

PROBATE COURT OF CUYAHOGA COUNTY, OHIO
ANTHONY J. RUSSO, PRESIDING JUDGE
LAURA J. GALLAGHER, 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 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 CUYAHOGA COUNTY, OHIO

ANTHONY J. RUSSO Presiding Judge

LAURA J. GALLAGHER, Judge

IN THE MATTER OF THE GUARDIANSHIP OF _____

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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 line 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

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 CUYAHOGA COUNTY, OHIO

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LAURA J. GALLAGHER, Judge

IN THE MATTER OF _____

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**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 when necessary 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

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 fiduciary.

Date

Fiduciary

PROBATE COURT OF CUYAHOGA COUNTY, OHIO

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IN THE MATTER OF THE GUARDIANSHIP OF _____

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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 physical or mental 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 correctional institution within this State."

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

- 1. This Statement of Expert 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 17.1 A 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 of 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 notice 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)

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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 _____, 20_____.

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

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SUPPLEMENT FOR EMERGENCY GUARDIAN OR PERSON

[R.C. 2111.49]

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

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

B. Exact nature of Emergency: _____

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

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

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

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

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

note: Any above answers may be supplemented by attachments.

Date and Time of Evaluation

Licensed Physician

Date of Report