**PROBATE COURT OF LORAIN COUNTY, OHIO**

**JUDGE JAMES T. WALTHER**

**In Re Guardianship of** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Case No.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**INFORMATION REGARDING THE PROPOSED ADULT WARD**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

D.O.B.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employed: \_\_\_\_\_ Yes \_\_\_\_\_ No Retired \_\_\_\_\_ Yes \_\_\_\_\_ No

Place of Employment (or retirement from): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If retired or receiving a pension, social security or public assistance, list the benefits amounts received:

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

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If an organization or someone else is the payee of any of these benefits, specify the organization or person to whom each of such benefits is paid.

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If the proposed ward has given a power of attorney t anyone, give the name and address of that person, also listed the type of powers given.

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The applicant states that the answers set forth are true and correct to the best knowledge and belief of the applicant, subject to the penalties of making a false affidavit or declaration.

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 Date Applicant’s Signature

**GD15.0A**