

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

**IN THE MATTER OF THE 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

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF:** \_\_\_\_\_

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

**JUDGMENT ENTRY  
SETTING HEARING ON APPLICATION FOR APPOINTMENT  
OF GUARDIAN**

This day \_\_\_\_\_ appeared in open Court, and filed an application for the appointment of ☐ Guardian ☐ Limited Guardian of the ☐ Person ☐ Estate ☐ Person and Estate of \_\_\_\_\_.

It is ordered that the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_M., be and is hereby fixed as the time of hearing said application before this Court. It is further ordered that written notice be served personally upon minors over fourteen years of age and in the manner as is provided by law upon all others entitled to receive the same.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

**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 \_\_\_\_\_.

_____	_____
_____	_____
_____	_____
_____	_____

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

**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 annually, 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 annually, 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 parent who fails to maintain or educate the ward.
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

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

**IN THE MATER OF THE GUARDIANSHIP OF:** \_\_\_\_\_

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

**GUARDIAN'S BOND**

[R.C. 2109.04(A)(1)]

Amount of this bond \$ \_\_\_\_\_

The undersigned principal, and sureties if any, are obligated to the State of Ohio in the above amount, for payment of which we bind ourselves and our successors, heirs, executors, and administrators, jointly and severally.

The principal has accepted in writing the duties of fiduciary in ward's estate, including those imposed by law and such additional duties as may be required by the Court.

This obligation is void if the principal performs such duties as required.

This obligation remains in force if the principal fails to perform such duties, or performs them tardily, negligently, or improperly, or if the principal misuses or misappropriates estate assets or improperly converts them to his own use or the use of another.

[Check if personal sureties are involved.] ☐ The sureties certify that each of them owns real estate in this county, with a reasonable net value as stated below.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal

\_\_\_\_\_  
Surety

\_\_\_\_\_  
Surety

by \_\_\_\_\_  
Attorney in Fact

by \_\_\_\_\_  
Attorney in Fact

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
Net value of real estate owned in this county

\_\_\_\_\_  
Net value of real estate owned in this county

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF:** \_\_\_\_\_

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

**LETTERS OF GUARDIANSHIP**

[R.C. 2111.02]

\_\_\_\_\_ is appointed Guardian of  
\_\_\_\_\_, an \_\_\_\_\_ Incompetent \_\_\_\_\_ Minor.

Guardian's powers are:

All powers conferred by the laws of Ohio and rules of this Court over the ward's:

\_\_\_\_\_ Person and Estate    \_\_\_\_\_ Person Only    \_\_\_\_\_ Estate Only

Limited to

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Those guardianship powers, until revoked, are for an:

\_\_\_\_\_ Indefinite time period

\_\_\_\_\_ Definite time period to \_\_\_\_\_

The above named Guardian has the power conferred by law to do and perform all the duties of Guardian as described. **No expenditures shall be made without prior Court authorization.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
PROBATE JUDGE

**NOTICE TO FINANCIAL INSTITUTIONS**

Funds being held in the name of the within-named Ward shall not be released to Guardian without a Court order directing release of a specific fund and amounts thereof.

**CERTIFICATE OF APPOINTMENT AND INCUMBENCY**

The above document is a true copy of the original kept by me as custodian of this Court. It constitutes the appointment and letters of authority of the named guardian, who is qualified and acting in such capacity.

Probate Judge

By \_\_\_\_\_  
Deputy Clerk

(Seal)

\_\_\_\_\_  
Date

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF:** \_\_\_\_\_

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

**OATH OF GUARDIAN**

[R.C. 2111.02(C)]

[To be taken on Appointment of Guardian]

I, \_\_\_\_\_, Guardian of  
\_\_\_\_\_, will faithfully and completely fulfill my duties as  
Guardian, including the duty:

- ☐ To file, and continue to make diligent efforts to file, a true inventory in accordance with the Ohio Revised Code, and report all assets belonging to the estate of my ward.
- ☐ To file timely and accurate reports.
- ☐ To file timely and accurate accounts.
- ☐ To, at all times, protect my ward's interests and to make all decisions based on the best interest of my ward.
- ☐ To apply to the Court for authority to expend funds prior to so doing.
- ☐ To obey all orders and rules of this Court pertaining to guardianships.

\_\_\_\_\_  
Guardian

The above oath was taken and signed in my presence on this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Judge/Magistrate

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, 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 Allen 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 only ☐ estate only ☐ person and estate

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 ☐ 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 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 represent that the address provided is the applicant's permanent address and acknowledges that 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 Number

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

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

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

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

**APPLICATION FOR \_\_\_\_ SUCCESSOR APPOINTMENT OF GUARDIAN  
OF ALLEGED INCOMPETENT**  
[R.C. 2111.03]

Applicant represents to the Court that \_\_\_\_\_ resides or has a legal  
settlement at \_\_\_\_\_ in Allen 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 only ☐ estate only ☐ person and estate

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 ☐ 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 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 represent that the address provided is the applicant's permanent address and acknowledges that 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 Number

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

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF:** \_\_\_\_\_

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

**STATEMENT OF EXPERT EVALUATION**  
[Sup.R. 66 & [R.C. 2111.49](#)]

Definition of Incompetent (R.C. 2111.01(D)): "Incompetent" means any person who is so mentally impaired as a result of a mental or physical illness or disability, or mental retardation, or as a result of chronic substance abuse, that the person is incapable of taking proper care of the person's self or property or fails to provide for the person's family or other persons for whom the person is charged by law to provide, or any person confined to a correctional institution within this State."

The Statement of Evaluation does not declare the individual competent or incompetent, but is evidence to be considered by the Court. The fee for completing this evaluation **WILL NOT** be paid by the Probate Court. Each evaluator should be secure payment from the Applicant/Guardian.

1. This Statement of Expert Evaluation is to be filed with or attached to:

☐ A. Guardianship Application: Completed by ☐ Licensed Physician or ☐ Licensed Clinical Psychologist prior to the filing and attached to the application.

☐ B. Guardian's Report: Completed by ☐ Licensed Physician ☐ Licensed Clinical Psychologist ☐ Licensed Independent Social Worker ☐ Licensed Professional Clinical Counselor or ☐ Mental Retardation Team.

The evaluation or examination shall be completed within three months prior to the date of the Report. R.C. 2111.49

☐ C. Application for Emergency Guardian: ☐ of the person: a Licensed Physician shall complete the Supplement for Emergency Guardian, form 17.1A with specificity indicating the emergency, and why immediate action is required to prevent significant injury to the person. The Supplement shall be signed, dated, and attached as part of this completed Statement.

2. Statement completed by:

Name & Title/Profession: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_

3. Date(s) of evaluation: \_\_\_\_\_

Place(s) of evaluation: \_\_\_\_\_

Amount of time spent on evaluation: \_\_\_\_\_

Length of time the individual has been your patient: \_\_\_\_\_

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

4. Is the individual presently under medication? ☐ Yes ☐ No If yes, what is the medication, dosage, and purpose? \_\_\_\_\_

Are there any signs of physical and/or mental impairments caused by the medications themselves?

5. Is the individual mentally impaired? ☐ Yes ☐ No If yes, indicate the diagnosis below:

☐ Mental/Retardation/Developmental Disabilities: ☐ Profound ☐ Severe ☐ Moderate ☐ Mild

☐ Mental Illness: Type and Severity \_\_\_\_\_

☐ Substance Abuse: Description \_\_\_\_\_

☐ Dementia: Description \_\_\_\_\_

☐ Other: Description \_\_\_\_\_

Please provide additional comments and test scores if available. (Continue comments on page 4):

6. During the examination did you notice an impairment of the individual's:

a) Orientation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
b) Speech	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
c) Motor Behavior	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
d) Thought Process	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
e) Affect	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
f) Memory	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
g) Concentration and comprehension	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown
h) Judgment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Unknown

7. Please describe any impairments identified in question six. (Continue comments on page 4).

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

8. Is the individual physically impaired? ☐ Yes ☐ No If yes: Description \_\_\_\_\_  
\_\_\_\_\_
9. Are there any special characteristics of the individual which should be considered in evaluating, the individual for guardianship: ☐ Yes ☐ No If yes: Explain \_\_\_\_\_  
\_\_\_\_\_
10. Are there any indication of abuse, neglect or exploitation of the individual? ☐ Yes ☐ No If yes: Explain \_\_\_\_\_  
\_\_\_\_\_
11. Do you believe the individual is capable of caring for the individual's activities of daily living or making decisions concerning medical treatments, living arrangements and diet? ☐ Yes ☐ No If no: Explain \_\_\_\_\_  
\_\_\_\_\_
12. Do you believe this individual is capable of managing the individual's finances and property?  
☐ Yes ☐ No If no: Explain \_\_\_\_\_
13. Prognosis:
- A. Is the condition stabilized? ☐ Yes ☐ No
- B. Is the condition reversible: ☐ Yes ☐ No
14. In my opinion a guardianship should be:
- ☐ Established/Continued
- ☐ Denied/Terminated

I certify that I have evaluated the individual on \_\_\_\_\_, 20\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Evaluator

**GUARDIAN'S REPORT ADDENDUM**  
(Not to be used with initial Application)

It is my opinion, based upon a reasonable degree of medical or psychological certainty, that the mental capacity of this ward will not improve.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature – Licensed Physician/Clinical Psychologist

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

### ADDITIONAL COMMENTS

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Date: \_\_\_\_\_

Signature – Licensed Physician/Clinical Psychologist

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF:** \_\_\_\_\_

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

**NOTICE TO PROSPECTIVE WARD OF APPLICATION AND HEARING**

To \_\_\_\_\_

Address \_\_\_\_\_

An application for appointment of \_\_\_\_\_ as

☐ Guardian ☐ Limited Guardian for your ☐ Person only ☐ Estate only ☐ Person and Estate has been filed with the Probate Court.

A hearing on that application will be held on \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_m. at The Allen County Probate Court, 1000 Wardhill Ave., Lima, OH 45805. At that hearing, Applicant must prove by clear and convincing evidence that, because of mental impairment, you are unable to handle your own affairs.

1. **You have the right to be present at the hearing to contest the application, and to be represented by an attorney of your choice;**
2. **The right to have a friend or family member of your choice present at the hearing;**
3. **The right to have evidence of an independent expert evaluation introduced at the hearing;**
4. **If you are indigent, upon your request, an attorney and an independent expert evaluator will be appointed at court expense;**
5. **If you are indigent, and you appeal the guardianship decision, you have the right to have an attorney appointed and necessary transcripts prepared at court expense.**

**(Seal)**

Witness my signature and the seal of the

Court, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_

TODD E. KOHLRIESER  
Probate Judge

By: \_\_\_\_\_  
Deputy Clerk



(Reverse of Form 17.3)

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

**RETURN**

\_\_\_\_\_ County, Ohio

\_\_\_\_\_, 20\_\_

Received this notice on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_, and on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_,

I served the same by delivering a true copy thereof personally to \_\_\_\_\_.

I communicated with him/her in a language or method of communication understandable to the alleged incompetent.

\_\_\_\_\_  
Investigator

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

**IN THE MATTER OF THE GUARDIANSHIP OF:** \_\_\_\_\_

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

**NOTICE OF HEARING FOR APPOINTMENT  
OF GUARDIAN OF ALLEGED INCOMPETENT PERSON**  
To Spouse and Known Next of Kin  
[R.C. 2111.04]

To \_\_\_\_\_

Address \_\_\_\_\_

To \_\_\_\_\_

Address \_\_\_\_\_

To \_\_\_\_\_

Address \_\_\_\_\_

next of kin of \_\_\_\_\_ known to reside in this state.

You are hereby notified that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

\_\_\_\_\_ filed in Court an application for the appointment of a ☐

Guardian ☐ Limited Guardian of the ☐ Person ☐ Estate ☐ Person and Estate of,

\_\_\_\_\_, an alleged incompetent.

The application will be for hearing before the Allen County Probate Court, 1000 Wardhill Ave.,  
Lima, OH 45801, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_  
o'clock \_\_\_\_ M.

**(Seal)**

Witness my signature and the seal of the Court,

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Probate Judge

By: \_\_\_\_\_  
Deputy Clerk

## Allen County, Ohio

\_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ FEES \_\_\_\_\_

Service and return, 1st name \$ \_\_\_\_\_

\_\_\_\_\_ Additional names, at \_\_\_\_\_

\_\_\_\_\_ Miles traveled at \_\_\_\_\_

\_\_\_\_\_

Total \$ \_\_\_\_\_

Deputy

The State of Ohio, \_\_\_\_\_, County.

Sworn to before me and signed in my presence, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, JUDGE**

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

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

**JUDGMENT ENTRY  
APPOINTMENT OF GUARDIAN FOR INCOMPETENT PERSON**  
[R.C. 2111.02 and Sup.R. 66.04 and 66.06]

Upon hearing the application for appointment of guardian herein, the Court finds that

\_\_\_\_\_, the above-named Ward, is incompetent by

reason of \_\_\_\_\_ and therefore is incapable of taking proper care of ☐ self and ☐ property, and that a guardianship is necessary.

The Court further finds that all persons who were entitled to notice of the hearing thereon were given or waived notice thereof; that the incompetent is a resident of this county or has legal settlement herein; and that this Court has jurisdiction.

It is therefore ordered that a ☐ Limited Guardian ☐ Guardian of the ☐ Person ☐ Estate ☐ Person and Estate be appointed.

The Court therefore appoints \_\_\_\_\_, a suitable and competent person, ☐ Limited Guardian ☐ Guardian of the ☐ Person ☐ Estate ☐ Person and Estate of

\_\_\_\_\_, the above-named Ward, incompetent, with the powers conferred as described, and limited to those powers contained in the Letters of Guardianship issued by this Court. This appointment is in compliance with R.C.2111.09.

☐ The Court approves/dispenses with the bond.

☐ The Court finds a record of the hearing was waived.

The Guardian shall comply with the requirements of Sup.R. 66.06.

The Court orders Letters of Guardianship issue to \_\_\_\_\_ as provided by law.

The Court further ORDERS: \_\_\_\_\_

IT IS SO ORDERED

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probate Judge