

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

**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



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

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

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

**SUPPLEMENTAL FOR EMERGENCY GUARDIAN OF PERSON**

[R.C. 2111.49]

This Supplement must be completed when there is a request for Emergency Guardianship. The following questions must be answered with specificity and item 1.C, page 1 of the Statement of Expert Evaluation, Form 17.1 must be checked.

A. Does the individual have a durable health care power of attorney? \_\_\_\_ If yes, why is it not being honored?

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

B. Exact nature of emergency: \_\_\_\_\_

\_\_\_\_\_

C. Length of time emergency has existed, and why? \_\_\_\_\_

\_\_\_\_\_

D. Specific action required to prevent significant injury to person: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

E. Ability of the alleged Incompetent to receive notice and give consent:

\_\_\_\_\_

\_\_\_\_\_

F. Medical prognosis in detail if immediate action, within 24 hours, is not taken:

\_\_\_\_\_

\_\_\_\_\_

G. Additional statements regarding condition, family, support services, etc.:

\_\_\_\_\_

\_\_\_\_\_

Note: Any above answers may be supplemented by attachments.

\_\_\_\_\_  
Date and Time of Evaluation

\_\_\_\_\_  
Licensed Physician

\_\_\_\_\_  
Date of Report

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

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

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

**APPLICATION FOR APPOINTMENT OF EMERGENCY GUARDIAN**

[R.C. 2111.02(B)(3); Sup.R 66.03(A); LR 66.03(A)]

Applicant moves this Court for appointment of an Emergency Guardian for:

\_\_\_\_\_, ☐ a minor, ☐ an  
alleged incompetent adult.

Pursuant to Sup.R. 66.04(B), the alleged incompetent is a resident of Allen County, Ohio,  
with his/her address of residence being as follows:

\_\_\_\_\_  
Street City OH Zip

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present location of proposed Ward: \_\_\_\_\_

The prospective ward is incompetent by reason of (R.C. 2111.01(D)).

He or she is so mentally impaired as a result of: [check applicable box(es)]

- |  |  |
|--|--|
| <input type="checkbox"/> mental illness or disability; | <input type="checkbox"/> physical illness or disability; |
| <input type="checkbox"/> mental retardation;           | <input type="checkbox"/> chronic substance abuse;        |

that he or she is incapable of taking proper care of the person's ☐ self and/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 ☐ is confined to a correctional institution in this state.

A Statement of Expert Evaluation (SPF 17.1); A Supplement for An Emergency Guardian  
(SPF 17.1(A)); and a Next of Kin form (SPF 1.0) are attached. In the case of a minor, an  
affidavit pursuant to R.C. 3127.23 is also attached.

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

For the reasons stated in the attached Affidavit (Local Form 601), an emergency exists and it is reasonably certain that immediate action is required to prevent significant injury to the person and/or estate of the prospective ward.

THE TYPE OF EMERGENCY OF GUARDIANSHIP APPLIED FOR IS:

☐ Person    ☐ Estate    ☐ Person and Estate

Applicant requests that he/she be granted the powers as requested on the attached Affidavit.

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 conviction.)

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

BCI and FBI background checks have ☐ been completed and are attached; or ☐ proof that the reports have been requested from the agencies is attached.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Type or print name

\_\_\_\_\_  
Type or 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 (with area code)



**PROBATE COURT OF ALLEN COUNTY, OHIO  
TODD E. KOHLRIESER, 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] \_\_\_\_\_

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6. Other information: \_\_\_\_\_

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\_\_\_\_\_  
Applicant/Affiant

County of Allen )  
                          )ss:  
State of Ohio    )

Sworn to and subscribed to in my presence this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

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

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

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

**OATH OF 72 HOUR EMERGENCY GUARDIAN**

[R.C. 2111.02(C)]

(To be taken on Appointment of Guardian)

I, \_\_\_\_\_, 72 Hour Emergency

Guardian of \_\_\_\_\_, will faithfully

and completely fulfill my duties as 72 Hour Emergency 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.

\_\_\_\_\_  
72 Hour Emergency Guardian

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

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

\_\_\_\_\_  
JUDGE/MAGISTRATE

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

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

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

**JUDGMENT ENTRY APPOINTING EMERGENCY GUARDIAN AND SETTING HEARING  
ON CONTINUATION OF EMERGENCY GUARDIANSHIP**

This matter came on for hearing on the \_\_\_\_ day of \_\_\_\_\_,  
20\_\_\_\_, for consideration of an Application for Appointment of Emergency Guardian.

The Court finds that the Ward is ☐ a minor ☐ an incompetent person; that the Ward  
is a resident of and/or has a legal settlement in Allen County and is not currently under  
guardianship; that an emergency exists and it is reasonably certain that immediate action is  
necessary to prevent significant injury to the ☐ person ☐ estate ☐ person and estate of the  
Ward.

The Court hereby appoints \_\_\_\_\_, a  
suitable and competent person, as the emergency guardian of \_\_\_\_\_  
\_\_\_\_\_ with powers limited to preventing significant injury to the ☐ person  
☐ estate ☐ person and estate of the ward.

**This order shall remain in effect for a period of seventy-two (72 hours, or until  
\_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_M. The Court hereby sets this  
matter for hearing whether to extend this emergency order on the \_\_\_\_\_ day of  
\_\_\_\_\_, at \_\_\_\_\_ o'clock \_\_\_\_M. It is further ordered that a copy of this  
order be served upon the Ward and interested parties forthwith.**

This Order has been granted *ex parte* or without notice for the reason that:

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

\_\_\_\_\_  
JUDGE

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

**RETURN**

ALLEN COUNTY, OHIO

DATE: \_\_\_\_\_

Received this entry on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and  
on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I served the same by delivering  
a true copy thereof personally to \_\_\_\_\_.

\_\_\_\_\_

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

**GUARDIANSHIP OF** \_\_\_\_\_  
**CASE NO.** \_\_\_\_\_

**LETTERS OF 72 HOUR EMERGENCY GUARDIANSHIP**

[R.C. 2111.02]

\_\_\_\_\_, is appointed 72 Hour Guardian of  
\_\_\_\_\_, an ☐ Incompetent ☐ Minor

72 Hour Emergency Guardian's powers are:

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

☐ Estate ☐ Person and Estate; or

☐ Limited to: \_\_\_\_\_  
\_\_\_\_\_

Those guardianship powers, unless revoked, are for a definite time period from \_\_\_\_\_ at  
\_\_\_\_\_ o'clock \_\_\_\_\_.M to \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_\_.M.

The above-named 72 Hour Emergency Guardian has the power conferred by law to do and perform all the duties of 72 Hour Emergency 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 72 Hour Emergency Guardian without a Court order directing release of a specific fund and amounts thereof.

**CERTIFICATE OF APPOINTMENT AND INCUMBANCY**

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 72 Hour Emergency Guardian, who is qualified and acting in such capacity.

(Seal)

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

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

\_\_\_\_\_  
Date

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

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

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

**MOTION TO EXTEND EMERGENCY GUARDIANSHIP**

Now comes \_\_\_\_\_, heretofore  
appointed Emergency Guardian of \_\_\_\_\_,  
and respectfully moves the Court to extend the emergency guardianship for a specified  
period not to exceed thirty (30) days.

The extension of the emergency guardianship is required for the following reasons:

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

A listing of the Ward's next of kin is filed with this motion.

\_\_\_\_\_  
Attorney for Applicant

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Type or Print name

\_\_\_\_\_  
Type or Print name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Age

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

\_\_\_\_\_  
Address

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

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

\_\_\_\_\_  
Supreme Court Registration Number

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

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

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

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

**WAIVER OF NOTICE AND CONSENT**

[R.C. 2111.03 (B)(30)]

We, the undersigned, do hereby waive service of notice of the appointment of an emergency guardian for a maximum period of 72 hours and notice of hearing on any extension of the emergency guardianship for a specified period not to exceed an additional thirty days voluntarily enter our appearance herein.

We do hereby consent to the appointment of \_\_\_\_\_ as  
the emergency guardian of the person, or of the estate, or of the person and estate of  
\_\_\_\_\_.

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



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

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

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

**NOTICE OF HEARING**

To \_\_\_\_\_

Address \_\_\_\_\_

On \_\_\_\_\_, \_\_\_\_\_ was appointed by this Court to serve as emergency guardian of your ☐ person ☐ estate ☐ person and estate, for a period of 72 hours.

A hearing will be held on \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_M. at the Allen County Probate Court, 1000 Wardhill Ave., Lima, OH 45805, to consider whether to extend the emergency guardianship for a specified period not to exceed an additional thirty days. At that hearing the Movant must prove by clear and convincing evidence that the emergency guardianship should for good cause shown be extended for a specified period, not to exceed an additional thirty days.

- 1. You have the right to be present at the hearing to contest the motion, 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

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

**RETURN**

ALLEN COUNTY, OHIO

DATE: \_\_\_\_\_

Received this entry on the \_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and on the  
\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I served the same by delivering a true copy  
thereof personally to \_\_\_\_\_ .

\_\_\_\_\_

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

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

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

NOTICE OF HEARING  
TO EXTEND EMERGENCY GUARDIANSHIP  
[R.C. 2111.02 (B)(3)]

To \_\_\_\_\_

Address \_\_\_\_\_

To \_\_\_\_\_

Address \_\_\_\_\_

To \_\_\_\_\_

Address \_\_\_\_\_

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

\_\_\_\_\_ was appointed by this Court to serve

as emergency guardian of the ☐ Person ☐ Estate ☐ Person and Estate of

\_\_\_\_\_ for a period of 72 hours.

A hearing will be held on \_\_\_\_\_ at \_\_\_\_\_ o'clock \_\_\_\_M. at the Allen County Probate Court, 1000 Wardhill Ave., Lima, OH 45805, to consider whether to extend the emergency guardianship for a specified period not to exceed an additional thirty days. At that hearing the Movant must prove by clear and convincing evidence that the emergency guardianship should for good cause shown be extended for a specified period, not to exceed an additional thirty days.

Witness my signature and seal of the Court,

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

(Seal)

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

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

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

**RETURN**

ALLEN COUNTY, OHIO

DATE: \_\_\_\_\_

Received this entry on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, and on the  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I served the same by delivering a true copy  
thereof personally to \_\_\_\_\_.

\_\_\_\_\_

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

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

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

**OATH OF 30 DAY EMERGENCY GUARDIAN**

[R.C. 2111.02(C)]

(To be taken on Appointment of Guardian)

I, \_\_\_\_\_, 30 Day Emergency

Guardian of \_\_\_\_\_, will faithfully and

completely fulfill my duties as 30 Day Emergency 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.

\_\_\_\_\_  
30 Day Emergency Guardian

The above oath was taken and signed in my presence on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

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

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

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

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

**LETTERS OF 30 DAY EMERGENCY GUARDIANSHIP**

\_\_\_\_\_, is appointed 30 Day Guardian of  
\_\_\_\_\_, an ☐ Incompetent ☐ Minor

30 Day Emergency Guardian's powers are:

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

☐ Person ☐ Estate ☐ Person and Estate; or

Limited to: ☐ Preventing significant injury to the Ward

☐ Other [specify] \_\_\_\_\_

Those guardianship powers, until revoked, are for a definite time period to:

\_\_\_\_\_.

The above-named 30 Day Emergency Guardian has the power conferred by law to do and perform all the duties of 30 Day Emergency 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 30 Day Emergency 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 30 Day Emergency Guardian, who is qualified and acting in such capacity.

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

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

\_\_\_\_\_  
Date

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

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

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

**JUDGMENT ENTRY ORDERING EXTENSION OF  
EMERGENCY GUARDIANSHIP**

[R.C. 2111.02 (B)(3)]

This matter came on for hearing on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,  
to consider the extension pf the emergency guardianship established by Entry dated  
\_\_\_\_\_, 20\_\_\_\_, pursuant to R.C. 2111.02(B)(3) and Local Rule 66.03(A)(8).

A copy of the Judgment Entry Appointing Emergency Guardian and Setting Hearing on  
Continuation of Emergency Guardianship was served upon the Ward on the \_\_\_\_ day of  
\_\_\_\_\_, 20\_\_\_\_, as set forth in the return of service. Other interested  
persons either waived notice or were served with notice.

The Court finds that the need for the emergency guardianship continues; and it is  
reasonably certain that immediate action is necessary to prevent significant injury to the ☐  
person of the ward; ☐ estate of the ward; ☐ person and estate of the ward.

For good cause shown, the Court hereby grants the extension of the emergency  
guardianship for an additional period not to exceed an additional 30 days, specifically until  
\_\_\_\_\_, 20\_\_\_\_, subject to further order of the Court.

Deputy Clerks shall serve a copy this Entry on the guardian or his/her attorney and the  
ward or his/her attorney forthwith; and shall mail copies by regular U.S. Mail to the persons  
who were entitled to notice of the hearing on the Motion.

\_\_\_\_\_  
Judge