

Lorain County Probate

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

APPLICATION FOR APPOINTMENT OF GUARDIAN OF INCOMPETENT

[R.C.2111.03]

Initial Appointment Successor Appointment

Applicant alleges that _____ is incompetent and is in need of a guardian. Applicant further states:

Note: If the space allotted is inadequate to respond, write "See Exhibit" in the space and attach the exhibit containing the information requested.

1. TYPE OF GUARDIANSHIP FOR WHICH APPLICATION IS MADE:

A. Non-Limited Limited Interim Emergency

B. Person and Estate Estate Only Person Only

2. IF THE APPLICATION IS FOR A LIMITED GUARDIANSHIP:

A. The requested length of time to the guardianship is:

Indefinite Definite from _____ 20__ to _____ 20__

B. The limited powers requested to be franted to the guardian are:

3. IF THE APPLICATION IS FOR A GUARDIANSHIP OF THE ESTATE:

A. The whole estate of the prospective ward is: Probable Value

Personal Property.....\$ _____

Real Property..... _____

Annual Rents and income from every source..... _____

Other..... _____

TOTAL \$ _____

B. A bond in the amount of \$ _____ is attached or will be filed.

4. A LIST OF THE NEXT OF KIN, FORM 15.0, OF THE ALLEGED INCOMPETENT IS ATTACHED.

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5. INFORMATION CONCERNING THE PROPECTIVE GUARIAN / APPLICANT:

A. Name and AKA _____
Home Address _____
City, State, Zip Code _____
Telephone Number: Home _____ Work _____
D.O.B. _____ Relationship to Alleged Incompetent _____
Do you currently act as any of the following of the proposed ward?
 Physician Attorney Landlord Caregiver Custodian
 Creditor Power of Attorney Durable Power of Attorney for Health Care
Occupation _____
Work Address _____
City, State, Zip Code _____

B. Applicant **(is/is not)** an administrator, executor, or other fiduciary of an estate wherein the prospective ward has an interest, O.R.C.2111.09.

C. Applicant **(has/has not)** been charged with, or convicted of, a crime involving theft; physical violence; or sexual, alcohol, or substance abuse. If the Applicant has been so charged or convicted, list dates and places of the charge(s) or conviction(s), O.R.C.2111.03(A).

Charge/Conviction	Date	Place
_____	_____	_____
_____	_____	_____
_____	_____	_____

6. INFORMATION CONCERNING THE ALLEGED INCOMPETENT:

A. Full Name and AKA _____
Age _____ Date of Birth _____ Male Female
Legal settlement or residence _____
City, State, Zip Code _____
In _____ Conty, Ohio Telephone Number _____
Length of time at that residence _____

B. If the alleged incompetent is living at an address different from the residence shown in Section 6-A above, list that address. _____

C. Name of person, other than alleged incompetent, who may be contacted at the address where the alleged incompetent living _____
Telephone Number _____ Best time to call _____

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D. In the event of the death or incapacity of the applicant/guardian, the Court should contact the nearest friends or relatives whose names and addresses are:

Name _____ Telephone Number _____

Address _____

City, State, Zip Code _____

Name _____ Telephone Number _____

Address _____

City, State, Zip Code _____

Name _____ Telephone Number _____

Address _____

City, State, Zip Code _____

7. FURTHER INFORMATION CONCERNING THE ALLEGED INCOMPETENT:

A. The present guardian is: (if "none" so state)

Name _____

Address _____

Are any of the following less intrusive measures in place?

- Living will Durable power of attorney Power of attorney
 Limited guardianship Conservatorship Representative payee
 Health care durable power of attorney

B. Describe the prospective ward's alleged mental and or/physical incompetency.

C. The applicant believes the proposed ward should retain the following rights, if any:

- None Vote Marry Contract Execute a will
 Obtain driver's license/ drive a vehicle Hold or convey property
 Other: (please specify) _____

D. A Statement of Expert Evaluation, Form 17.1A, is attached.

E. Indicate names of any/all physicians and other related professionals who have treated or counseled the prospective ward within the last 2 years.

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F. To the best of your ability, list prescriptions and/or over the counter medication taken by the prospective ward. _____

G. List any problems the alleged incompetent may have in communicating.

H. List all agencies, public or private, who have knowledge of the guardianship. Indicate the contact person at the agencies. _____

I. If applicant is considering protective placement, complete the following:

a. The proposed ward suffers from the following disabilities:

Infirmities of aging

Chronic mental illness

Developmentally disabled

Substance Abuse

b. The proposed ward has a primary need for residential care and custody because:

c. The proposed ward is totally incapable of providing for her/his own care or custody so as to create a substantial risk of serious harm to herself/himself for others.

1. The anticipated least restrictive placement for the proposed ward is:

2. An unlocked unit A locked unit is most appropriate

I hereby apply to the court to be appointed guardian of the above alleged incompetent person and certify that all the information and statements with this application and attached documents are correct to the best of my knowledge and belief.

Signature

Signature

Attorney of Applicant and registration number

Applicant

Address

Address

City, State, Zip Code

City, State, Zip Code

(_____) _____
Telephone

(_____) _____
Telephone