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:
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)] mental illness or disability; physical illness or disability; 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.

	fidavit (Local Form 601), an emergency exists and it on is required to prevent significant injury to the vard.
THE TYPE OF EMERGENCY OF GUAR ☐ Person ☐ Estate ☐ Person and	
Applicant requests that he/she be granted	d the powers as requested on the attached Affidavit.
• • • • • • • • • • • • • • • • • • • •	or convicted of a crime involving theft, physical abuse except as follows: (if applicable, state date
BCI and FBI background checks have the reports have been requested from the	been completed and are attached; or \square proof that 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)

CASE NO. _____