

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

IN THE MATTER OF THE GUARDIANSHIP OF _____
Case No. _____ Docket _____ Page _____

**APPLICATION FOR APPOINTMENT OF GUARDIAN
OF ALLEGED INCOMPETENT**
(R.C. 2111.03)

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 _____ County, 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 A above, list that address. _____
- C. Does the alleged incompetent have a Last Will and Testament? _____
If so, the original must be deposited with this Probate Court.
- D. 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 said alleged incompetent is estimated as follows:

	Probable Value
Personal Property.....	\$ _____
Real Estate.....	\$ _____
Annual rentals.....	\$ _____
Other annual income.....	\$ _____
Total	\$ _____

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 care of and asks that a guardian be appointed.

THE TYPE OF GUARDIANSHIP APPLIED FOR IS:

- Non Limited Limited Person and Estate Estate only Person only

If limited guardianship is applied for, the limited powers requested are _____

The time period requested is:

- Indefinite Definite to _____

List all agencies public or private, who have knowledge of the alleged incompetent or who have been involved.

INFORMATION CONCERNING THE PROSPECTIVE GUARDIAN / 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 for 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
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has Applicant Ever Filed Bankruptcy?..... Yes No

Has Applicant Ever Been Garnished?..... Yes No

Has Applicant Had Experience in Handling Investments in Marketable Securities? Yes No

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

Email Address

Phone Number (include area code)