

**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 \_\_\_\_\_ 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'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

\_\_\_\_\_  
\_\_\_\_\_

**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

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
Telephone Number (include area code)

\_\_\_\_\_  
City                      State                      Zip

\_\_\_\_\_  
Attorney Registration No.

\_\_\_\_\_  
Telephone Number (include area code)

# PROBATE COURT OF BUTLER COUNTY, OHIO

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

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.

Permanent Address:

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Address (Must be street address, no PO permitted)

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Phone Number

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

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. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
2. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
3. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
4. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
5. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
6. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
7. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
8. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
9. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____
10. <input type="checkbox"/> Name _____ Address _____ Zip _____	_____	_____

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant

## PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF \_\_\_\_\_

CASE NO. \_\_\_\_\_

### STATEMENT OF EXPERT EVALUATION

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

Definition of Incompetent [O.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, or mental retardation, 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 penal 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  Mental Retardation 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: \_\_\_\_\_

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:

Mental Retardation/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?                     | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| b) Speech?                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| c) Motor Behavior?                  | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| d) Thought Process?                 | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| e) Affect?                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| f) Memory?                          | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| g) Concentration and comprehension? | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |
| h) Judgment?                        | <input type="checkbox"/> | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown |

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

<b>GUARDIAN'S REPORT ADDENDUM</b>	
(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



**PROBATE COURT OF BUTLER COUNTY, OHIO**

**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 \_\_\_\_\_  
\_\_\_\_\_ or some suitable person as guardian of \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# PROBATE COURT OF BUTLER COUNTY, OHIO

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**

**IN THE MATTER OF GUARDIANSHIP OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**JUDGMENT ENTRY  
SETTING HEARING ON APPLICATION FOR APPOINTMENT  
OF GUARDIAN**

This day \_\_\_\_\_ 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**

**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 \_\_\_\_\_.

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**

**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, 2<sup>nd</sup> Floor Hamilton, OH 45011 on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_

Witness my signature and the seal of the Court,

this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

Probate Judge

(Seal)

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, 1<sup>st</sup> 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

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 the estate justifies if the ward is a minor and has no parents, or has a father or mother who fails to maintain or educate the ward.
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

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 the principal's 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**

**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**

**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

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.

(SEAL)

\_\_\_\_\_  
Probate Judge

by \_\_\_\_\_  
Deputy Clerk

\_\_\_\_\_  
Date

# PROBATE COURT OF BUTLER COUNTY, OHIO

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