

PROBATE COURT OF CLARK COUNTY, OHIO

IN THE MATTER OF THE GUARDIANSHIP OF: _____
CASE NO. _____

MINOR GUARDIAN'S REPORT

(Use additional sheets, if necessary)

- 1. This is the (circle one): 1st, 2nd, 3rd, 4th, 5th, 6th, or _____ Guardian's Report.
- 2. Minor's present address _____
City _____ State _____
Zip _____ Telephone (____) _____
- 3. Minor is living at the above address under the care of:
 - Minor's guardian
 - Minor's parent or parents
 - A relative or non-relative of the minor, whose name is _____
and relationship is _____
- 4. Current age of minor _____
- 5. Relationship of Guardian to minor _____
- 6. Name of school minor is attending _____
- 7. Minor is in what grade in school? _____ Average Grade/Grade Point Average _____
- 8. If the minor's average grade is below C, unsatisfactory, or otherwise poor, how is this being addressed? _____

- 9. Extra-curricular activities in school _____

- 10. Does the minor have medical insurance coverage? _____
- 11. What is the approximate date of the minor's last visit to the doctor? _____
- 12. What is the approximate date of the minor's last visit to the dentist? _____
*The Court will require that all minors starting at the age of 1 year old will need to be seen by a dentist.
- 13. Are the original reason for this guardianship still valid? Yes _____ No _____
Explain _____

- 14. Describe parents' contact with minor _____

- 15. Any additional information about the minor that you feel the Court should know. _____

- 16. Please list names of all adults over the age of 18 living in the household. _____

Guardian's signature

Guardian's typed or printed name

Street Address

City, State, Zip Code

Telephone - include area code

Applicant Email Address