

PROBATE COURT OF _____ COUNTY, OHIO
_____, Judge

GUARDIANSHIP OF _____

CASE NO. _____

APPLICATION FOR APPOINTMENT OF GUARDIAN
OF ALLEGED INCOMPETENT
[R.C. 2111.03]

Applicant represents to the Court that _____ aged _____ years,
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)) _____

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 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.)

_____.

Attorney for Applicant

Type or Print Name

Address

City State Zip

Phone number (include area code)

Attorney Registration Number

Applicant

Type or Print Name

Age

Address

City State Zip

Phone number (include area code)