

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

APPLICATION FOR APPOINTMENT OF GUARDIAN OF MINOR

[R.C. 2111.03(C)]

Applicant, a resident of _____ County, Ohio, hereby applies for the appointment of (himself) (herself) or some suitable person as guardian of the following minor and represents that the applicant is not an administrator, executor, or other fiduciary of an estate wherein the minor is interested.

Name of Minor	Age	Date of Birth	Residence or Legal Settlement
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Attached is a list of the next of kin of the minor. (Form 15.0)

A guardian is necessary because (R.C. 2111.06), _____

THE TYPE OF GUARDIANSHIP APPLIED FOR IS

Non-Limited Limited Person and Estate
 Estate Only Person Only

IF THE APPLICATION IS FOR LIMITED GUARDIANSHIP,

The length (time period) of the guardianship requested is:

Indefinite Definite to the _____ day of _____, _____.

The limited powers requested are:

Applicant attaches affidavit pursuant to R.C. 3127.23.

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The Applicant (or other suitable person) _____ has _____ 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 whole estate of said minor is estimated as follows:

Personal property	\$ _____
Real estate	\$ _____
Annual rents	\$ _____
Other annual income	\$ _____
Total	\$ _____
Applicant offers the attached bond in the amount of	\$ _____

I hereby certify that all the information and statements contained in this application and attached exhibits are correct to the best of my knowledge and belief.

Attorney for applicant

Applicant 1

Typed or printed name

Typed or printed name

Street

Street

City, State, Zip

City, State, Zip

Phone number (include area code)

Phone number (include area code)

Supreme Court Registration Number

Applicant 2

Typed or printed name

Street

City, State, Zip

Phone number (include area code)

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: _____

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

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

GUARDIANSHIP OF _____

CASE NO. _____

AFFIDAVIT
[R.C. 3127.23]

State of Ohio, County of _____ s.s.

(To be filed only when guardianship of the person of a minor or guardianship of a minor's estate is sought.)

Affiant being first duly sworn, deposes and says:

1. That the child's present address, the places where the child has lived within the last five years, and the names and present addresses of the person(s) with whom the child has lived during that period are:

2. That affiant has _____ has not participated as a party, witness, or in any other capacity in any litigation concerning the custody of the child(ren) in this or any other state.

3. That affiant has _____ has no information of any custody proceeding concerning the child(ren) pending in a court of this or any other state, except _____

4. That affiant has _____ has no knowledge of any person not a party to the proceedings who has physical custody of the child(ren) or claims to have custody or visitation rights with respect to the child(ren).

If 2, 3, or 4 is answered in the affirmative, and the space afforded is insufficient for full explanation, please attach and incorporate herein any necessary information.

Affiant realizes that affiant has a continuing duty to inform the Court of any custody proceedings concerning the child(ren) in this or any other state of which affiant obtains information during the pendency of this proceeding.

Sworn to before me and subscribed in my presence this _____ day of _____, _____.

Notary Public

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	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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 Adult Protective Services

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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 Sheriff's Department

Record Located	<input type="checkbox"/>	No Record Located	<input type="checkbox"/>
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 Ohio Courts Network (OCN)

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

**SELECTION OF GUARDIAN BY MINOR
OVER FOURTEEN YEARS OF AGE**

[R.C. 2111.12]

The undersigned hereby selects _____ a resident of _____ County,

Ohio, as Guardian of the person estate person and estate, and respectfully asks the Court to appoint

_____ Guardian.

Signature

Date of Birth

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

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. _____

**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 OF HEARING FOR APPOINTMENT OF GUARDIAN OF MINOR To Minor Over Age 14

[R.C. 2111.04]

To _____

Address _____

You are hereby notified that an application was filed in the Court by _____ &
_____ for the appointment of a guardian (limited) guardian of your person
estate person and estate.

A minor over the age of fourteen years may select a guardian who shall be appointed if a suitable person. If such minor fails to select a suitable person, an appointment may be made without reference to his wishes.

The application will be for hearing before the Court in _____ Ohio, on the _____ day of
_____, _____ o'clock ____ M.

If you are over age 14 and fail to appear in said Court on or before the time of hearing and select some suitable person to act as your guardian, the Court will appoint a guardian for you, if a guardian is found necessary.

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

Probate Judge

by _____

Deputy Clerk

RETURN

_____ County, Ohio

Received this writ on the _____ day of _____, _____, at _____ o'clock ____ .M., and on the _____ day of _____, _____, I served the same by delivering a true copy thereof personally to

FEES	
Service and return, 1st name,	\$ _____
_____ Additional names, at	_____
_____ Miles traveled, at	_____
<hr style="border-top: 3px double #000;"/>	
Total,	\$ _____

Sheriff

Deputy

AFFIDAVIT OF SERVICE

The State of Ohio, _____ County.

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

Sworn to before me and signed in my presence, this

_____ day of _____, _____.

PROBATE COURT OF BUTLER COUNTY, OHIO

IN THE MATTER OF GUARDIANSHIP OF _____

Case No. _____

**NOTICE OF HEARING ON APPLICATION FOR APPOINTMENT
GUARDIAN OF MINOR**

To Parent, Known Next of Kin and Person Having Custody
[R.C. 2111.04]

To _____

Address _____

To _____

Address _____

To _____

Address _____

To _____

Address _____

You are hereby notified that _____ filed in this Court an application for
appointment of a guardian limited guardian of the person estate person and estate of the minor.

The application will be for hearing before the Court in _____, Ohio, on the _____ day of
_____, at _____ o'clock _____M.

Witness my signature and the seal of the Court, this

_____ day of _____, _____.

Probate Judge
by _____
Deputy Clerk

RETURN

_____ County, Ohio

_____, _____

Received this writ on the _____ day of _____, _____, at _____ o'clock ____ .M., and on the _____ day of _____, _____, I served the same by delivering a true copy thereof personally to

FEES	
Service and return, 1st name	\$ _____
_____ Additional names, at	_____
_____ Miles traveled, at	_____
_____	=====
Total,	\$ _____

Sheriff

Deputy

AFFIDAVIT OF SERVICE

The State of Ohio, _____ County.

_____, being first duly sworn, says that on the _____ day of

_____, _____ he served the within notice by delivering a true copy thereof personally to

Sworn to before me and signed in my presence, this

_____ day of _____, _____

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 GUARDIANSHIP OF _____

Case No. _____

JUDGMENT ENTRY
APPOINTMENT OF GUARDIAN OF MINOR
(R.C. 2111.02)

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

_____ is a minor 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 minor _____ is _____ is not over the age of fourteen years and _____ has _____ has not made a selection of a guardian, whom the Court finds suitable, that the minor is a resident of this county or has legal settlement herein; that this Court has jurisdiction and that grounds exist for the Court to exercise that jurisdiction.

The Court therefore appoints (guardian 1) _____
(guardian 2) _____
a suitable and competent person, _____ guardian _____ limited guardian of the _____ person _____ estate _____ person and estate
of: _____

minor, with the powers conferred as described, and limited to those powers contained in the Letters of Guardianship issued by this Court.

The Court approves the bond as filed.

The Court finds a record of the hearing was waived.

The Court orders Letters of Guardianship issue to:
(guardian 1) _____
(guardian 2) _____

as provided by law.

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
JOHN M. HOLCOMB, JUDGE**

GUARDIANSHIP OF _____, A MINOR

CASE NO. _____

NOTICE TO PARENTS

You, as a parent, are required by law to provide for the care, nurture, welfare, support and education of your minor child(ren). Funds and/or assets your minor receives as a result of an insurance settlement, inheritance, or other source belong to your minor child(ren). These funds and/or assets may not be used by you to provide for the care, nurture, welfare, support and education of your minor child(ren) except under extraordinary circumstances. You will be required to prove extraordinary circumstances by means of an affidavit of income and expenses and other documentation the Court may require before the Court will release any funds and/or assets belonging to your minor child(ren).

Date

Father

Date

Mother

NOTICE TO NON-PARENT GUARDIAN/CUSTODIAN

All funds and/or assets a minor receives through an insurance settlement, inheritance, or other source belong to the minor. You, as a non-parent guardian/custodian, may not use the funds and/or assets without first receiving court approval. Before the Court approves any request, you must first submit an application accompanied by documentation supporting your request. Further, before the Court approves an application for expenditures, the Court will review all resources available to the minor, including parental resources, if any.

Date

Guardian

Date

Custodian

**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 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 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: _____

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)

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

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 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

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

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

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 _____

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 _____, _____

Probate Judge

By: _____

Deputy Clerk

(Seal)

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

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

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- 2151412 and FBI - 215186

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.

Sheriff's Office Use Only: _____ *Clerk ID #*