

**PROBATE COURT OF ALLEN COUNTY, OHIO
GLENN H. DERRYBERRY, JUDGE**

GUARDIANSHIP OF _____

CASE NO. _____

**AFFIDAVIT IN SUPPORT OF APPLICATION
FOR APPOINTMENT OF EMERGENCY GUARDIAN**

County of Allen)
)ss:
State of Ohio)

Now comes _____, who being first duly sworn, who states as follows:

1. Applicant's relationship to the prospective ward is as follows:

Spouse; Parent; Child; Other: [specify] _____

2. The prospective ward has the following:

	Yes	No
a. A spouse	<input type="checkbox"/>	<input type="checkbox"/>
b. A durable power of attorney for healthcare	<input type="checkbox"/>	<input type="checkbox"/>
c. A general power of attorney (non-healthcare)	<input type="checkbox"/>	<input type="checkbox"/>
d. A payee or authorized representative	<input type="checkbox"/>	<input type="checkbox"/>
e. A guardian in Allen or some other county/state	<input type="checkbox"/>	<input type="checkbox"/>

3. Additional statement as to why the Court should find that an emergency exists [if any]:

4. Additional statement as to why immediate action is required to prevent significant injury to the proposed ward: _____

5. To address the emergency, the applicant requests that he/she be appointed guardian and be authorized to exercise all of the following:

a. All powers necessary to prevent significant injury to the person of the ward
b. All powers necessary to prevent significant injury to the estate of the ward
c. All powers necessary to prevent significant injury to the person and estate of the ward.

CASE NO. _____

d. Other: [specify] _____

6. Other information: _____

County of Allen)
)ss:
State of Ohio)

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

Notary Public

Attorney for Applicant

Applicant

Type or Print name

Type of Print name

Address

Age Relationship to Ward

City, State, Zip

Address

Phone Number (include area code)

City, State, Zip

Supreme Court Registration Number

Phone Number (include area code)