

PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL

GUARDIANSHIP OF _____

Case No. _____

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. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
2. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
3. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
4. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
5. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
6. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
7. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
8. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
9. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____
10. <input type="checkbox"/> Name _____	_____	_____
Address _____		Zip _____

Date

Applicant

Type Name of Applicant

PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL

GUARDIANSHIP OF _____

CASE NO. _____

**APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN
OF ALLEGED INCOMPETENT**

(R.C. 2111.02)

Applicant represents to the Court that _____ aged ____ years, resides or has a legal settlement at _____, in GEAUGA, County, Ohio and that the prospective ward is incompetent by reason of (R.C. 2111.01(D)):

Applicant further represents that an emergency exists and that it is reasonably certain that immediate action is required to prevent significant injury to the person or estate of the proposed ward.

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), however, applicant requests that the Court act ex parte, without notice because of the emergency existing. A detailed description of the emergency is attached hereto marked as attachment "A"

The whole estate of the prospective ward is estimated as follows:

Personal Property	\$ _____
Real Estate	\$ _____

Applicant represents that he/she/they is/are not an administrator, executor or other fiduciary of the estate wherein the alleged incompetent is interested.

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.

PRESENT LOCATION OF WARD: _____

TYPE OF GUARDIANSHIP APPLIED FOR IS EMERGENCY

limited person and estate estate only person only

The limited powers requested are:

The time period requested is from _____, 20__ to _____, 20__.

Applicant's relationship to alleged incompetent is _____

Case No. _____

The Applicant [] has [] 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 Name

Street Address

City, State, Zipcode

Phone Number (include area code)

Supreme Court Registration Number

Applicant 1

Type Name

Age

Street Address

City, State, Zipcode

Phone number (include area code)

Applicant 2

Typed or printed name

Age

Street Address

City, State, Zipcode

Phone number (include area code)

**PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GREDELL**

GUARDIANSHIP OF _____

CASE NO. _____

AFFIDAVIT IN SUPPORT OF MOTION OF EMERGENCY GUARDIANSHIP

Affiant _____, having been first duly sworn, states the following emergency exists that requires the appointment of an emergency guardian:

Sworn to in my presence this _____ day of _____, 20_____.

Notary or Deputy Clerk

PROBATE COURT OF GEauga COUNTY, OHIO
JUDGE TIMOTHY J. GRENDALL

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 his estate justifies if the ward is a minor and has no father or mother, or has a father or mother who fails to maintain or educate him/her.
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 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

Type Name

**PROBATE COURT OF GEAUGA COUNTY, OHIO
TIMOTHY J. GRENDALL, JUDGE**

GUARDIANSHIP OF _____

CASE NO. _____

GUARDIAN'S AFFIDAVIT
[Sup. R. 66.05(A)(2)]

I, _____, having been duly sworn, state and affirm the following:

Except as explained below, and excluding a traffic offense regarding a violation of any provision of R.C. 4511.01 to 4511.76 that does not result from being under the influence of alcohol, a drug of abuse, or a combination of them.

1. I have no pending misdemeanor or felony charges.
2. I have not been convicted of or plead guilty to any misdemeanor or felony offense.

Explanation:

I shall notify the court, within 72 hours, of any change in the information in this affidavit.

Your Signature

State of Ohio
County of Geauga

Sworn to or affirmed and subscribed before me by _____, this
____ day of _____, 20____.

Notary Public

PROBATE COURT OF GEAUGA COUNTY, OHIO
JUDGE TIMOTHY J. GREDELL

Guardianship of: _____

Case No. _____

Incompetent Adult Jurisdiction Affidavit

[R.C. Chapter 2112]

The undersigned, being first duly sworn, deposes, and states:

1. That the present address, the places where the alleged incompetent has lived within the last two years, and the names and addresses of the person(s) with whom the alleged incompetent has lived during that period are:

From: _____ To: Present With: _____

Address: _____

From: _____ To: _____ With: _____

Address: _____

From: _____ To: _____ With: _____

Address: _____

2. Select One:

Ohio is the Home State as defined in R.C. 2112.01(l) and Ohio has jurisdiction as provided in R.C. 2112.21(A)(1).

Ohio is not the Home State, but Ohio has jurisdiction as provided in R.C. 2112.21(A)(2) or R.C. 2112.21(A)(3) for the reasons described below:

Ohio is not the Home State, but Ohio has emergency jurisdiction as provided in R.C. 2112.21(A)(4) for the reasons described below:

3. The affiant (select one) IS AWARE IS NOT AWARE of any guardianship, conservatorship, or protective proceeding concerning the alleged incompetent pending in a court of this state or another state or country. If there are other such proceedings, state the details of other proceedings (including court, location, judge/magistrate (including contact information), and case number).

4. The affiant acknowledges a continuing duty to inform this Court of any proceeding concerning the alleged incompetent in this or any other state or country of which the affiant obtains information during this proceeding.

Print Name: _____
Street Address: _____
City, State, Zip: _____
Telephone: _____

State of Ohio
County of Geauga

Sworn to or affirmed and subscribed before me by _____ this date
of _____, 20____.

Notary Public