

**PROBATE COURT OF CLARK COUNTY, OHIO**  
**Richard P. Carey, Judge**

In the Matter of the GUARDIANSHIP of: \_\_\_\_\_  
Case No. \_\_\_\_\_ Date: \_\_\_\_\_

**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), \_\_\_\_\_

THE 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.)

ADDITIONAL INFORMATION:

A. School Minor will attend while under guardianship:

B. The person who has custody of the Minor is \_\_\_\_\_  
\_\_\_\_\_ and the address is \_\_\_\_\_

C. A certified copy of the Minor's birth certificate is attached.

D. I acknowledge that a parent of the ward can withdraw their consent to the guardianship at a later time and this Court may then terminate this guardianship or certify it to Juvenile Court for further action.

INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN/APPLICANT:

Name and AKA \_\_\_\_\_

Home Address \_\_\_\_\_ ZIP \_\_\_\_\_

Relationship to Minor \_\_\_\_\_

Occupation \_\_\_\_\_

Work Address \_\_\_\_\_

Telephone : Home \_\_\_\_\_ Work \_\_\_\_\_

Date of Birth: \_\_\_\_\_

The whole estate of said minor is estimated as follows:

Personal property.....	\$ _____
Real estate .....	\$ _____
Annual rent.....	\$ _____
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

\_\_\_\_\_  
Typed or Printed Name

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

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Attorney Registration Number

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Typed or Printed Name

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

\_\_\_\_\_  
Phone Number (include area code)

\_\_\_\_\_  
Applicant Email Address