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

GUARDIANSHIP OF _____

CASE NO. _____

APPLICATION FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT
[R.C. 2111.03]

Applicant represents to the Court that _____ 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))_____

_____

The proposed ward's date of birth is _____

A Statement of Expert Evaluation is attached. (Form 17.1)

A list of Next of Kin of Proposed Ward is also attached. (Form 15.0)

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

Personal Property……..…..$ _____

Real Estate…….....$ _____

Annual Rents…….....$ _____

Other annual income……..….$ _____

Applicant represents that the applicant is not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

Applicant offers the attached bond in the amount of $ _____ .

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.

TYPE OF GUARDIANSHIP APPLIED FOR IS **[check the applicable boxes]**

☐ non-limited ☐ limited ☐ person and estate ☐ estate only ☐ person only

If limited guardianship is applied for, the limited powers requested are

_____

_____

[Reverse of Form 17.0]

CASE NO._____

The time period requested is ☐ indefinite ☐ definite to_____
_____.

Applicant's relationship to alleged incompetent is _____
_____

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.)

_____
_____

☐ The Applicant represents that a guardian has been nominated in a writing pursuant to R.C. 1337.09(D) or R.C. 2111.121. The nominated person is _____ .

☐ The nominated person's contact information is listed on Form 15.0 (Next of Kin).

☐ A copy of the document which nominates the guardian is attached.

☐ The Applicant represents that the proposed ward had military service.

Military I.D.: _____

Branch of service: _____

Dates of service: _____

☐ Applicant represents that the address provided is the applicant's permanent address and acknowledges the requirement that the court be notified of any change of address. Removal may result from a failure to comply with this requirement.

_____
Attorney for Applicant

_____
Typed or Printed Name

_____
Address

_____
City State Zip

_____
Telephone Number (include area code)

Attorney Registration No. _____

_____
Applicant

_____
Typed or Printed Name

_____
Age

_____
Permanent Address

_____
City State Zip

_____
Telephone Number (include area code)

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

IN THE MATTER OF: _____

CASE NO. _____

APPLICATION ADDENDUM
(REQUIRED WITH INCOMPETENT GUARDIANSHIP APPLICATIONS)

Ohio law requires that notice be served upon the proposed incompetent person and that an investigation into the circumstances be conducted. This notice and investigation must be completed by a Court Appointed Investigator at least seven (7) days prior to the scheduled hearing date. Failure to keep the court updated with the current information on the proposed incompetent and his/her circumstances could result in your hearing being delayed or canceled. In order to meet this requirement, the court requires the following information:

At the time of filing the application for appointment of guardian, the alleged incompetent person's permanent residence is: _____

_____

At the time of the filing the application for appointment of guardian, the alleged incompetent person is physically at: _____

_____

The proposed incompetent person's daytime phone number is _____
The proposed incompetent person's cell phone number is _____

Does the alleged incompetent person leave the above location on a regular basis (work, school, adult daycare, etc.) during the day? If yes, please give location, hours, reason, contact person and their phone number: _____

_____

_____

Is there a situation or special circumstance of which the investigator should be aware of such as animals, weapons or persons convicted of a felony in the home, contagious disease, etc.?

_____

_____

The court investigator must be able to contact someone during regular business hours that would have information on the proposed incompetent person:
Contact Name: _____
Contact Phone Number (Home/Cell/Work)_____

Additional information you feel the court investigator should be aware of (use additional pages, if necessary): _____

_____

_____

_____

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 THE 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 examiner shall complete this statement using personal observations and prior history obtained during the examiners course of treatment / interaction with the individual.

The Statement of Evaluation does not declare the individual competent or incompetent. It is evidence to be considered by the Court. The Probate Court **WILL NOT** pay the fee for completing this evaluation, unless otherwise ordered by the Court. The evaluator should secure payment from the Applicant or Guardian.

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

   ☐ A. Guardianship Application: [Evaluation must be completed before the filing of the attached application.]

   Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist

   ☐ B. Application for Emergency Guardianship:

   Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist

   [NOTE: If this Statement relates to an emergency guardianship of the person, a Licensed Physician or a Licensed Clinical Psychologist must complete the Supplement for Emergency Guardian, Form 17.1A, specifying the details of the emergency, and why immediate action is required to prevent significant injury or death to the person. The Supplement must be signed by a Licensed Physician or a Licensed Clinical Psychologist, dated, and attached to this completed Statement.]

   ☐ C. Guardian's Report: [Evaluation must be conducted within three months before the date of this Report. R.C. 2111.49]

   Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist
   ☐ Licensed Independent Social Worker ☐ Licensed Professional Clinical Counselor
   ☐ Developmental Disability Team ☐ Certified Nurse Practitioner ☐ Licensed Clinical Nurse Specialist

2. Statement completed by: (Please print clearly)
   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: _____
   Individual's language preference: _____

4. Is the individual presently taking medication? ☐ Yes ☐ No If yes, what is the medication, dosage, and purpose? [Continue comments on page 4]

CASE NO. _____

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 or Developmental Disabilities: *(Please check the severity)*
☐ Profound ☐ Severe ☐ Moderate ☐ Mild

☐ Mental Illness: Type and Severity _____

☐ Substance Abuse: Description _____

☐ Dementia: Type and Severity _____

☐ Other: Description, Type, and Severity _____
[Continue comments on page 4]

6. During the examination did you notice 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	☐ Yes	☐ No	☐ Unknown
h) Comprehension	☐ Yes	☐ No	☐ Unknown
i) Judgment	☐ Yes	☐ No	☐ Unknown

7. Please describe any impairments identified in question six. [Continue comments on page 4].

8. Is the individual physically impaired? I.e. visual, mobility, hearing, etc. ☐ Yes ☐ No If yes, please describe:

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

10. Is there any indication of abuse, neglect, or exploitation of the individual? ☐ Yes ☐ No If yes, please explain:

11. Do you believe the individual is capable of caring for his or her activities of daily living or making decisions concerning his or her own medical treatments, living arrangements, and diet?

☐ Yes ☐ No If no, please explain: _____

CASE NO. _____

12 Do you believe this individual is capable of managing his or her finances and property? ☐ Yes ☐ No If no, please explain:

13. What is the recommended living situation for the individual?

☐ Independent living arrangement ☐ Assisted living facility or group home
☐ A nursing home ☐ A memory care facility or lockdown unit
☐ Other: _____

14. Prognosis of the individual:
A. Is the condition stabilized? ☐ Yes ☐ No ☐ Unknown
B. Is the condition reversible: ☐ Yes ☐ No ☐ Unknown

15. In my opinion a guardianship should be:
If this is a new application for appointment of guardian: ☐ Established ☐ Denied
If this is an existing guardianship: ☐ Continued ☐ Terminated

I certify that I have evaluated the individual on _____, 20_____.

Date:_____

_____
Signature of Evaluator

_____
Printed Name 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

_____
Printed Name of Licensed Physician/Clinical Psychologist

CASE NO. _____

ADDITIONAL COMMENTS

Date_____

_____
Signature of Evaluator

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

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

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

IN THE MATTER OF THE GUARDIANSHIP OF _____

Case No. _____

WAIVER OF NOTICE AND CONSENT

We, the undersigned, do each of us hereby waive the issuing and service of notice, and voluntarily enter our appearance herein.

We do hereby consent to the appointment of (guardian 1) _____ (guardian 2) _____ or some suitable person as guardian of _____

_____

_____ typed name	_____ typed name
_____ typed name	_____ typed name
_____ typed name	_____ typed name
_____ typed name	_____ typed name
_____ typed name	_____ typed name

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

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. _____

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 GUARDIAN

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 GUARDIANSHIP OF _____

Case No. _____

NOTICE TO PROSPECTIVE WARD OF APPLICATION AND HEARING

To _____

Address _____

An application for appointment of _____

_____

as ☐ Guardian ☐ Limited Guardian for your ☐ person ☐ estate ☐ person and estate has been filed with the Probate Court.

A hearing on that application will be held on _____ , at _____ .m. o'clock at

BUTLER COUNTY PROBATE COURT, 101 HIGH STREET, 2ND FLOOR, HAMILTON, OHIO .

At that hearing, Applicant must prove by clear and convincing evidence that, because of mental impairment, you are unable to handle your own affairs.

1. **You have the right to be present at the hearing to contest the application, and to be represented by an attorney of your choice;**

2. **The right to have a friend or family member of your choice present at the hearing;**

3. **The right to have evidence of an independent expert evaluation introduced at the hearing;**

4. **If you are indigent, upon your request, an attorney and an independent expert evaluator will be appointed at court expense;**

5. **If you are indigent, and you appeal the guardianship decision, you have the right to have an attorney appointed and necessary transcripts prepared at court expense.**

Witness my signature and the seal of the Court, this _____ day of _____ , _____ .

(Seal)

_____
Probate Judge

by _____
Deputy Clerk

CASE No. _____

RETURN

_____ County, Ohio

_____, _____

Received this notice on the _____ day of _____ , _____ , and on the _____ day of _____ , _____, I served the same by delivering a true copy thereof personally to _____

_____

I communicated with him/her in a language or method of communication understandable to the alleged incompetent.

_____
Investigator

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

IN THE MATTER OF THE GUARDIANSHIP OF _____

Case No. _____

NOTICE OF HEARING FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT PERSON

To Spouse and Known Next of Kin
[R.C. 2111.04]

To _____

Address _____

To _____

Address _____

To _____

Address _____

next of kin of _____ known to reside in this state.

You are hereby notified that on the _____ day of _____, _____, _____ filed in the Court an application for the appointment of a (☐ limited) guardian of the (☐ person and ☐ estate) of _____, an alleged incompetent.

The application will be for hearing before the Probate Court in the Historical Butler County Courthouse, 101 High Street, 2nd Floor Hamilton, OH 45011 on the _____ day of _____, _____ at _____ o'clock _____

Witness my signature and the seal of the Court,

this _____ day of _____, _____

(Seal)

Probate Judge

By: _____
Deputy Clerk

CASE NO. _____

RETURN

_____ County, Ohio

_____ ,_____

Received this writ on the _____ day of _____, _____ at _____ o'clock _____ and on the _____ day of _____ , _____ , I served the same by (insert, "delivering", "leaving", or "sending" _____ a true copy thereof (insert, "personally to", "at the usual place of residence", or by "certified mail to the last known address of") _____

_____

_____

_____ _____

_____ Fees_____ _____

Service and return, 1st name $ _____ _____

____Additional names, at _____ _____

____Miles traveled, at _____ _____

_____ _____

Sheriff

Total $ _____ _____

Deputy

AFFIDAVIT OF SERVICE

The State of Ohio, _____ County.

_____ , being first duly sworn, says that on the _____day of _____, _____, the within notice was served by delivering a true copy thereof personally to _____

_____

_____

Sworn to before me and signed in my present, this _____day of _____ , _____

_____

_____

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

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

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

Amount of this bond $ _____

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

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

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal 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	_____ Principal
_____ 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

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: _____

CASE NO. _____

JUDGMENT ENTRY

APPOINTMENT OF GUARDIAN FOR INCOMPETENT PERSON
[R.C. 2111.02 and Sup.R. 66.04 and 66.06]

Upon hearing the application for appointment of guardian herein, the Court finds that the _____ the above–named Ward is incompetent by reason of _____

_____ and therefore is incapable of taking proper care of ☐ self and ☐ property, and that a guardianship is necessary.

The Court further finds that all persons who were entitled to notice of the hearing thereon were given or waived notice thereof; that the incompetent is a resident of this county or has legal settlement herein, and that this Court has jurisdiction.

It is therefore ordered that a ☐ limited ☐ guardian of the ☐ person ☐ estate ☐ person and estate be appointed.

The court therefore appoints _____ , a suitable and competent person, ☐ limited ☐ guardian of the ☐ person ☐ estate ☐ person and estate of _____ , the above – named Ward, incompetent, with the powers conferred as described, and limited to those powers contained in the Letters of Guardianship issued by this Court. This appointment is in compliance with R.C. 2111.09.

☐ The Court approves/dispenses with the bond

☐ The Court finds a record of the hearing was waived

The Guardian shall comply with the requirements of Sup.R. 66.06(A).

The Court orders Letters of Guardianship issue to _____ as provided by law.

The Court further ORDERS: _____

_____

IT IS SO ORDERED.

_____ _____

Date Probate Judge

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: _____

CASE NO. _____

RECEIPT
[R.C. 2111.011]

I hereby acknowledge receipt of the Guardian's Guidebook.

_____ _____

Guardian's Printed Name Guardian's Signature

_____ _____

Street Phone Number

_____

City, State, Zip Code

Webcheck Fingerprint Information

Please mark type(s) requested:

☐ **BCI – State Of Ohio**

☐ **FBI -- National**

Date: _____

Last	First	Middle

Date of Birth	Social Security #	Sex	Race	Height	Weight	Hair	Eyes

Current Address	Telephone Number

City	State	Zip Code

Guardianship - BCI: 2151 412 -- FBI: 2151 86

O.R.C. Code - Reason for Fingerprinting

Ohio resident more than five (5) years ☐ YES ☐ NO

Electronic direct copy to: *(check only if applicable)*

☐ None	☐ Occupational Therapy, Physical Therapy and Athletic Trainers Board	☐ Ohio Dept. of Insurance	☐ Ohio Veterinary Medical Licensing Board
☐ BMV Dealer Licensing	☐ Ohio Board of Nursing	☐ Ohio Dept. of Liquor Control	☐ OPOTA
☐ BMV Deputy Registrar	☐ Ohio Board of Pharmacy	☐ Ohio Dept. of Public Safety	☐ Social Worker Board CSWMFT
☐ Child Care Center - Type A- ODJFS	☐ Ohio Construction Board	☐ Ohio Medical Board	☐ State Speech & Hearing Professionals Board
☐ Lottery Commission	☐ Ohio Dept. of Education	☐ Ohio State Racing Commission	☐ State Vision Professionals Board

Results Mailed to Address: ***(must be business / school address)***

Judge John M. Holcomb, Butler County Probate Court

Recipient Name

101 High Street, Second Floor

Recipient Address

Hamilton	Ohio	45011
City	State	Zip Code

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize this WebCheck agency (CXV656 - Butler County Sheriff) to submit information to the Ohio Bureau of Criminal Identification and Investigation (BCI&I) to conduct a criminal records check for information relating to me.

I voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to the WebCheck provider or agency I have designated to receive this information.

I voluntarily and knowingly release and discharge the Ohio Attorney General's Office, BCI&I and their employees from all claims and liability related to this authorized criminal record review and dissemination.

This authorization and waiver is valid for one year from the date this background check was conducted.

SIGNATURE _____

By signing this form applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.

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.