

**Lorain County Probate Court
Judge James T. Walther**

IN THE MATTER OF THE 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), _____

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 _____, 20____

The limited powers requested are: _____

Applicant attaches affidavit pursuant to R.C. 3109.27.

Applicant represents that grounds exist for the Court to exercise its jurisdiction. (Applies to guardianship of person only. R.C. 3109.22).

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 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

Typed or Printed Name

Typed or Printed Name

Address

Address

City State Zip

City State Zip

Phone Number (include area code)

Phone Number (include area code)

Supreme Court Registration Number