PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, 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

_____
Typed or Printed Name

_____
Address

_____
City State Zip

_____
Phone number (include area code)

_____
Attorney Registration Number

_____
Applicant

_____
Typed or Printed Name

_____
Age

_____
Address

_____
City State Zip

_____
Phone number (include area code)

PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE

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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 lines following the minor's address.)

	Service Waived		Relationship	Birthdate Of Minor
1.	☐	Name _____	_____	_____
		Address _____		Zip _____
2.	☐	Name _____	_____	_____
		Address _____		Zip _____
3.	☐	Name _____	_____	_____
		Address _____		Zip _____
4.	☐	Name _____	_____	_____
		Address _____		Zip _____
5.	☐	Name _____	_____	_____
		Address _____		Zip _____
6.	☐	Name _____	_____	_____
		Address _____		Zip _____
7.	☐	Name _____	_____	_____
		Address _____		Zip _____
8.	☐	Name _____	_____	_____
		Address _____		Zip _____
9.	☐	Name _____	_____	_____
		Address _____		Zip _____
10.	☐	Name _____	_____	_____
		Address _____		Zip _____

_____ _____

Date Applicant

PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

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 STARK COUNTY, OHIO
CURT WERREN, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

JUDGMENT ENTRY
SETTING HEARING ON APPLICATION FOR APPOINTMENT OF GUARDIAN

This day _____ appeared in open Court, and filed an application for the appointment of (limited) guardian of the (person and estate) of _____ It is ordered that the _____ day of _____ at _____ o'clock ___. M., be and is hereby fixed as the time of hearing said application before this Court. It is further ordered that written notice be served personally upon minors over fourteen years of age and in the manner as is provided by law upon all others entitled to receive the same.

_____ _____

Date Judge Curt Werren

PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

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 mental or physical illness or disability, as a result of intellectual disability, 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 examiner shall complete this statement using personal observations and prior history obtained during the examiners course of treatment / interaction with the individual.

The Statement of Evaluation does not declare the individual competent or incompetent. It is evidence to be considered by the Court. The Probate Court **WILL NOT** pay the fee for completing this evaluation, unless otherwise ordered by the Court. The evaluator should secure payment from the Applicant or Guardian.

1. This Statement of Expert Evaluation is to be filed with or attached to:

   ☐ A. Guardianship Application: [Evaluation must be completed before the filing of the attached application.]

   Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist

   ☐ B. Application for Emergency Guardianship:

   Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist

   [NOTE: If this Statement relates to an emergency guardianship of the person, a Licensed Physician or a Licensed Clinical Psychologist must complete the Supplement for Emergency Guardian, Form 17.1A, specifying the details of the emergency, and why immediate action is required to prevent significant injury or death to the person. The Supplement must be signed by a Licensed Physician or a Licensed Clinical Psychologist, dated, and attached to this completed Statement.]

   ☐ C. Guardian's Report: [Evaluation must be conducted within three months before the date of this Report. R.C. 2111.49]

   Evaluation completed by: ☐ Licensed Physician ☐ Licensed Clinical Psychologist
   ☐ Licensed Independent Social Worker ☐ Licensed Professional Clinical Counselor
   ☐ Developmental Disability Team ☐ Certified Nurse Practitioner ☐ Licensed Clinical Nurse Specialist

2. Statement completed by: (Please print clearly)
   Name & Title/Profession: _____
   Business Address: _____
   Business Telephone Number: _____

3. Date(s) of evaluation: _____
   Place(s) of evaluation: _____
   Amount of time spent on evaluation: _____
   Length of time the individual has been your patient: _____
   Individual's language preference: _____

4. Is the individual presently taking medication? ☐ Yes ☐ No If yes, what is the medication, dosage, and purpose? [Continue comments on page 4]

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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:
☐ Intellectual or Developmental Disabilities: *(Please check the severity)*
☐ Profound ☐ Severe ☐ Moderate ☐ Mild

☐ Mental Illness: Type and Severity _____

☐ Substance Abuse: Description _____

☐ Dementia: Type and Severity _____

☐ Other: Description, Type, and Severity _____
[Continue comments on page 4]

6. During the examination did you notice an impairment of the individual's:

a) Orientation	☐ Yes	☐ No	☐ Unknown
b) Speech	☐ Yes	☐ No	☐ Unknown
c) Motor Behavior	☐ Yes	☐ No	☐ Unknown
d) Thought Process	☐ Yes	☐ No	☐ Unknown
e) Affect	☐ Yes	☐ No	☐ Unknown
f) Memory	☐ Yes	☐ No	☐ Unknown
g) Concentration	☐ Yes	☐ No	☐ Unknown
h) Comprehension	☐ Yes	☐ No	☐ Unknown
i) Judgment	☐ Yes	☐ No	☐ Unknown

7. Please describe any impairments identified in question six. [Continue comments on page 4].

8. Is the individual physically impaired? I.e. visual, mobility, hearing, etc. ☐ Yes ☐ No If yes, please describe: ___

9. Are there any special characteristics of the individual which should be considered in evaluating the individual for guardianship: ☐ Yes ☐ No If yes, please explain: _____

10. Is there any indication of abuse, neglect, or exploitation of the individual? ☐ Yes ☐ No If yes, please explain:

11. Do you believe the individual is capable of caring for his or her activities of daily living or making decisions concerning his or her own medical treatments, living arrangements, and diet?

☐ Yes ☐ No If no, please explain:_____

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12 Do you believe this individual is capable of managing his or her finances and property? ☐ Yes ☐ No If no, please explain: _____

13. What is the recommended living situation for the individual?

☐ Independent living arrangement ☐ Assisted living facility or group home
☐ A nursing home ☐ A memory care facility or lockdown unit
☐ Other: _____

14. Prognosis of the individual:
A. Is the condition stabilized? ☐ Yes ☐ No ☐ Unknown
B. Is the condition reversible: ☐ Yes ☐ No ☐ Unknown

15. In my opinion a guardianship should be:
If this is a new application for appointment of guardian: ☐ Established ☐ Denied
If this is an existing guardianship: ☐ Continued ☐ Terminated

I certify that I have evaluated the individual on _____, 20_____.

Date:_____

_____
Signature of Evaluator

_____
Printed Name 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

_____
Printed Name of Licensed Physician/Clinical Psychologist

CASE NO. _____

ADDITIONAL COMMENTS

Date_____

_____
Signature of Evaluator

PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

NOTICE TO PROSPECTIVE WARD OF APPLICATION AND HEARING

To _____

Address _____

An application for appointment of _____ as (limited) guardian for your (person and estate) has been filed with the Probate Court.

A hearing on that application will be held on _____ at _____ o'clock __ .m. at the Probate Court located at 110 Central Plaza South, Suite 501, Canton, Ohio 44702-1413. At that hearing, Applicant must prove by clear and convincing evidence that, because of mental impairment, you are unable to handle your own affairs.

1. You have the right to be present at the hearing to contest the application, and to be represented by an attorney of your choice;

2. The right to have a friend or family member of your choice present at the hearing;

3. The right to have evidence of an independent expert evaluation introduced at the hearing;

4. If you are indigent, upon your request, an attorney and an independent expert evaluator will be appointed at court expense;

5. If you are indigent, and you appeal the guardianship decision, you have the right to have an attorney appointed and necessary transcripts prepared at court expense.

Witness my signature and the seal of the Court,

this _____ day of _____, _____

Judge Curt Werren

(Seal)

By : _____
Deputy Clerk

CASE NO. _____

RETURN

_____ County, Ohio

_____

Received this notice on the _____ day of _____, and on the _____ day of _____, I served the same by delivering a true copy thereof personally to _____

I communicated with him/her in a language or method of communication understandable to the alleged incompetent.

_____
Investigator

PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF_____

CASE NO. _____

NOTICE OF HEARING FOR APPOINTMENT OF GUARDIAN OF ALLEGED INCOMPETENT PERSON

To Spouse and Known Next of Kin
[R.C. 2111.04]

To _____

Address _____

To _____

Address _____

To _____

Address _____

next of kin of _____ known to reside in this state.

You are hereby notified that on the _____ day of _____, 20_____,

_____ filed in the Court an application for the appointment

of a (limited) guardian of the (person and estate) of _____, an alleged incompetent.

The application will be for hearing before the Probate Court in _____

_____, on the _____ day of _____, 20_____, at

_____ o'clock _____.M.

Witness my signature and the seal of the Court,

this _____ day of _____, 20_____

Judge Curt Werren

(Seal)

By: _____
Deputy Clerk

CASE NO. _____

RETURN

_____County, Ohio
_____,20__

Received this writ on the _____ day of _____, 20____, at _____o'clock_____.M.

and on the _____ day of _____, 20_____, I served the same by (insert, "delivering", "leaving", or "sending") _____ a true copy thereof (insert, "personally to", "at the Usual place of residence", or "by certified mail to the last known address of") _____

_____

_____

_____ _____

_____FEES_____ _____

Service and return, 1st name $_____ _____

_____Additional names, at_____ _____

_____Miles traveled, at _____ _____

_____ _____
Sheriff

Total $ _____ _____
Deputy

AFFIDAVIT OF SERVICE

The State of Ohio, _____ County.

_____, being first duly sworn, says that on the _____ day of _____, 20_____, the within notice was served by delivering a true copy thereof personally to _____

_____

_____

_____

Sworn to before me and signed in my presence, this _____ day of _____, 20____

_____

_____

IN RE: GUARDIANSHIP OF _____

RELEASE FOR CRIMINAL BACKGROUND CHECK

I understand that, as a result of making an application to serve as Guardian within the Stark County Probate Court, I am hereby authorizing the Probate Court, its agents and authorized employees, to make any and all examinations of my criminal record, and I hereby release any police or law enforcement agency, and all individuals connected herewith, from all liability in providing such information.

_____ _____

Date Name of Proposed Guardian

_____

Signature of Proposed Guardian

_____

Social Security Number of Proposed Guardian

PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE

IN THE MATTER OF THE GUARDIANSHIP OF _____

CASE NO. _____

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, 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 the estate justifies if the ward is a minor and has no parents, or has a parent who fails to maintain and educate the ward.
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.
6. Obtain the written approval of the Court before executing a caretaker power of attorney authorized by R.C. 3109.52.

If I change my address or the ward's address, I shall immediately notify the 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 such fiduciary.

_____ _____

Date Fiduciary

Print Form

Amended: March 15, 2016
Discard all previous versions of this form

STATE OF OHIO)
)
COUNTY OF STARK) **SS:**

AFFIDAVIT OF GUARDIAN APPLICANT

I,
(Name)

☐ I have no pending misdemeanor or felony cases and have not been convicted of or pleaded guilty to any misdemeanor or felony offense; **OR**

☐ I have pending misdemeanor or felony cases or have been convicted of or pleaded guilty to a misdemeanor or felony offense. (*List below any pending cases or convictions that have not been sealed pursuant to R.C. 2953.31-2953.62.*)

DATE	TYPE OF CHARGE	COURT NAME	PENDING / CONVICTED / PLEADED GUILTY
_____	_____	_____	☐ Pending ☐ Convicted ☐ Pleaded Guilty
_____	_____	_____	☐ Pending ☐ Convicted ☐ Pleaded Guilty
_____	_____	_____	☐ Pending ☐ Convicted ☐ Pleaded Guilty
_____	_____	_____	☐ Pending ☐ Convicted ☐ Pleaded Guilty

I understand that I have a duty to notify STARK COUNTY PROBATE COURT within seventy-two hours if the information contained in this affidavit should change.
(Court Name)

_____
Signature of Applicant

SWORN TO, BEFORE ME, and subscribed in my presence, on this _____ day of _____, 20_____.

_____
Notary Public / Deputy Clerk

_____
Printed Name of Notary Public

Commission Expiration Date: _____
(Affix seal here)

Print Form

PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE

GUARDIANSHIP OF_____

CASE NO. _____

NOTIFICATION OF WARD'S IMPORTANT LEGAL PAPERS

[Sup.R. 66.08(L)]

The undersigned currently serves as the Guardian of the above-named ward. I hereby report to the Court the existence and location of the ward's important legal documents.

The Ward is known to have:	Location:
☐ Will(s)	_____
☐ Other Estate Planning Documents	_____
☐ Advance Directives	_____
☐ Powers of Attorney	_____
☐ Contract for Prearranged Funeral	_____
☐ Other	_____

_____

[Attach additional pages if necessary.]

_____ Guardian's Printed Name

_____ Guardian's Signature

_____ Street

_____ Phone Number

_____ City, State, Zip Code

PROBATE COURT OF STARK COUNTY, OHIO
CURT WERREN, JUDGE

GUARDIANSHIP OF _____

CASE NO. _____

RECEIPT
[R.C. 2111.011]

I hereby acknowledge receipt of the Guardian's Guidebook.

_____ _____
Guardian's Printed Name Signature

_____ _____
Telephone Number

_____
Address