _____

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

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

NOTICE
[30 DAY]

TO: _____

_____

_____

_____

On the _____ day of _____ , _____ , the Court appointed an

for the above named ward. Said guardian's powers were limited to a period of which began the _____ day of

_____ , _____ . The Court having been advised does hereby finds that

_____ is still in need of a guardian and therefore continues

said guardianship for 30 days.

JOHN M. HOLCOMB, JUDGE

By: _____
Deputy Clerk

RETURN

The above notice was served on _____ and _____

on the _____ day of _____ , _____ .

_____

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF: _____

CASE NO:_____

SCHEDULING ORDER

It is hereby **ORDERED** that:

1. **GUARDIAN OF PERSON** must file a ***Statement of Expert Evaluation*** (form 17.1), ***Guardian's Report*** (form 17.7) and ***Annual Guardianship Plan- Person*** (form 27.7) every year by the date of appointment. A six-hour ***Fundamentals of Adult Guardianship*** course must be completed within six months of the date of appointment and three hours of ***Continuing Education*** by December 31 of every year thereafter. ***Notification of Compliance with Guardian Education Requirements*** (form 27.2) must be filed within thirty days of the completion of each course.

    a. The Statement of Expert Evaluation, Guardian's Report and Annual Guardianship Plan – Person are due on:_____

    b. Fundamentals of Adult Guardianship (6 hr.) must be completed by:_____

2. **GUARDIAN OF ESTATE** must file a ***Guardian's Inventory*** (form 15.5), post modified ***Guardian's Bond*** (form 15.3), if required, and complete ***Guardian of Estate Training*** within three months of the date of appointment and file a ***Guardian's Account*** (form 15.8) and ***Annual Guardianship Plan-Estate*** (form 27.8) every year thereafter by the date of appointment. ***Notification of Compliance with Guardian Education Requirements*** (form 27.2) must be filed within thirty days of completion of the training.

    a. The Inventory, Bond and Training are due on: _____

    b. The Guardian's Account and Annual Guardian's Plan – Estate are due on:_____

SO ORDERED,

_____
JOHN M. HOLCOMB, JUDGE

I acknowledge that the above dates have been explained to me that failure to comply with these requirements may result in the imposition of sanctions by the court or my removal as guardian.

_____
Guardian(s)

Mail forms to: Butler County Probate Court, 101 High Street, Hamilton, OH 45011 or deliver between 8AM and 4:30PM. For questions call 887-3294.

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF: _____

CASE NO: _____

SUPPLEMENTAL GUARDIANSHIP OF ESTATE INFORMATION

Today, you were appointed Guardian of the Estate in this matter. The Court granted you power to manage the financial affairs of the ward. You have a fiduciary duty to act for the benefit of the ward (i.e. a fiduciary duty) and not for your own benefit.

- You must keep the ward's assets, including all bank accounts, separate from your own. ***Do not comingle*** your money with that of your ward.
- ***You may not*** transfer any funds, spend your ward's money, sell real estate or personal property or conduct any other type of financial business without a court order specifically authorizing your actions.
- ***Do not use correction fluid or tape*** on any documents filed with the court.
- All ***credit cards*** in the ward's name must be closed and no new credit cards may be opened.
- ***Do not pay attorney fees*** until they have been approved by the court.

FAILURE TO COMPLY WITH THE REQUIREMENTS OF BEING A COURT-APPOINTED FIDUCIARY MAY RESULT IN YOUR REMOVAL OR THE IMPOSITION OF CRIMINAL OR QUASI-CRIMINAL SANCTIONS.

I. GUARDIAN'S INVENTORY (Form 15.5) – Must be filed by: _____

a. The Guardian's Inventory is a listing of all real and personal property including the value of any yearly rent of real estate in the name of the ward as of the date the Guardian was appointed. The Guardian's Inventory is only filed ***once*** and changes to assets must be done by Motion and Entry. Please consult your attorney.
b. If the ward owned real estate, you may use the Butler County Auditor's 100% value.
c. Do not include any account numbers or other personal identifiers; they must be listed separately on standard form 45(D).

II. GUARDIAN'S BOND (Form 15.3)

a. The Guardian's Bond guaranteed by a bonding company is a promise of payment of funds back to the estate of a ward where the fiduciary has acted improperly in misusing or misappropriating the ward's funds. The bonding company will attempt to recover its' loss by taking legal action against a Guardian found to have misused a ward's funds.
b. Your attorney will assist you in filing bond. An ***original*** power of attorney document executed by the bonding company must be attached to Form 15.3 when filed.
c. Total bond must be no less than double the amount of the personal property and annual real estate rentals and must be filed prior to or with the filing of the Guardian's Inventory.

III. APPLICATION TO TRANSFER FUNDS (Form 501)

a. After you have filed the Inventory and identified all of the ward's assets, you must transfer any bank accounts out of the ward's name and into the guardianship. The account must be labeled "[your name] as Guardian for [ward's name]."

b. BEFORE you transfer any bank account, complete form 501 stating the name and account number in the ward's name and the name and account number (if known) of your intended Guardian's account.

c. The court will mail to you (or your attorney) a certified copy of the Application with the **ORDER AUTHORIZING TRANSFER OF FUNDS** completed at the bottom. This court order authorizes you to withdraw the funds in the name of the ward and deposit them into the Guardianship account.

d. Any time you deposit funds into your Guardian's account, have the financial institution complete Form 15.81 and file it with the court. This form certifies that the bank received funds in your name, the fiduciary.

e. Rarely, you may need to file an Application to Release Funds to Guardian (Form 15.6) for funds that are being held in the name of the ward but not in a financial institution with a specific account number. Please consult your attorney.

IV. APPLICATION FOR AUTHORITY TO EXPEND FUNDS (Form 15.7)

a. You have no authority to spend any of the ward's money without a specific court order. The way you obtain a court order is by completing form 15.7.

b. Your first Application to Expend Funds should be a monthly budget of the ward's routine expenses. Example:

i. *Duke Electric bill monthly amount not to exceed $200.00*

ii. *Groceries monthly bill not to exceed $550.00 per month*

iii. Grass cutting and yard maintenance expenses per month not to exceed $120,000.00

c. Medical expenses, unusual expenses, and home maintenance must be itemized separately. Submit an estimate or other documentation with the Application.

d. After your Application is reviewed by the court, the court will mail to you (or your attorney) a certified copy of the Application with the **ORDER AUTHORIZING EXPENDITURE OF FUNDS** completed. You are now permitted to spend the ward's money on the proposed expenditure.

e. Do not seek authority to pay attorney fees until the fees are approved by the court. Each attorney must file a motion seeking approval of fees. Once the court approves the fees and orders payment, the guardian may file form 15.7 for approval to pay fees.

V. GUARDIAN'S ACCOUNT (Form 15.8) – Must be filed by: _____

a. Complete the top of the form with the ward's name and case number.

b. State which account you are filing (First, Second, etc.)

c. Indicate the time period of the account. Accounts are due every year from the date of appointment. The first account should be from the date you were appointed to the date when the account is filed. The next account will be from the ending date of the first account to when the next account is filed.

d. On page one, state the page and number of pages and the year. State the balance from the previous account. If this is your first account then the beginning balance will be the same as that on the Inventory you previously filed (the balance must include all assets of the ward).
e. List all receipts (money taken in) in order by date.
f. List all disbursements (money spent) in order by date. You must have a receipt or cancelled check for each disbursement. You must have received prior court approval (completed Court Order on Form 15.7) for each disbursement you are listing. If additional sheets are needed, use Form 15.8 (Guardianship Account Continuation Sheet) available on our website.
g. At the top of the second page of Form 15.8, complete the recapitulation section of the account. This shows the total receipts and disbursements and states the balance remaining in the guardianship account. This will be your beginning balance on your next account.
h. In the middle of the second page of Form 15.8, list all funds, assets and investments (including real estate) of the guardianship. Have each financial institution complete Form 15.81 and file those forms with the court at the time of filing each account.
i. The Court will complete the ENTRY SETTING HEARING at the bottom of page 2 of the Guardian's Account. YOU DO NOT NEED TO BE IN COURT FOR THIS HEARING. This is an internal court hearing and on the hearing date your account will be reviewed for accuracy and approved by the court. If there are any discrepancies with your account a separate hearing will be scheduled and you will be notified by mail and asked to appear in court to discuss your account.

YOU MAY BE REMOVED AS GUARDIAN IN THIS MATTER FOR:

1.) Failing to make the required filing by any of the due dates listed in this order;
2.) Abusing your fiduciary duty by improperly managing the funds of your ward;
3.) Failing to keep the court informed of your permanent address. (Form 721)

If you need assistance with any of the duties that are summarized in this letter please contact your attorney. If you do not have an attorney, please contact the Butler County Bar Association Lawyer Referral Service at (513) 896-6671. If you would like a meeting scheduled with the Magistrate regarding your duties as Guardian, please submit your request to the Guardianship clerk in writing and include the issues or questions that you have.

Mail forms to: Butler County Probate Court, 101 High Street, Hamilton, OH 45011 or deliver business days between 8:30AM and 4:30PM. For questions call 887-3294.