

**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**  
**TIMOTHY J. GRENDALL, 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

\_\_\_\_\_  
Applicant

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
Permanent Address

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

\_\_\_\_\_  
City State Zip

Attorney Registration No. \_\_\_\_\_

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

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

IN THE MATTER OF THE 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 \_\_\_\_\_.

Signature

Print Name

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

---

**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**  
**JUDGE TIMOTHY J. GRENDALL**

**GUARDIANSHIP OF** \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**ACKNOWLEDGMENT/ WAIVER REQUEST OF GUARDIANSHIP  
EDUCATION REQUIREMENTS**

Superintendence Rules 66.06 and 66.07 describe new mandatory adult guardianship education for a one-time fundamentals course and continuing education credits for each succeeding year.

Per Superintendence Rule 66.06, within six months from the time of appointment, the individual must successfully complete a six-hour fundamentals course provided by the Supreme Court or another entity with approval of the appointing court. This course shall include, at a minimum, education on the following topics:

- (1) Establishing the guardianship;
- (2) The ongoing duties and responsibilities of a guardian;
- (3) Record keeping and reporting of duties of a guardian.
- (4) Any other topic that concerns improving the quality of life of a ward.
- (5) Abuse, neglect, and exploitation training in order to detect and report allegations to authorities.

Per Superintendence Rule 66.07, in each succeeding year following the six-hour fundamentals course, a guardian must successfully complete a continuing education course that meets all of the following requirements:

- (1) Is at least three hours in length;
- (2) Is provided by the Supreme Court, or with the prior approval of the appointing court, another entity;
- (3) Is specifically designed for continuing education needs of guardians and consists of advance training related to the topics listed in Superintendence Rule 66.06(A)(1) through (4), or in the six-hour fundamentals course.

☐ I HAVE BEEN NOTIFIED OF THE GUARDIANSHIP EDUCATION REQUIREMENTS AND WILL FULFILL THESE EDUCATION REQUIREMENTS.

☐ I AM REQUESTING EXEMPTION FROM THE GUARDIANSHIP EDUCATION REQUIREMENTS IN WHOLE OR IN PART, FOR THE FOLLOWING REASONS:

Case No. \_\_\_\_\_

Requests for exemption from the Superintendence Rules 66.06 or 66.07 are subject to Court hearing.

This form must be completed and returned to the Court at application. Failure to submit this form may result in denial of future guardianship education waiver requests.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Printed Name - Attorney

\_\_\_\_\_  
Printed Name - Applicant

\_\_\_\_\_  
Street

\_\_\_\_\_  
Street

\_\_\_\_\_  
City State Zip

\_\_\_\_\_  
City State Zip

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

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

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

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

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

STATE OF OHIO )  
 )  
COUNTY OF \_\_\_\_\_ ) SS:

### AFFIDAVIT OF GUARDIAN APPLICANT

I, \_\_\_\_\_ affirm the following:  
(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
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty
_____	_____	_____	<input type="checkbox"/> Pending <input type="checkbox"/> Convicted <input type="checkbox"/> Pleased Guilty

I understand that I have a duty to notify Probate Court, Geauga County, Ohio within seventy-two hours if the information contained in this affidavit should change.

\_\_\_\_\_  
Signature of Applicant

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

\_\_\_\_\_  
Notary Public / Deputy Clerk

\_\_\_\_\_  
Printed Name of Notary Public

Commission Expiration Date: \_\_\_\_\_  
(Affix seal here)